

Contact Us:

Clinic Appointment: 717-531-1441

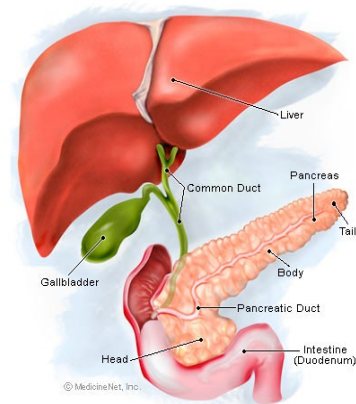
Procedures (EUS-FNA/ERCP): fax request: 717-531-4598

500 University Drive
Hershey, PA 17033

Pancreatic Cyst Evaluation and Surveillance Clinic

As the use of high-resolution abdominal imaging increases, the occurrence of incidentally found pancreatic lesions has also increased. Of special consideration are pancreatic cysts and the optimal management of these lesions. It has been estimated that 2% of people in the United States have at least one pancreatic cyst, with a higher incidence of occurrence in older patients.

There are a variety of cyst types. Inflammatory pseudocysts represent approximately 30% of all cystic lesions, whereas mucinous and serous cystic tumors represent 50-60% of all pancreatic cystic lesions. Serous cystadenomas are benign neoplasms without significant malignant potential. However, mucinous lesions have malignant potential and fall into two groups: intraductal papillary mucinous neoplasms (IPMN) and mucinous cystic neoplasms (MCN). IPMNs are characterized by cystic dilatation of the pancreatic ducts in which papillary projections of neoplastic mucin-producing cells develop. In some cases, the main pancreatic duct is involved. In others, the branch ducts are involved, producing a more discrete cystic mass. MCNs, like IPMNs, produce mucin, but are distinct in that they form cystic tumors that are surrounded by a highly characteristic ovarian type of stroma. While the malignant potential of mucinous pancreatic cysts varies according to their appearance and certain high-risk features, it is known that if left in place over time, they do carry the potential to transform from a benign lesion to pancreatic cancer.



Penn State Health Milton S. Hershey Medical Center physicians are experienced in using the most advanced technology to differentiate pancreatic lesions with malignant potential from those without. Through extensive research and evidence-based medicine, we have developed a multidisciplinary approach to evaluate and treat pancreatic cysts. With the use of imaging studies, such as MRIs and endoscopic ultrasound and fine needle aspiration (EUS-FNA), our therapeutic gastroenterologists can diagnose pancreatic cysts. Our radiologists, oncologists and surgeons who specialize in high-risk pancreatic and cancer surgery give patients with complex or high-risk pancreatic cysts an expert opinion on appropriate management, in consultation with our Liver, Foregut and Pancreas Group. The Milton S. Hershey Medical Center is currently



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enrolling eligible patients into our [NIH-funded CHARM II study](#) using EUS-guided chemoablation for the treatment of premalignant pancreatic cysts without the need for invasive surgery. Our goal at the Pancreatic Cyst Evaluation and Surveillance Clinic is to provide patients with the most up-to-date and technically advanced information to help them decide how to best manage their pancreatic cyst, whether by evaluation, surveillance or treatment.

Our Providers

- [Matthew T. Moyer, MD](#)
- [Charles E. Dye, MD](#)
- [Brandy Headlee, PA-C](#)