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Awareness of guidelines and trends in the management of suspected pancreatic cystic neoplasms: survey results among general gastroenterologists and EUS specialists.

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BACKGROUND: Although pancreatic cystic neoplasms are widely recognized, practice habits among physicians and awareness of consensus guidelines are currently unknown. **OBJECTIVES:** To assess the awareness of guidelines and describe variability in practice habits among 2 groups: (1) "general group" of gastroenterologists and surgeons and (2) "EUS group" of specialists in EUS. **DESIGN:** An online survey was sent to randomly selected gastroenterologists and surgeons and e-mailed to members of the American Society for Gastrointestinal Endoscopy (ASGE) Special Interest Group in EUS (EUS-SIG). **RESULTS:** Response rate for the general group was 8.8% (220/2500) and 9.7% for the EUS group (42/431). EUS specialists were mostly in academic practice (66.7% vs 36.3%, $P < .001$) and reported seeing 21 to 50 cysts per year (54.8% vs 12.3%, $P < .001$). The majority of the general group (64.1%) was unaware of any published practice guidelines, compared with 33.3% of EUS specialists ($P < .001$). Awareness of ASGE guidelines was more frequently reported than other guidelines in both groups and yet was still $<50\%$ for each group. Both demonstrated moderate consistency with the International Association of Pancreatology guidelines, appropriately answering 66.7% of the questions. For 9-mm lesions, only 25% of the questions were correctly answered in each group. EUS specialists were less likely to refer main-duct intraductal papillary mucinous neoplasms (IPMN) for surgery and more likely to opt for EUS-guided FNA (compared with high-resolution CT, MRCP, or surgery) for 9-mm, 22-mm, and 34-mm branch-duct IPMNs ($P \leq .001$). **LIMITATIONS:** Low response rate and recall bias. **CONCLUSIONS:** Awareness of practice guidelines about the management of suspected pancreatic cystic neoplasms is lower among general GI physicians compared with EUS specialists. Among all physicians, the greatest variability in practice is in small (<1 cm) lesions.

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