

Supplementary Table S1. Summary of national guidelines.

	Type	Surgical indication	EUS FNA indication
2015 AGA		Solid component and dilated pancreatic duct and/or concerning features on EUS FNA (solid component and a dilated pancreatic duct)	At least 2 high risk features Size ≥ 3 cm Dilated main pancreatic duct Presence of an solid component
2016 JAMA		Symptomatic MD-IPMN or Mixed type Cysts with High risk features MPD > 10 mm Solid component Mural nodule High risk features on EUS FNA Positive cytology Mural nodule Thickened cyst wall MPD 5-9 mm Cyst ≥ 3 cm	No High risk feature, but ≥ 3 cm

2017 Revisions of international consensus Fukuoka,	MD BD	MPD >10 mm Jaundice Mural nodule	
	BD	WF with concerning features on EUS FNA WF Pancreatitis Cyst ≥ 3 cm Enhancing mural nodule <5mm Thickened/enhancing cyst walls MPD 5-9 mm Abrupt change in pancreatic duct Lymphadenopathy Increased CA19-9 Cyst growth rate ≥ 5 mm/2years EUS FNA Cytology	Presence of WF

		Mural nodule $\geq 5\text{mm}$ MPD involvement anyone of thickened walls, intraductal mucin or mural nodules	
2018 EEBGPCN	MD	Recommendation for the surgery	
	BD	Absolute Positive cytology Solid mass Jaundice Enhancing mural nodule $\geq 5\text{ mm}$ MPD $\geq 10\text{ mm}$ Relative Cyst growth rate $\geq 5\text{ mm}/1\text{years}$ Increased CA19-9 ($\geq 37\text{U/ml}$) MPD 5-9 mm Cyst $\geq 4\text{ cm}$ New onset DM Acute pancreatitis	Either clinical or radiological features of pancreas cystic neoplasm, in cases of unclear diagnosis based on cross-sectional imaging

		Enhancing mural nodule <5 mm	
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