Supplementary Table S1. Mismatches: critical review of the diagnostic workup

Patient no.	Year	Symptoms	Clinical suspicion	Histologic diagnosis	Tissue sampling	Histology tissue sampling	Preoperative workup	Radiological aspect	Missing preop. investigations and/or pitfalls and/or mistakes	Mismatch
#1	2003	none	PDAC	Intrapancreatic accessory spleen	EUS-FNA	N/C	-Abdomen CT -MR -EUS+FNA -TM: Ca 19.9 65 U/mL, CEA neg.	-MR: suspected PDAC -CT: no lesion -EUS: suspected PDAC	-No Tumorboard discussion -No second sampling attempt (preferably FNB) -No tri-phase CT (pancreas protocol) -No ^{99m} Tc-HDRBC scintigraphy-SPECT/CT	MAJOR
#2	2009	none	pNET vs CP	No solid lesion, PanIN 1	not performed	-	-PET-CT -tri-phase CT -TM: CgA 71.7 nmol/L	-PET-CT: pNET vs CP -CT: hypervascular lesion (susp. pNET)	-No Tumorboard discussion -No sampling attempts -NSA not measured	MAJOR
#3	2010	Abdominal pain	PDAC	AP	EUS-FNB	N/C	-Abdomen CT -ERCP -EUS-FNB	-CT: pancreatic lesion not clearly recognized -ERCP: stenosis of pancreatic duct -EUS: report not available	-No Tumorboard discussion -No second sampling attempt -TM not measured -IgG 4 not measured -No tri-phase CT	MAJOR
#4	2010	Obstructive jaundice	Vater's papilla adenocarcinoma vs PDAC	Aspecific flogosis Vater's papilla	ERCP-FNB	N/C	-Abdomen CT -ERCP	-Abdomen CT: double duct sign, lesion not recognizable -ERCP: no papillary lesions recognizable	-No Tumorboard discussion -No second sampling attempt -TM not measured -No tri-phase CT (pancreas protocol) -additional EUS	MAJOR
#5	2012	Obstructive jaundice	Vater's papilla adenocarcinoma vs PDAC	Adenomyomatous hyperplasia Vater's papilla	not performed	-	-Abdomen CT -ERCP+stent (2x)	-CT: no lesion recognizable ERCP: prepapillary CBD stenosis	-No Tumorboard discussion -No sampling attempts -No tri-phase CT (pancreas protocol) -TM not measured	MINOR
#6	2013	Obstructive jaundice	PDAC	AP	not performed	-	-MR -ERCP+stent (3x) -EUS -TM: Ca 19.9 5351 U/mL, CEA neg.	-MR: dilated CDB -EUS: hypovascular lesion uncinate process	-No Tumorboard discussion -No sampling attempts -IgG 4 not tested -No tri-phase CT	MAJOR
#7	2013	none	pNET	Pancreatic lymphoepithelial cysts	EUS-FNA	N/C	-Abdomen CT -EUS -TM: Ca 19.9 397 U/mL, CEA neg. -Tumor board	- CT: unclear lesion pancreas tail (solyd-cystic tumor) -EUS: report not available	-No second sampling attempt -No tri-phase CT (pancreas protocol)	MAJOR

PDAC= pancreatic ductal adenocarcinoma; pNET= pancreatic neuroendocrine tumor; AP= autoimmune pancreatitis; CP= chronic pancreatitis; EUS=endosonography; EGDS= esophago-gastro-duodenoscopy; ERCP= endoscopic retrograde colangio-pancreatography: CEA= carcino-embrionary antigen; Ca 19.9= carboidratic antigen 19.9; NSE= neuron specific enolase; CgA= cromogranin A; FNA=fine needle aspiration; FNB=fine needle biopsy; N/C= not conclusive; TM= tumor markers; CT= computed tomography; MR= magnetic resonance; LGD= low grade dysplasia; D/D= differential diagnosis; LGD= low grade dysplasia; IgG 4= immunoglobulin G 4; PanIN= pancreatic intraepithelial neoplasia; ^{99m} Tc-HDRBC scintigraphy-SPECT/CT= 9mTc-labelled heat-denaturated red blood cell scintigraphy-single-photon emission computed tomography.

Supplementary Table S2. Mismatches: critical review of the diagnostic workup

Patient no.	Year	Symptoms	Clinical suspicion	Histologic diagnosis	Tissue sampling	Histology tissue sampling	Preoperative workup	Radiological aspect	Missing preop. investigations and/or pitfalls and/or mistakes	Mismatch
#8	2013	Resistant hypoglycemia	pNET	Pancreatic nesidioblastosis	not performed	-	-tri-phase CT -Lab: C-Peptide, Insulin, Fasting test	-CT: hypervascular pancreatic lesion, suspected insulinoma	-No Tumorboard discussion -No sampling attempts -TM not measured	MINOR
#9	2014	Obstructive jaundice, history of CP	PDAC	AP	not performed	-	-tri-phase CT -TM: Ca 19.9 neg -Tumor board	-CT: suspected locally advanced PDAC (hypovascular solid lesion)	-No sampling attempts -IgG 4 not measured	MAJOR
#10	2015	Obstructive jaundice	PDAC	Adenomyomatous hyperplasia Vater's papilla	not performed	-	-tri-phase CT - TM: Ca 19.9 and CEA neg. -Tumor board	-CT: CBD dilation, no lesion recognizable	- No sampling attempts - additional imaging (if CT unclear): ERCP, EUS, MR	MINOR
#11	2015	Obstructive jaundice	PDAC	Adenomyoma of the common bile duct (HGD)	not performed	-	-tri-phase CT	-CT: suspected PDAC (hypovascular solid lesion)	-No Tumorboard discussion -No sampling attempts -TM not measured	MINOR
#12	2016	none	pNET	Intrapancreatic accessory spleen	not performed	-	-tri-phase CT - TM: Ca 19.9 and CEA neg. - ^{99m} Tc-HDRBC scintigraphy-SPECT/CT: negative	-CT: hypervascular pancreatic lesion	-No Tumorboard discussion -No sampling attempts -CgA and NSE not measured	MAJOR
#13	2016	Obstructive jaundice	PDAC	AP	not performed	-	-tri-phase CT -ERCP+stent -TM: Ca 19.9 38 U/mL, CEA neg.	-CT: suspected PDAC (hypovascular solid lesion) -ERCP: stenotic CBD	-No Tumorboard discussion -No sampling attempts -IgG 4 not measured	MAJOR

PDAC= pancreatic ductal adenocarcinoma; pNET= pancreatic neuroendocrine tumor; AP= autoimmune pancreatitis; CP= chronic pancreatitis; EUS=endosonography; EGDS= esophago-gastro-duodenoscopy; ERCP= endoscopic retrograde colangio-pancreatography: CEA= carcino-embrionary antigen; Ca 19.9= carboidratic antigen 19.9; NSE= neuron specific enolase; CgA= cromogranin A; FNA=fine needle aspiration; FNB=fine needle biopsy; N/C= not conclusive; TM= tumor markers; CT= computed tomography; MR= magnetic resonance; LGD= low grade dysplasia; D/D= differential diagnosis; LGD= low grade dysplasia; IgG 4= immunoglobulin G 4; PanIN= pancreatic intraepithelial neoplasia; ^{99m} Tc-HDRBC scintigraphy-SPECT/CT= 9mTc-labelled heat-denaturated red blood cell scintigraphy-single-photon emission computed tomography.