**For Patients with Pancreatic Cysts**

**EA2185 Available Through ECOG-ACRIN Cancer Research Group**

Comparing the Clinical Impact of Pancreatic Cyst Surveillance Programs

### Patient Population

- Must be age ≥ 50 years and ≤ 75 years
- Must have ECOG PS 0-1
- Must not have acute pancreatitis or a history of chronic pancreatitis
- Must have received a CT or MRI within 3 months of registration that revealed a newly identified ≥ 1 cm pancreatic cyst
- Women of childbearing potential must not be known to be pregnant
- Must not have a prior diagnosis of pancreatic cyst or pancreatic malignancy of any type
- Must not have a history of pancreatic resection
- Must not have other asymptomatic pancreatic cystic lesion with zero/low malignancy potential (pancreatic pseudocyst, classic serous cystic lesion) on index CT or MRI
- Must not have a family history of pancreatic adenocarcinoma in 1 or more first degree relatives
- Must not have pancreatic cyst morphology that would prompt immediate surgical consideration (enhancing mural nodule, solid component in cyst, pancreatic duct > 10 mm, cyst causing obstructive jaundice)
- Must not have a comorbid illness that precludes pancreatic cyst resection
- Must not be participating in an already established surveillance program

### Treatment Plan

**Arm A – low intensity surveillance:**
- Index imaging (MRI or CT) study
- Repeat imaging (preferably same imaging modality) in 1 year; if no abnormalities, repeat every 2 years
- If positive imaging features (at any point) result in negative EUS evaluation, repeat MRI/CT in 1 year; if imaging negative extend interval to 2 years

**Arm B – high intensity surveillance:**
- Index imaging (MRI or CT) study
- Subsequent evaluation depends upon index cyst size
  - **Cyst 1-2 cm:** CT/MRI every 6 months for 1 year, then every 12 months for 2 years, then increase interval to 24 months
  - **Cyst 2-3 cm:** EUS within 6 months of index CT/MRI. If EUS negative repeat in 1 year. If 2nd EUS negative, alternate CT/MRI and EUS every 12 months
  - **Cyst > 3 cm:** EUS within 6 months of index CT/MRI. If negative, alternate CT/MRI with EUS every 3-6 months

Refer to the protocol for shared surveillance components:
- Indications for EUS or surgery (at any time during surveillance)
- If EUS reveals no findings that would prompt surgery, patients will revert to surveillance schedule to which they were randomized
- Patients with elevated serum creatinine will be triaged according to institutional policy

Refer to the protocol for questionnaire administration:
- Patient contact information form
- PRO forms (web-based or by mail)
- Coordinated by the EA Outcomes and Economic Assessment Unit (OEAU)

### Patient Enrollment

All Sites: Oncology Patient Enrollment Network (OPEN), [https://open.ctsu.org](https://open.ctsu.org)

### Protocol Information

ECOG-ACRIN Operations-Boston: 857-504-2900, [http://ecog-acrin.org](http://ecog-acrin.org) (Member Login)

Please Enroll Your Eligible Patients!
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Schema

Step 1

Randomize

Arm A
Low Intensity Surveillance → Long-term Follow-up

Arm B
High Intensity Surveillance → Long-term Follow-up

Asymptomatic patients aged 50-75 with ≥ 1cm pancreatic cyst

Accrual: n = 4606