

Supplementary Table S2; Full list of statements with voting results and consensus agreement										
Order Nr.	Category	Statement	2018 Round 2	2018 Round 1	2011	% Chose answer	% Strongly disagree + disagree	% Strongly agree + agree	Strongly disagree	Disagree
1	Who should be screened	Altered statement:All patients with a diagnosis of PDAC should be offered genetic counseling and genetic testing to look for pancreatic cancer susceptibility gene mutations.	No consensus	No consensus	Not included		22.4	53.9	3.9	18.4
2	Who should be screened	Statement remains unaltered:Screening should only be offered to individuals who are candidates for surgical management.	No consensus	No consensus	Consensus		38.2	51.3	11.8	26.3
3	Who should be screened	Altered statement: For patients with a familial risk (no known germline mutations or PJS), screening should begin by the age of...								
4	Who should be screened	45 years or 10 years younger than...	No consensus	No consensus	No consensus	10.3				
5	Who should be screened	50 years or 10 years younger than...	Consensus	No consensus	No consensus	67.6				
6	Who should be screened	55 years or 10 years younger than...	Consensus	No consensus	No consensus	22.1				
7	Who should be screened	Altered statement:For germline mutation carriers (excl. PJS), screening should begin 5 years earlier than for the defined familial pancreatic cancer high-risk individuals.	Consensus	No consensus	No consensus		6.7	74.7	1.3	5.3
8	Who should be screened	Altered statement:For PJS patients, screening should begin at least by the age of...								
9	Who should be screened	30 years or 10 years younger than...	No consensus	No consensus	No consensus	14.9				
10	Who should be screened	35 years or 10 years younger than...	No consensus	No consensus	No consensus	17.9				
11	Who should be screened	40 years or 10 years younger than...	Consensus?	No consensus	No consensus	67.2				
12	Who should be screened	New statement:Patients with hereditary pancreatitis should undergo pancreatic imaging surveillance at age 40 or 20 years after the onset of pancreatitis.	No consensus	Not included	Not included		4.5	71.2	0.0	4.5
13	Who should be screened	BRCA1	Consensus	Consensus	No consensus		6.8	82.4	2.7	4.1
14	Who should be screened	Statement remains unaltered:Current smokers should start screening 5 years earlier than nonsmokers.	No consensus	No consensus	No consensus		7.0	53.5	0.0	7.0
15	Who should be screened	Statement remains unaltered:Individuals should be considered for screening if they...								
16	Who should be screened	Have three or more affected blood relatives on the same side of the family, with at least one affected FDR	Consensus	Consensus	Consensus		1.4	97.2	1.4	0.0
17	Who should be screened	Have three or more affected blood relatives on the same side of the family, with no affected FDR	No consensus	No consensus	Not included		4.2	65.3	1.4	2.8
18	Who should be screened	Have two or more affected family members related to each other in the first degree, of whom at least one is an FDR of the person considered for screening	Consensus	Consensus	Consensus		2.8	93.0	1.4	1.4
19	Who should be screened	Have two affected blood relatives on the same side of the family, with at least one affected FDR	Consensus	No consensus	Consensus		2.8	87.5	0.0	2.8
20	Who should be screened	Have two affected blood relatives on the same side of the family, with no affected FDR	No consensus	No consensus	No consensus		9.7	38.9	1.4	8.3
21	Who should be screened	Have an affected mother and an affected father	No consensus	No consensus	Not included		4.2	60.6	1.4	2.8

22	Who should be screened	Statement remains unaltered:Individuals should be considered for pancreatic screening if they have a deleterious...								
23	Who should be screened	CDKN2A p16-Leiden gene mutation, and one affected FDR	Consensus	Consensus	Consensus		0.0	98.6	0.0	0.0
24	Who should be screened	CDKN2A p16-Leiden gene mutation, and no affected blood relatives	Consensus	Consensus	No consensus		0.0	77.1	0.0	0.0
25	Who should be screened	BRCA2 gene mutation, and two affected blood relatives	Consensus	Consensus	Consensus		0.0	95.7	0.0	0.0
26	Who should be screened	BRCA2 gene mutation, and one affected FDR	Consensus	Consensus	Consensus		2.9	92.8	0.0	2.9
27	Who should be screened	BRCA2 gene mutation, and no affected blood relatives	No consensus	No consensus	Not included		17.1	38.6	1.4	15.7
28	Who should be screened	BRCA1 gene mutation, and one affected FDR	No consensus	No consensus	Not included		5.8	69.6	0.0	5.8
29	Who should be screened	BRCA1 gene mutation, and no affected blood relatives	No consensus	No consensus	Not included		28.6	18.6	2.9	25.7
30	Who should be screened	PALB2 gene mutation, and one affected FDR	Consensus	Consensus	Consensus		1.5	83.3	0.0	1.5
31	Who should be screened	PALB2 gene mutation, and no affected blood relatives	No consensus	No consensus	Not included		17.6	36.8	4.4	13.2
32	Who should be screened	Statement remains unaltered:Individuals should be considered for screening if they have...								
33	Who should be screened	an ATM gene mutation, and one affected FDR	Consensus	Consensus	Not included		5.9	88.2	0.0	5.9
34	Who should be screened	an ATM gene mutation, and no affected blood relatives	No consensus	No consensus	Not included		20.6	33.8	2.9	17.6
35	Who should be screened	Peutz-Jeghers syndrome, regardless of family history of PC	Consensus	Consensus	Consensus		0.0	98.6	0.0	0.0
36	Who should be screened	a mismatch repair gene mutation (HNPCC/Lynch), and one affected FDR	Consensus	No consensus	Consensus		5.8	84.1	0.0	5.8
37	Who should be screened	a mismatch repair gene mutation (HNPCC/Lynch), and one affected blood relative	No consensus	No consensus	No consensus		5.8	63.8	1.4	4.3
38	Who should be screened	a mismatch repair gene mutation (HNPCC/Lynch), and no affected blood relatives	No consensus	No consensus	Not included		26.1	17.4	7.2	18.8
39	Who should be screened	Altered statement:For individuals without evidence of a significant pancreatic abnormality (i.e. pancreatic cyst or worrisome feature), screening should stop...								
40	Who should be screened	At age 75	No consensus	No consensus	No consensus		12.3			
41	Who should be screened	At age 80	No consensus	No consensus	No consensus		28.8			
42	Who should be screened	At age 85	No consensus	No consensus	No consensus		5.5			
43	Who should be screened	Never, as long as the individual is fit for surgery	No consensus	No consensus	No consensus		53.4			
44	How to screen	Statement remains unaltered:Baseline pancreatic screening tests should include (multiple answers allowed):			Consensus					
45	How to screen	EUS	Consensus	No consensus			86.8			
46	How to screen	MRI/MRCP	Consensus	Consensus			92.1			
47	How to screen	CT	Consensus	Consensus			19.7			

48	How to screen	Abdominal ultrasound	Consensus	Consensus		2.6				
49	How to screen	Statement remains unaltered:Follow-up pancreatic screening tests should include (multiple answers allowed):			Consensus					
50	How to screen	EUS	Consensus			89.5				
51	How to screen	MRI/MRCP	Consensus			89.5				
52	How to screen	CT	Consensus			15.8				
53	How to screen	Abdominal ultrasound	Consensus			1.3				
54	How to screen	Altered statement:For HRI without significant detectable pancreatic abnormalities (i.e. those that require shortening surveillance intervals or surgical resection), an acceptable surveillance protocol* is (multiple answers allowed):*With additional imaging in case suspicious findings are found			Not included					
55	How to screen	EUS only	Consensus			19.7				
56	How to screen	MRI/MRCP only	No consensus			31.6				
57	How to screen	Both EUS and MRI/MRCP	Consensus			25.0				
58	How to screen	EUS and MRI/MRCP alternating	No consensus			68.4				
59	How to screen	MRI/MRCP annually and EUS every 3rd year	Consensus			10.5				
60	How to screen	EUS, MRI/MRCP, and CT alternating	Consensus			5.3				
61	How to screen	Altered statement:For HRI without significant detectable pancreatic abnormalities (i.e. those that require shortening surveillance intervals or surgical resection), my preferred surveillance protocol* is (one answer allowed):*With additional imaging in case suspicious findings are found			Not included					
62	How to screen	Both EUS and MRI/MRCP				15.9				
63	How to screen	EUS and MRI/MRCP alternating				50.7				
64	How to screen	EUS only				2.9				
65	How to screen	EUS, MRI/MRCP, and CT alternating				7.2				
66	How to screen	MRI/MRCP annually and EUS every 3rd year				5.8				
67	How to screen	MRI/MRCP only				17.4				
68	How to screen	Statement remains unaltered:CA19-9 should be used as an additional surveillance test for individuals with worrisome features on imaging.	Consensus	No consensus	Not included		8.8	76.5	0.0	8.8
69	How to screen	Statement remains unaltered:Routine testing for diabetes mellitus with fasting blood glucose and/or hemoglobin A1c should be performed.	Consensus	No consensus	Not included		8.5	76.1	1.4	7.0
70	How to screen	Altered statement:In absence of pancreatic abnormalities, the recommended surveillance interval is 12 months.	Consensus	No consensus	Not included		0.0	90.4	0.0	0.0
71	How to screen	Altered statement:For patients with small (<1 cm), non-functioning neuroendocrine tumors, the recommended surveillance interval is 12 months.	Consensus	No consensus	Not included		2.9	82.6	0.0	2.9
72	How to screen	Altered statement:For patients with low-risk findings (i.e. pancreatic lobulation or a cyst without worrisome features), the recommended surveillance interval is 12 months.	Consensus	No consensus	No consensus		4.3	88.6	1.4	2.9
73	How to screen	Statement remains unaltered:For CDKN2A p16-Leiden mutation carriers with newly detected pancreatic abnormalities that are concerning but do not lead to surgery (mild MPD dilation, stricture without mass), repeat imaging should be performed within 3-6 months.	Consensus	Consensus	Consensus		0.0	98.5	0.0	0.0

74	How to screen	Altered statement:A diagnosis of new-onset diabetes* in an HRI under surveillance, prompts for immediate investigations.*Defined as a new diagnosis of diabetes within 36 months of a previous normal glucose test.	Consensus	No consensus	Not included		1.4	90.3	1.4	0.0
75	How to screen	Statement remains unaltered:Smoking status does not affect the surveillance interval.	Consensus	No consensus	Not included		4.3	76.8	0.0	4.3
76	How to screen	Statement remains unaltered:When a cystic lesion without worrisome features is detected, EUS-FNA should be performed.	No consensus	No consensus	No consensus		60.9	15.9	4.3	56.5
77	How to screen	Statement remains unaltered:When a cystic lesion with worrisome features (i.e. mural nodule, solid component, duct dilation, etc) is detected, EUS-FNA should be performed.	Consensus	Consensus	No consensus		11.4	84.3	2.9	8.6
78	How to screen	Statement remains unaltered:When a solid lesion is detected, CT should be performed.	Consensus	Consensus	Consensus		0.0	95.7	0.0	0.0
79	How to screen	Altered statement:At detection of a solid lesion, EUS-FNA should be performed...			No consensus					
80	How to screen	Always	No consensus	Consensus			70.1			
81	How to screen	If 5 mm or greater	Consensus	Consensus			19.4			
82	How to screen	If 10 mm or greater	Consensus	Consensus			4.5			
83	How to screen	Never	No consensus	Not included			6.0			
84	How to screen	Altered statement:When a solid lesion of uncertain significance is newly detected and the patient is not referred for surgery, imaging should be repeated after 3 months.	Consensus	Consensus	Consensus		2.9	91.2	1.5	1.5
85	How to screen	Statement remains unaltered:Standardized nomenclature should be used to define chronic pancreatitis-like abnormalities.	Consensus	Consensus	Consensus		0.0	98.6	0.0	0.0
86	How to screen	Statement remains unaltered:In the presence of severe chronic pancreatitis, EUS screening should be discontinued.	No consensus	No consensus	No consensus		46.2	26.2	3.1	43.1
87	How to screen	Altered statement:When an asymptomatic MPD-stricture with an associated suspicious mass is detected...								
88	How to screen	EUS-FNA should be performed	Consensus	Consensus	No consensus		10.0	75.7	4.3	5.7
89	How to screen	Surgery should be performed	Consensus	Consensus	Not included		7.2	81.2	1.4	5.8
90	How to screen	Altered statement:When an asymptomatic MPD-stricture of unknown etiology (without a mass) is detected...								
91	How to screen	CT should be performed	Consensus	Consensus	No consensus		4.5	86.6	0.0	4.5
92	How to screen	ERCP should be performed	No consensus	No consensus	No consensus		37.3	17.9	7.5	29.9
93	How to screen	EUS-FNA should be performed	Consensus	No consensus	No consensus		8.8	77.9	2.9	5.9
94	How to screen	Surgery should be performed	No consensus	No consensus	Not included		25.8	18.2	1.5	24.2
95	How to screen	Statement remains unaltered:When a patient with an MPD-stricture is not referred for surgery, repeat imaging should be performed within 3 months.	Consensus	Consensus	Consensus		0.0	98.5	0.0	0.0
96	When and how to perform surgery	Statement remains unaltered:A solid lesion, detected by EUS (except biopsy-proven or highly suspicious to be neuroendocrine, autoimmune or other benign conditions) should be resected...								
97	When and how to perform surgery	Regardless of size	No consensus	No consensus	No consensus		8.8	64.7	0.0	8.8
98	When and how to perform surgery	When 5 mm or greater	Consensus	No consensus	No consensus		2.9	77.9	0.0	2.9
99	When and how to perform surgery	When 10 mm or greater	Consensus	Consensus	No consensus		4.4	91.2	0.0	4.4

100	When and how to perform surgery	Altered statement:In an HRI undergoing pancreatic screening, an IPMN should be resected in case of...								
101	When and how to perform surgery	Size of 2 cm or greater	No consensus	No consensus	No consensus		43.9	9.1	1.5	42.4
102	When and how to perform surgery	Size of 3 cm or greater	No consensus	No consensus	No consensus		19.7	45.5	0.0	19.7
103	When and how to perform surgery	A mural nodule	Consensus	Consensus	No consensus		0.0	91.0	0.0	0.0
104	When and how to perform surgery	An enhanced solid component	Consensus	Consensus	Not included		0.0	97.0	0.0	0.0
105	When and how to perform surgery	Symptoms, including pancreatitis, jaundice, pain	Consensus	Consensus	No consensus		0.0	95.5	0.0	0.0
106	When and how to perform surgery	Thickened/enhanced cyst walls	Consensus	No consensus	Not included		1.5	76.1	0.0	1.5
107	When and how to perform surgery	Abrupt change in MPD with distal pancreatic atrophy	Consensus	Consensus	Not included		0.0	91.0	0.0	0.0
108	When and how to perform surgery	An MPD 5 mm or greater	No consensus	No consensus	No consensus		3.0	47.0	0.0	3.0
109	When and how to perform surgery	An MPD 10 mm or greater	Consensus	Consensus	Not included		0.0	97.0	0.0	0.0
110	When and how to perform surgery	Lymphadenopathy	No consensus	No consensus	Not included		6.1	57.6	0.0	6.1
111	When and how to perform surgery	Increased serum CA19-9 level	No consensus	No consensus	Not included		6.1	53.0	1.5	4.5
112	When and how to perform surgery	Growth rate of 5 mm/2 years or greater	No consensus	No consensus	Not included		4.5	68.2	0.0	4.5
113	When and how to perform surgery	Statement remains unaltered:Pancreatic resections should be performed at specialty centers (taking into account volume, morbidity and mortality rates and expertise available).	Consensus	Consensus	Consensus		4.1	95.9	4.1	0.0
114	When and how to perform surgery	Statement remains unaltered:In case of suspected PC, an oncological radical resection is indicated.	Consensus	Consensus	Consensus		0.0	92.9	0.0	0.0
115	When and how to perform surgery	Altered statement:When an HRI undergoes surgery for suspected small PC (max. 1 cm, T1M0N0 on imaging)...								
116	When and how to perform surgery	A partial pancreatectomy is suitable	Consensus	Not included	Not included		0.0	89.6	0.0	0.0
117	When and how to perform surgery	A total pancreatectomy is suitable	No consensus	No consensus	Not included		43.9	12.1	4.5	39.4
118	When and how to perform surgery	Altered statement:When an HRI undergoes surgery for a suspected PC, and imaging also shows multifocal non-suspicious lesions (i.e. multifocal IPMN)...								

119	When and how to perform surgery	A partial pancreatectomy is suitable	No consensus	Not included	Not included		6.1	48.5	0.0	6.1
120	When and how to perform surgery	A total pancreatectomy is suitable	No consensus	No consensus	Not included		21.2	36.4	4.5	16.7
121	Goals of screening	Statement remains unaltered:Detection and treatment of the following pathological lesion should be considered a "success" of a screening/surveillance program:								
122	Goals of screening	Multifocal PanIN-3	Consensus	Consensus	Consensus		0.0	98.6	0.0	0.0
123	Goals of screening	Unifocal PanIN-3	Consensus	Consensus	No consensus		0.0	97.2	0.0	0.0
124	Goals of screening	Multifocal PanIN-2	No consensus	No consensus	Not included		8.5	46.5	0.0	8.5
125	Goals of screening	Unifocal PanIN-2	No consensus	No consensus	Not included		22.5	29.6	4.2	18.3
126	Goals of screening	IPMN with high grade dysplasia	Consensus	Consensus	Consensus		0.0	97.1	0.0	0.0
127	Goals of screening	IPMN with intermediate or low grade dysplasia	No consensus	No consensus	No consensus		14.1	32.4	0.0	14.1
128	Goals of screening	Pancreatic neuroendocrine tumor (pNET) of 10 mm or greater	Consensus	No consensus	No consensus		7.0	74.6	1.4	5.6
129	Goals of screening	Pancreatic neuroendocrine tumor (pNET) of 5 mm or greater	No consensus	No consensus	No consensus		19.7	36.6	4.2	15.5
130	Goals of screening	Extra-pancreatic neoplasm	No consensus	No consensus	No consensus		12.7	54.9	1.4	11.3
131	Goals of screening	Altered statement:At baseline, detection and treatment of the following pathological lesion should be considered a "success" of a screening/surveillance program:								
132	Goals of screening	Resected cancer confined to pancreas, with negative margins	Consensus	Consensus	Consensus		0.0	95.9	0.0	0.0
133	Goals of screening	Resected cancer spread beyond pancreas,with negative margins	No consensus	Consensus	Consensus		11.0	60.3	1.4	9.6
134	Goals of screening	Altered statement:At follow-up, detection and treatment of the following pathological lesion should be considered a "success" of a screening/surveillance program:								
135	Goals of screening	Resected cancer confined to pancreas, with negative margins	Consensus	Consensus	Consensus		2.7	84.9	1.4	1.4
136	Goals of screening	Resected cancer spread beyond pancreas, with negative margins	No consensus	No consensus	No consensus		17.8	57.5	5.5	12.3
137	Goals of screening	Statement remains unaltered:Evidence supports the contention that compared to the general population, precursor lesions in high-risk groups...								
138	Goals of screening	Progress faster to invasive cancer	No consensus	No consensus	No consensus		10.6	28.8	1.5	9.1
139	Goals of screening	Are more likely to progress to invasive cancer	No consensus	No consensus	No consensus		9.0	32.8	1.5	7.5