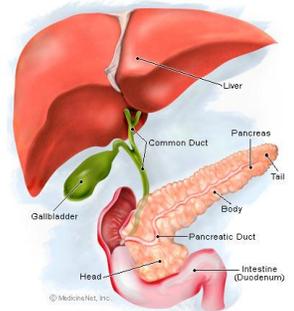


Pancreatic Cyst Evaluation and Surveillance Clinic

As the use of high-resolution abdominal imaging increases, the occurrence of incidentally found pancreatic lesions has also increased. Of special consideration are pancreatic cysts and the optimal management of these lesions. It has been estimated that as many as 20% of patients in the United States have at least one pancreatic cyst, with a higher incidence of occurrence in older patients. Inflammatory pseudocysts represent approximately 30% of all cystic lesions of the pancreas, whereas mucinous and serous cystic tumors represent 50–60% of all pancreatic cystic lesions, and cystic degeneration of solid tumors represent about 10%. Serous cystadenomas are benign neoplasms without significant malignant potential. Of the cystic lesions, mucinous lesions have malignant potential and fall into two groups: intraductal papillary mucinous neoplasms (IPMN) and mucinous cystic neoplasms (MCN). IPMNs are characterized by cystic dilatation of the pancreatic ducts in which papillary projections of neoplastic mucin-producing cells develop. In some cases, the main pancreatic duct is involved, whereas in others, the branch ducts are involved, producing a more discrete cystic mass. MCN's, like IPMNs, produce mucin, but are distinct in that they form cystic tumors that are surrounded by a highly characteristic ovarian type of stroma. While the malignant potential of mucinous pancreatic cysts vary according to their appearance by endoscopic ultrasound (EUS) and certain risk features, it is known that, if left in place over time, they do carry the potential to transform from a benign lesion to pancreatic cancer.



At the Penn State Hershey Medical Center, we have the experienced physicians and innovative technology available to differentiate pancreatic lesions with malignant potential from those without. Through extensive research and evidence based medicine, we have developed a strategy here at the Hershey Medical Center that employs a multi-disciplinary approach to treat pancreatic cysts. With the use of our expert Therapeutic Gastroenterologists who employ imaging studies such as CT scans and MRIs as well as the use of endoscopic ultrasound and fine needle aspiration (EUS-FNA), we are highly trained for diagnosing pancreatic cysts. Through careful collaboration with our Liver, Foregut and Pancreas group, we work in partnership with radiologists, oncologist and surgeons who specialize in high risk pancreatic and cancer surgery to give patients with complex or high risk pancreatic cysts a dedicated and expert opinion on appropriate management. The Penn State Hershey Medical Center is highly renowned for its tireless work in innovative research and we currently are enrolling qualifying patients into our CHARM study for certain pancreatic cysts that allows for treatment of premalignant lesions without the need for invasive surgery. Our goal at the Pancreatic Cyst Evaluation and Surveillance Clinic is to provide you with the most up to date and technically advanced information to help you come to an informed and comfortable decision as to how best to treat your pancreatic cyst.

To Contact Us:**For Clinic Visits: 717-531-1441****For procedures (EUS-FNA/ERCP):****Fax request to 717-531-4598**500 University Drive
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