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- **no amplicon; fs, frameshift; mt, mutation; wt, wild type
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Table S4. Serial pancreatic juice collections from patients who developed pancreatic cancer during surveillance

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<th>TP53</th>
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* Laser capture microdissection
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Table 1  Characteristics of cases included in this study

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<td>Pathology: Stage IV, head.</td>
<td></td>
</tr>
<tr>
<td>#52</td>
<td>F</td>
<td>62</td>
<td>CAPS5</td>
<td>f PDAC</td>
<td>18</td>
<td>PDAC</td>
<td>Pathology: Stage IV, head.</td>
</tr>
<tr>
<td>#53</td>
<td>F</td>
<td>79</td>
<td>CAPS5</td>
<td>f PDAC</td>
<td>25</td>
<td>PDAC</td>
<td>Pathology: Stage IIb, head.</td>
</tr>
<tr>
<td>#54</td>
<td>M</td>
<td>46</td>
<td>CAPS5</td>
<td>na Control</td>
<td>No cyst, no mass</td>
<td>Normal</td>
<td>Hepatosplenomegaly.</td>
</tr>
<tr>
<td>#55</td>
<td>F</td>
<td>72</td>
<td>CAPS5</td>
<td>na Control</td>
<td>No cyst, no mass</td>
<td>Normal</td>
<td>Benign pancreatic acinar tissue with acute and chronic inflammation.</td>
</tr>
<tr>
<td>#56</td>
<td>M</td>
<td>34</td>
<td>CAPS3</td>
<td>na Control</td>
<td>No cyst, no mass</td>
<td>Normal</td>
<td>Abdominal pain.</td>
</tr>
<tr>
<td>#57</td>
<td>M</td>
<td>52</td>
<td>CAPS4</td>
<td>na Control</td>
<td>No cyst, no mass</td>
<td>Normal</td>
<td>Post cholecystectomy, ERCP due to sphincter of Oddi dysfunction.</td>
</tr>
<tr>
<td>#58</td>
<td>M</td>
<td>66</td>
<td>CAPS4</td>
<td>na Control</td>
<td>No cyst, no mass</td>
<td>Normal</td>
<td>Abdominal pain.</td>
</tr>
<tr>
<td>#59</td>
<td>F</td>
<td>59</td>
<td>CAPS4</td>
<td>na Control</td>
<td>No cyst, no mass</td>
<td>Normal</td>
<td>Probable pancreatic serous cystadenoma.</td>
</tr>
<tr>
<td>#60</td>
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<td>59</td>
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<td>na Control</td>
<td>No cyst, no mass</td>
<td>Normal</td>
<td>Gallbladder stone.</td>
</tr>
<tr>
<td>#61</td>
<td>F</td>
<td>73</td>
<td>CAPS4</td>
<td>na Control</td>
<td>No cyst, no mass</td>
<td>Normal</td>
<td>Reflux oesophagitis, suspected submucosal nodule not found.</td>
</tr>
<tr>
<td>#62</td>
<td>M</td>
<td>48</td>
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<td>No cyst, no mass</td>
<td>Normal</td>
<td>Abdominal pain, abnormal liver enzymes.</td>
</tr>
<tr>
<td>#63</td>
<td>M</td>
<td>40</td>
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<td>na Control</td>
<td>No cyst, no mass</td>
<td>Normal</td>
<td>Abdominal pain.</td>
</tr>
<tr>
<td>#64</td>
<td>F</td>
<td>32</td>
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<td>na Control</td>
<td>No cyst, no mass</td>
<td>Normal</td>
<td>Postcholecystectomy, ECRP due to bile leak.</td>
</tr>
<tr>
<td>#65</td>
<td>F</td>
<td>58</td>
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<td>s IPMN</td>
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<td>IPMNs by EUS, tail.</td>
</tr>
<tr>
<td>#66</td>
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<td>67</td>
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<td>s IPMN</td>
<td>20</td>
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<td>IPMNs by EUS, tail.</td>
</tr>
<tr>
<td>#67</td>
<td>M</td>
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<td>CAPS4</td>
<td>s IPMN</td>
<td>9</td>
<td>Cysts</td>
<td>IPMNs by EUS, head.</td>
</tr>
<tr>
<td>#68</td>
<td>M</td>
<td>59</td>
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<td>s IPMN</td>
<td>13</td>
<td>Cyst</td>
<td>Side-branch IPMN by EUS (head).</td>
</tr>
<tr>
<td>#69</td>
<td>F</td>
<td>65</td>
<td>CAPS4</td>
<td>s IPMN</td>
<td>16</td>
<td>Cysts</td>
<td>IPMNs by EUS, head and body.</td>
</tr>
<tr>
<td>#70</td>
<td>M</td>
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<td>CAPS4</td>
<td>s IPMN</td>
<td>20</td>
<td>Cysts</td>
<td>Cysts by EUS, head.</td>
</tr>
<tr>
<td>#71</td>
<td>F</td>
<td>84</td>
<td>CAPS4</td>
<td>s IPMN</td>
<td>16</td>
<td>Cyst</td>
<td>A cyst by EUS, head.</td>
</tr>
<tr>
<td>#72</td>
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<td>CAPS4</td>
<td>s IPMN</td>
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<td>IPMNs by EUS, head and body.</td>
</tr>
<tr>
<td>#73</td>
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<td>CAPS4</td>
<td>s IPMN</td>
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<td>Cysts</td>
<td>IPMN vs SCN by imaging.</td>
</tr>
<tr>
<td>#74</td>
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<td>66</td>
<td>CAPS4</td>
<td>s IPMN</td>
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<td>Cyst</td>
<td>A cyst by EUS, head, suspected IPMN by MRCP.</td>
</tr>
<tr>
<td>#75</td>
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<td>s IPMN</td>
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<td>IPMN by EUS, head.</td>
</tr>
<tr>
<td>#76</td>
<td>M</td>
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<td>CAPS4</td>
<td>s IPMN</td>
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<td>Cyst</td>
<td>IPMN by EUS, tail.</td>
</tr>
<tr>
<td>#77</td>
<td>F</td>
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<td>CAPS4</td>
<td>s IPMN</td>
<td>15</td>
<td>Cyst</td>
<td>IPMN by EUS, head.</td>
</tr>
<tr>
<td>#78</td>
<td>F</td>
<td>74</td>
<td>CAPS4</td>
<td>s IPMN</td>
<td>26</td>
<td>Cysts</td>
<td>IPMNs by EUS, body and tail.</td>
</tr>
<tr>
<td>#79</td>
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<td>CAPS4</td>
<td>s IPMN</td>
<td>17</td>
<td>Cyst</td>
<td>IPMN by EUS, head.</td>
</tr>
<tr>
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<td>s IPMN</td>
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<td>Cyst</td>
<td>IPMN by EUS, head.</td>
</tr>
<tr>
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<td>s IPMN</td>
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<td>Cysts</td>
<td>IPMNs by EUS, head.</td>
</tr>
<tr>
<td>#82</td>
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<td>CAPS4</td>
<td>s IPMN</td>
<td>19</td>
<td>Cyst</td>
<td>IPMN by EUS, head.</td>
</tr>
<tr>
<td>#83</td>
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<td>CAPS4</td>
<td>s IPMN</td>
<td>16</td>
<td>Cysts</td>
<td>IPMNs by EUS, head, body and tail.</td>
</tr>
<tr>
<td>#84</td>
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<td>84</td>
<td>CAPS4</td>
<td>s IPMN</td>
<td>17</td>
<td>Cysts</td>
<td>Cysts by EUS, body and tail.</td>
</tr>
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<td>Cyst</td>
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</tr>
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<td>s IPMN</td>
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<td>Cysts</td>
<td>IPMNs by EUS, head, body and tail.</td>
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<td>s IPMN</td>
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<td>Cysts</td>
<td>IPMNs by EUS, head, body and tail.</td>
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<td>83</td>
<td>CAPS4</td>
<td>s IPMN</td>
<td>19</td>
<td>Cysts</td>
<td>IPMNs by EUS, head, body and tail, chronic pancreatitis.</td>
</tr>
<tr>
<td>#90</td>
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<td>CAPS4</td>
<td>s IPMN</td>
<td>17</td>
<td>Cysts</td>
<td>IPMNs by EUS, head and body.</td>
</tr>
<tr>
<td>#91</td>
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<td>62</td>
<td>CAPS4</td>
<td>s IPMN</td>
<td>10</td>
<td>Cysts</td>
<td>IPMNs by EUS, head.</td>
</tr>
<tr>
<td>#92</td>
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<td>70</td>
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<td>s IPMN</td>
<td>23</td>
<td>Cysts</td>
<td>IPMNs by EUS, body.</td>
</tr>
<tr>
<td>#93</td>
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<td>62</td>
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<td>s IPMN</td>
<td>21</td>
<td>Cysts</td>
<td>IPMNs by EUS, head, body and tail.</td>
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<tr>
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<td>s IPMN</td>
<td>17</td>
<td>Cysts</td>
<td>IPMNs by EUS, head and tail.</td>
</tr>
<tr>
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<td>s IPMN</td>
<td>18</td>
<td>Cyst</td>
<td>A cyst by EUS, tail, IPMN by imaging.</td>
</tr>
<tr>
<td>#96</td>
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<td>76</td>
<td>CAPS4</td>
<td>s IPMN</td>
<td>9</td>
<td>Cysts</td>
<td>IPMNs by EUS, head and tail.</td>
</tr>
<tr>
<td>#97</td>
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<td>CAPS4</td>
<td>s IPMN</td>
<td>15</td>
<td>Cyst</td>
<td>IPMN by EUS, body.</td>
</tr>
<tr>
<td>#98</td>
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<td>68</td>
<td>CAPS4</td>
<td>s IPMN</td>
<td>14</td>
<td>Cyst</td>
<td>IPMN by EUS, head.</td>
</tr>
<tr>
<td>#99</td>
<td>F</td>
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<td>CAPS4</td>
<td>s IPMN</td>
<td>12</td>
<td>Cysts</td>
<td>IPMNs by EUS, head, body and tail.</td>
</tr>
<tr>
<td>#100</td>
<td>M</td>
<td>78</td>
<td>CAPS4</td>
<td>f LG-IPMN</td>
<td>6</td>
<td>IPMNs</td>
<td>Pathology: IPMN with low-grade dysplasia, head and tail w/ PanIN2.</td>
</tr>
<tr>
<td>#101</td>
<td>M</td>
<td>72</td>
<td>CAPS4</td>
<td>f LG-IPMN</td>
<td>9</td>
<td>IPMNs</td>
<td>Pathology: IPMN with low-grade dysplasia, head w/ PanIN2.</td>
</tr>
<tr>
<td>#102</td>
<td>M</td>
<td>72</td>
<td>CAPS4</td>
<td>f IM-IPMN</td>
<td>30</td>
<td>IPMNs</td>
<td>Pathology: IPMN with low-to-intermediate grade dysplasia, tail w/ PanIN2.</td>
</tr>
<tr>
<td>#103</td>
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<td>75</td>
<td>CAPS4</td>
<td>f IM-IPMN</td>
<td>15</td>
<td>IPMNs</td>
<td>Path: IPMN intermediate grade dysplasia, tail w/PanIN2, PanNet (2mm).</td>
</tr>
<tr>
<td>#104</td>
<td>M</td>
<td>71</td>
<td>CAPS4</td>
<td>f IPMN</td>
<td>8</td>
<td>Cysts</td>
<td>Less than 1 cm cysts (1 year later: surgery IPMN high-grade dysplasia (35 mm), body, tail).</td>
</tr>
<tr>
<td>#105</td>
<td>M</td>
<td>68</td>
<td>CAPS5</td>
<td>s PDAC/IM-IPMNs</td>
<td>60</td>
<td>Cyst (with nodule)</td>
<td>Pathology: stage IIa, head with PanIN3.</td>
</tr>
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<tr>
<th>Case</th>
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<th>Age</th>
<th>CAPS#</th>
<th>Risk</th>
<th>Group</th>
<th>Lesion (mm)</th>
<th>Pancreatic EUS</th>
<th>Diagnosis</th>
</tr>
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<tr>
<td>#106</td>
<td>M</td>
<td>44</td>
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<td>s</td>
<td>PDAC/IPMNs</td>
<td>49</td>
<td>Malignant IPMN</td>
<td>Pathology: stage III, head with PanIN1.</td>
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<tr>
<td>#107</td>
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<td>s</td>
<td>PDAC/IPMN</td>
<td>7</td>
<td>MD-IPMN</td>
<td>Pathology: mucinous (colloid) carcinoma arising in an IPMN, Stage IA, head.</td>
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<tr>
<td>#108</td>
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<td>PDAC</td>
<td>55</td>
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</tr>
<tr>
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<td>71</td>
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<td>25</td>
<td>Mass</td>
<td>Pathology: stage IV, tail.</td>
</tr>
<tr>
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<td>CAPS5</td>
<td>f</td>
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<td>Mass</td>
<td>Pathology: stage IV, body.</td>
</tr>
<tr>
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<td>s</td>
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</tr>
<tr>
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<td>PDAC</td>
<td>23</td>
<td>Mass</td>
<td>Pathology: stage IB, body with PanIN2.</td>
</tr>
<tr>
<td>#113</td>
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<td>PDAC</td>
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<td>s</td>
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<td>36</td>
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</tr>
<tr>
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<td>PDAC</td>
<td>30</td>
<td>PDAC</td>
<td>Pathology: stage IV, body.</td>
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</tbody>
</table>

CAPS, Cancer of the Pancreas Screening; ERCP, endoscopic retrograde cholangiopancreatography; EUS, endoscopic ultrasonography; f, familial; IPMN, intraductal papillary mucinous neoplasm; MRCP, MR cholangiopancreatography; PanIN, pancreatic intraepithelial neoplasia; PDAC, pancreatic ductal adenocarcinoma; s, sporadic.