

**Supplementary Material 6: Surgery and Pancreatic cancer in Suspected and Presumed IPMNs based on Fukuoka criteria**

**FN Cysts: Suspected vs Presumed IPMNs**

No difference was identified in the risk of FP features at 5 years for patients with suspected IPMNs vs presumed IPMNs (14.45% [95% CI, 4.28%-23.73%] vs 10.35% [95% CI: 6.83%-13.74%],  $P=.13$ ). However, suspected IPMNs showed a higher 5-year risk of undergoing surgery (5.78% [95% CI, 0.00%-11.39%] vs 2.82% [95% CI, 1.36%-4.26%],  $P=.22$ ) but it was not statistically significant. They also had a greater 5-year risk of PC than the presumed IPMNs (6.00% [95% CI, 0.00%-13.90%] vs 1.11% [0.00%-2.40%],  $P=.04$ ).

**FP Cysts: Suspected vs Presumed IPMNs**

Suspected IPMNs had a greater risk of pancreas surgery (51.50% [95% CI, 38.63%-61.68%] vs 21.71% [95% CI, 15.64%-27.35%],  $P<.001$ ) (Supplementary Material Figure 2A) and PC than presumed IPMNs (25.68% [95% CI, 12.76%-36.70%] vs 6.65% [95% CI, 2.54%-10.60%],  $P<.001$ ) (Supplementary Material Figure 2B).

**Surgical Outcome of Suspected and Presumed IPMN Categories**

Pancreatic cyst surgery was performed on 104 patients, of whom 57 had initial diagnoses of presumed IPMN and 47 of suspected IPMN.

*Presumed IPMNs*

Histopathologic diagnosis of the 57 presumed IPMNs showed 25 IPMNs (43.8%). They comprised 17 BD-IPMNs with either low-grade dysplasia (n=14) or invasive cancer (n=3); 7 mixed IPMNs with either low-grade dysplasia (n=4), high-grade dysplasia (n=1), or invasive cancer (n=2); 1 MD-IPMN; and 32 non-IPMNs (56.2%) - 10 SCNs, 4 MCNs, 4 pseudocysts, 3 PCs, 2 PNETs, 2 CPNTs, 2 solid pseudopapillary neoplasms, 1 lymphangioma, 1 chronic pancreatitis with abscess, 1 lymphoepithelial cyst, 1 splenic epithelial cyst, 1 gastrointestinal stromal tumor.

#### *Suspected IPMNs*

Histopathologic diagnosis of 47 suspected IPMNs showed 45 IPMNs (95.7%) comprised of 27 BD-IPMNs with low-grade dysplasia (n=21), high-grade dysplasia (n=2), and invasive cancer (n=4); 15 mixed IPMNs with low-grade dysplasia (n=11), high-grade dysplasia (n=1), and invasive cancer (n=3); and 3 MD-IPMNs. Two patients (4.3%) were noted to have PC without IPMNs.