



# Form

## Intraoperative pancreatoscopy (IOP) background

Currently, IOP does not represent the gold standard in surgical management of IPMN. The most recent European guidelines suggested a possible role for this technique; however, there is a lack of evidence. The aim of this survey is to establish the current practice across the world.

**1. If you are happy, please provide the name of your Institution, email address and country (in case of publication of the present survey, each Institution will be eligible for authorship)**

**2. How many pancreatic resections does your unit perform annually (close estimate)?**

**3. How many pancreatic resections does your unit perform for suspected IPMN annually (close estimate)?**

**4. In case of Whipple's procedure, which approach do you usually prefer?**

- Open surgery
- Minimally invasive
- Both equally

**5. In case of Distal pancreatectomy, which approach do you usually prefer?**

- Open surgery
- Minimally invasive
- Both equally

**6. In case of Total pancreatectomy, which approach do you usually prefer?**

- Open surgery
- Minimally invasive
- Both equally

**7. Which investigations would you perform for patients with IPMN and high-risk stigmata?**

- CT TAP
- MRI pancreas
- EUS
- Contrast EUS
- Pre-operative pancreatoscopy
- All of the above

**8. Does your unit perform intraoperative pancreatoscopy (IOP)? (if your answer is NO, please skip questions 9,10,11)**

- Yes
- No

**9. If you perform IOP, how often do you perform it?**

- < 25% of the cases
- 25-50%
- 50-75%
- > 75%

**10. Which kind of scope do you use for IOP?**

- Re-usable 3 mm choledocoscope
- Re-usable 5 mm choledocoscope
- Ureteroscope
- Spyglass

**11. Do you routinely record/take pictures of IOP procedure?**

- Yes
- No

**12. What type of resection/s do you perform for suspected Main-Duct IPMN? If you do more than one type of resection, then please tick all that apply.**

- Pancreaticoduodenectomy (PD) or Distal pancreatectomy (DP) (depending on the tumour's location) + surveillance of remnant pancreas.
- PD or DP (depending on the tumour location) without surveillance of the remnant pancreas.
- PD or DP (depending on the tumour's location) with a frozen section of the pancreas +/- completion pancreatectomy.
- PD or DP +IOP, if additional lesions are found, then Total pancreatectomy
- Total pancreatectomy

**13. What type of resection/s do you perform for suspected Branch-Duct IPMN? If you do more than one type of resection, then please tick all that apply.**

Pancreaticoduodenectomy (PD) or Distal pancreatectomy (DP) (depending on the tumour's location) + surveillance of remnant pancreas.

PD or DP (depending on the tumour location) without surveillance of the remnant pancreas.

PD or DP (depending on the tumour's location) with a frozen section of the pancreas +/- completion pancreatectomy.

PD or DP +IOP, if additional lesions are found, then Total pancreatectomy

Total pancreatectomy

**14. What type of resection/s do you perform for suspected mixed type IPMN? If you do more than one type of resection, then please tick all that apply.**

Pancreaticoduodenectomy (PD) or Distal pancreatectomy (DP) (depending on the tumour's location) + surveillance of remnant pancreas.

PD or DP (depending on the tumour location) without surveillance of the remnant pancreas.

PD or DP (depending on the tumour's location) with a frozen section of the pancreas +/- completion pancreatectomy.

PD or DP +IOP, if additional lesions are found, then Total pancreatectomy

Total pancreatectomy

**15. In case of routinely follow-up of the remnant pancreas, do you have an agreed unit policy? (If not, please skip questions 16,17)**

Yes

No

**16. If yes, how often and for how long?**

**17. If yes, what's your investigation of choice ? (click all that apply)**

CT TAP

MRI pancreas

PET scan

EUS

**18. Would you be interested in taking part in a multicentre prospective study evaluating routinely use of intraoperative pancreatoscopy during surgery for IPMN?**

Yes

No