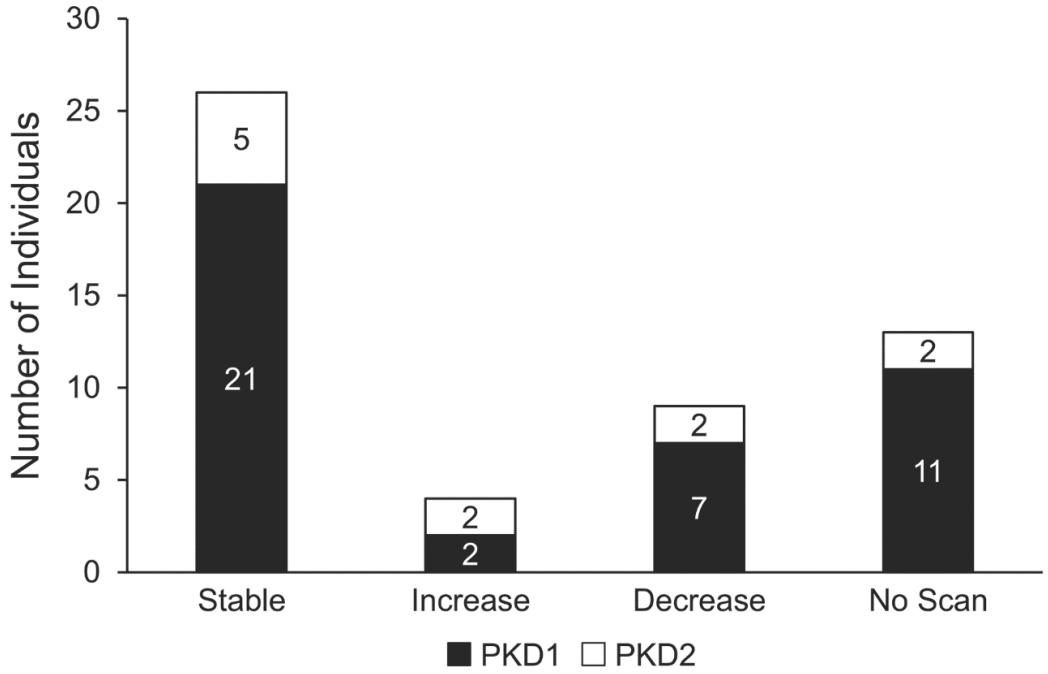
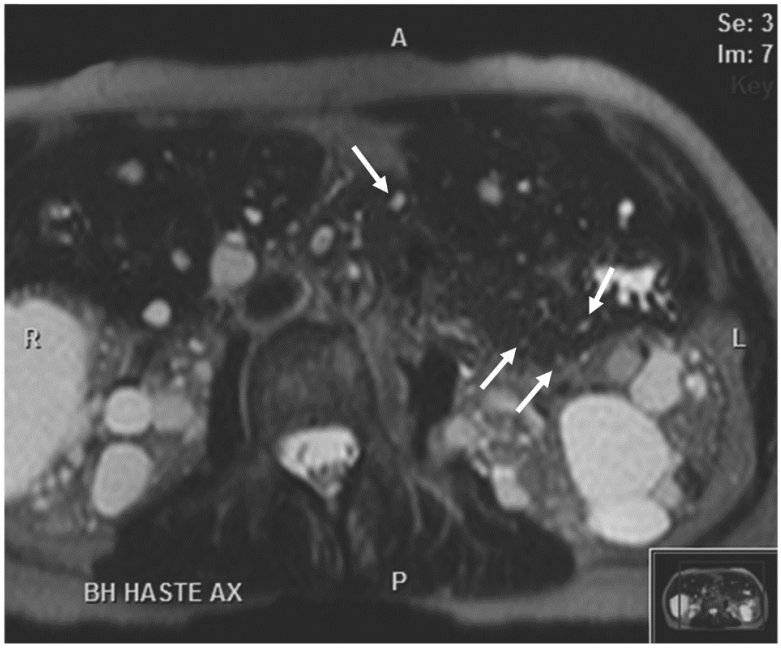
Pancreatic Cysts and Intraductal Papillary Mucinous Neoplasm in Autosomal Dominant Polycystic Kidney Disease

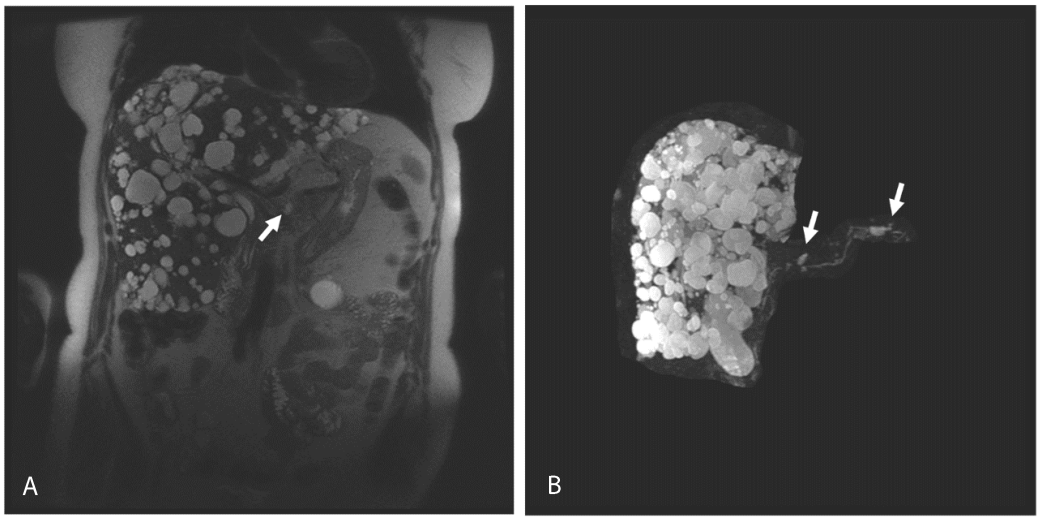
SUPPLEMENTAL DIGITAL CONTENT



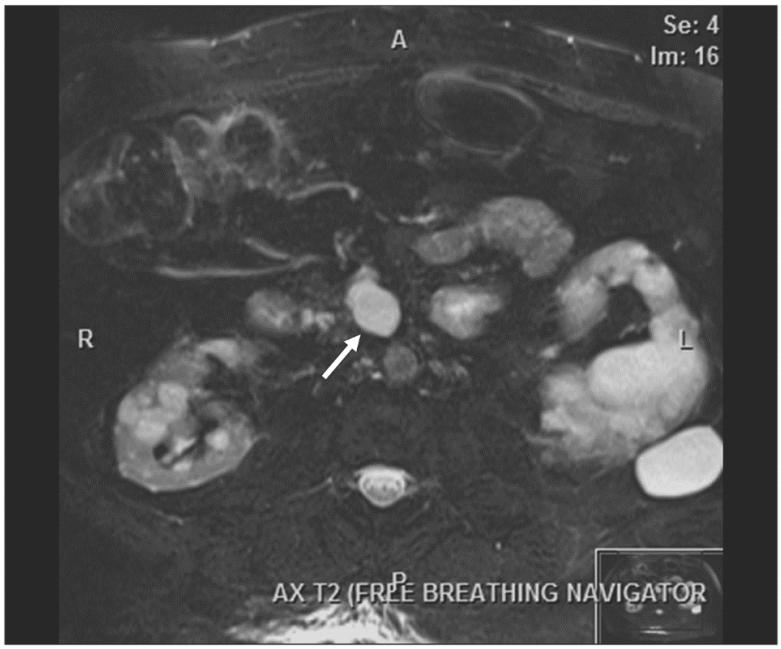
SUPPLEMENTAL FIGURE 1. Change in Pancreatic cyst diameter in ADPKD patients with follow up MRI. Serial MR imaging in ADPKD show that most PCLs in ADPKD do not increase in size over time. ADPKD individuals who had a PCL noted on MR abdomen between 1997 and 2008 had the most recent MR abdomen reviewed. The average duration from initial to reviewed scan was 69±42 months (range of 12-216 months). Individuals were subdivided based on if PCL were stable, increased or decreased in diameter and if they had *PKD1* or *PKD2*. 13 ADPKD individuals did not have repeat imaging.



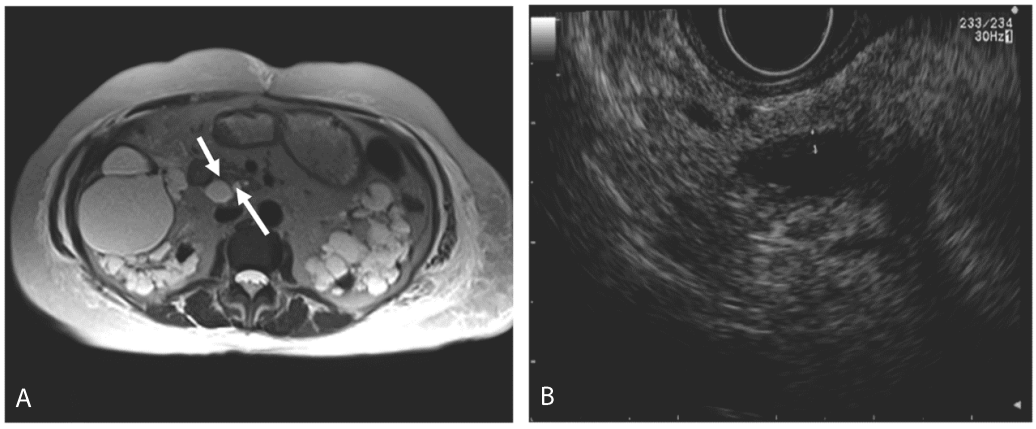
SUPPLEMENTAL FIGURE 2. Case 4: HASTE MR image from 60-year-old female with ADPKD confirmed *PKD1* genotype, demonstrating pancreas cyst communicating with the main pancreatic duct consistent with BD-IPMN (white arrows). Eight cysts were noted in the head, body, and tail of pancreas, maximum size 5mm, and a main pancreatic duct diameter of 3mm. She was followed for 51 months without change in size of BD-IPMN.



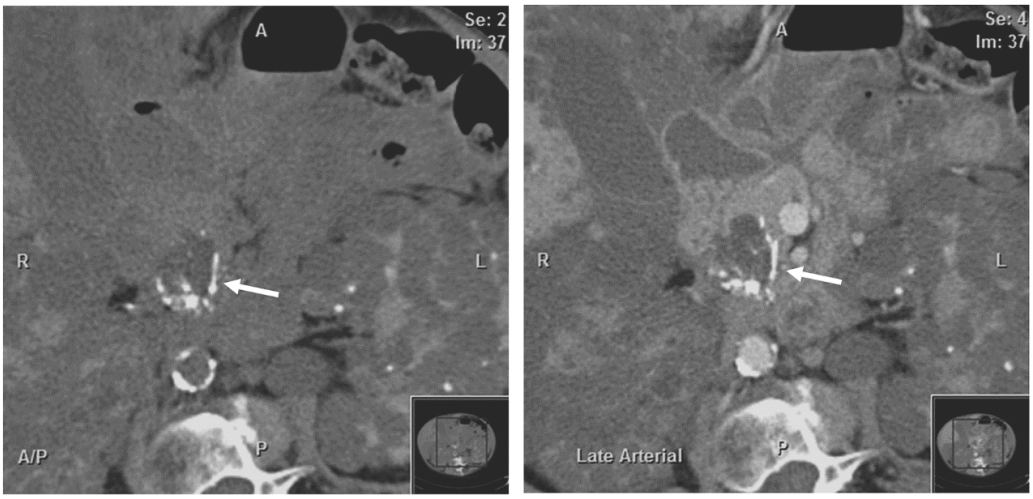
SUPPLEMENTAL FIGURE 3. A-B, Representative MRIs from 72-year-old individual with *PKD1* (Case 5) showing BD-IPMN (white arrows) on abdominal MRI. A, Coronal SSFSE image showing PCL (white arrow) with right polycystic kidney noted. B, MRCP spin showing PCL communication with MPD consistent with BD-IPMN (white arrow).



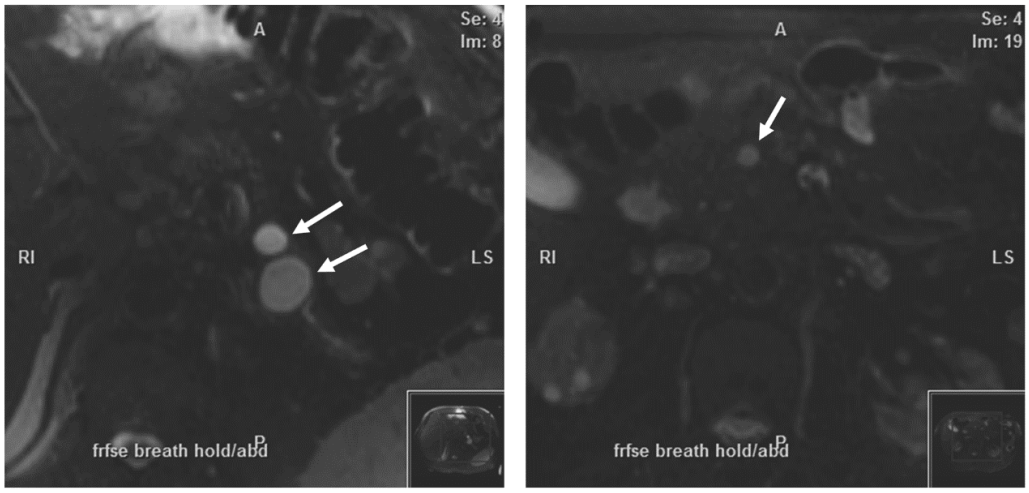
SUPPLEMENTAL FIGURE 4. Case 6: Coronal T2 HASTE MR imaging from a 47-year-old female with ADPKD confirmed with PKD1 genetic mutation. MR image demonstrating solitary cyst in head of pancreas (arrow), there is no clear communication with the main pancreatic duct, measuring 2 mm. She was followed for 12 months without interval increase in size of PCL.



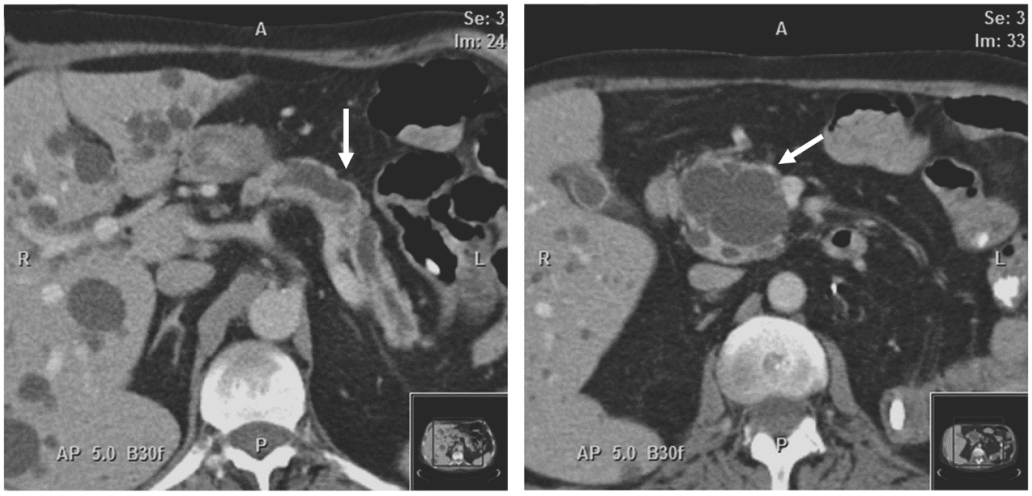
SUPPLEMENTAL FIGURE 5. Case 7: Example of T2 HASTE MRI showing BD-IPMN in a 70-year-old female without genotyping but with imaging and histology consistent with ADPKD (Case 5). B, Endoscopic ultrasound demonstrated a 17-mm PCL (dashed circle) in the pancreatic body without worrisome features. Fine needle aspiration was obtained and showed a CEA of 315 ng/ml.



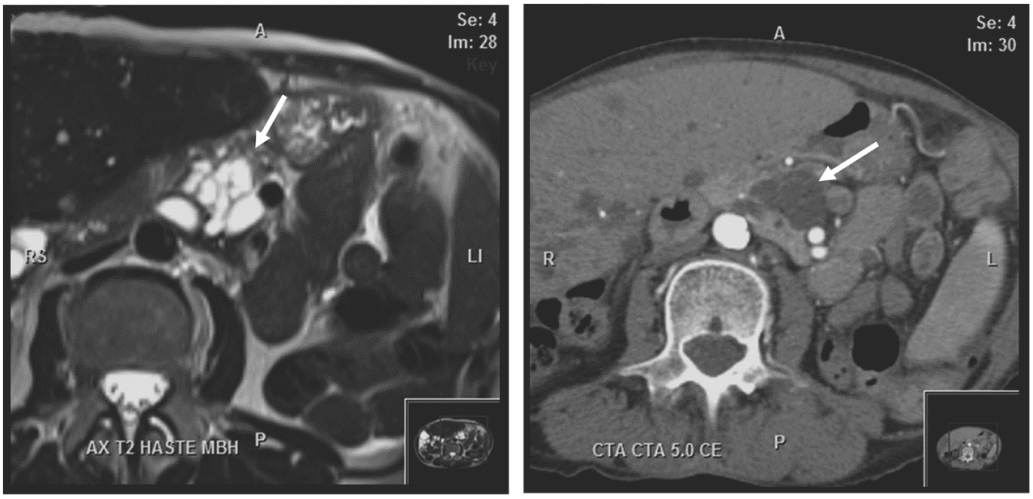
SUPPLEMENTAL FIGURE 6. Case 8: CT abdomen with contrast from a 61-year-old female with ADPKD. Endoscopic ultrasound of PCL was consistent with BD-IPMN based on elevated CEA (2400 ng/ml) in cyst fluid. She was followed for a total of 88 months with interval increase in cyst size, but succumbed to illness unrelated to IPMN.



SUPPLEMENTAL FIGURE 7. Case 10: Series of MRI abdomen (Fast Recovery Fast Spin Echo, Liver Acquisition with Volume Acceleration Axial Spoiled Gradient Recalled Acquisition in the Steady State) from a 75-year-old male with ADPKD diagnosed by presence of kidney cysts showing pancreatic cysts confirmed to be MD-IPMN on EUS. PCLs were noted incidentally on a CT abdomen; he remained asymptomatic and succumbed to unrelated illness.



SUPPLEMENTAL FIGURE 8. Case 11: Anterior to posterior 5.0 B30F MR image from a 60-year-old male with ADPKD with mixed type IPMN. Diagnosis was confirmed with EUS showing main duct dilatation and branch communication in head of pancreas. Fine needle aspirate cytology of the cysts was negative for malignancy. He was followed for a total of 115 months with an increase in size of his pancreatic cysts observed over this time. He succumbed to unrelated medical conditions.



SUPPLEMENTAL FIGURE 9. Case 12: CT abdomen and axial T2 HASTE MR images from a 64-year-old female with ADPKD with multifocal pancreatic cysts, including 2.5 cm multiloculated cyst in the pancreatic head. Cysts were present in head and body of pancreas. Main pancreatic duct was 8mm and maximum diameter of cysts was 28 mm. She underwent Whipple's procedure at another institution.