

Supplementary file 2 <EUS form>

Name: GOULASH + number:

TAJ: Date of EUS:

Type of echoendoscope: ☐ radial ☐ linear

Serial type of echoendoscope:

Used frequency:MHz

Sedation: ☐ no sedation ☐ midazolam:mg ☐ fentanyl:mg

Duration of EUS:.....min

Pancreas Size: ☐ Normal☐ Partially enlarged (body AP diameter is over 2 cm and/or head AP diameter is over 2,5 cm, none exceeds 3 cm)☐ Definitely enlarged (any part over 3 cm AP diameter)Peripancreatic fluid: ☐ None☐ Present☐ Large pseudocyst(s)

Size of peripancreatic fluid or pseudocyst: mm

Parenchymal features (Rosemont criteria¹)Hyperechoic foci with shadowing (echogenic structures ≥ 2 mm in length and width that shadow):☐ YES (Major A) ☐ NOLobularity with honeycombing (Well-circumscribed, ≥ 5 mm structures with enhancing rim and relatively echo-poor center):☐ YES (Major B) ☐ NO

Lobularity without honeycombing (Noncontiguous lobules):

☐ YES (Minor) ☐ NOHyperechoic foci without shadowing (echogenic structures ≥ 2 mm in length and width without shadowing):☐ YES (Minor) ☐ NO

Cysts (Anechoic, rounded/elliptic structures with or without septations):

☐ YES (Minor) ☐ NO

Stranding (Hyperechoic lines ≥ 3 mm in length seen in at least 2 different directions with respect to the imaged plane):

☐ YES (Minor) ☐ NO

Ductal features (Rosemont criteria¹) (Except for ductal calculi all other features should be looked in the body and tail of pancreas only)

Main pancreatic duct (MPD) calculi (Echogenic structures within MPD with acoustic shadowing):

☐ YES (Major A) ☐ NO

Irregular MPD contour (uneven or irregular in outline and ectatic course):

☐ YES (Minor) ☐ NO

Dilated side branches (presence of ≥ 3 tubular anechoic structures each measuring ≥ 1 mm in width budding from the MPD):

☐ YES (Minor) ☐ NO

Main pancreatic duct dilatation (MPD diameter ≥ 3.5 mm in the pancreatic body or ≥ 1.5 mm in the pancreatic tail):

☐ YES (Minor) ☐ NO

Hyperechoic MPD margin (Echogenic, distinct structure greater than $>50\%$ of the entire MPD of the body and tail):

☐ YES (Minor) ☐ NO

Endoscopic ultrasound diagnosis of chronic pancreatitis based upon Rosemont criteria

- ☐ Consistent with CP:
 - ☐ One Major A feature with ≥ 3 Minor features
 - ☐ Major A feature and Major B feature
 - ☐ 2 Major A features
- ☐ Suggestive of CP:
 - ☐ One Major A feature with < 3 Minor features
 - ☐ 1 Major B feature with ≥ 3 Minor features
 - ☐ ≥ 5 Minor features
- ☐ Indeterminate for CP:
 - ☐ 3 or 4 Minor features with no major features
 - ☐ Major B feature alone or with < 3 Minor features.
- ☐ Normal: < 3 Minor features, no major features.

Necrotizing area (nonenhancement): ☐ YES ☐ NO

Largest diameter of necrosis area: mm

Location of necrosis: ☐ head ☐ body ☐ tail

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Type of necrosis: ☐ patchy ☐ full width

Estimated necrosis: ☐ 0% ☐ < 30% ☐ 30-60% ☐ above 60%

Enlarged lymph nodes: ☐ YES ☐ NO

Echostructure: ☐ heterogeneous ☐ homogeneous

Echogenicity: ☐ hypoechogenic ☐ hyperechogenic ☐ mixed

Shape: ☐ triangle ☐ round

Size (long and short axis):mm Number:

Border: ☐ smooth, well defined ☐ ill-defined

Presence of necrosis: ☐ yes ☐ no

Presence of calcification: ☐ yes ☐ no

Pancreas cancer²: ☐ YES ☐ NO

☐ T1 (the tumor is inside the pancreas and is 2cm or less in any direction)

☐ T1A (the cancer in no more than 0.5 cm in size in any direction)

☐ T1B (more than 0.5 cm but no more than 1cm in size in any direction)

☐ T1C (more than 1 cm but no more than 2cm in size in any direction)

☐ T2 (more than 2 cm but no more than 4cm in size in any direction)

☐ T3 (more than 4 cm in size)

☐ T4 (the cancer has grown outside the pancreas, into the nearby large blood vessels)

☐ N0 (there are no lymph nodes containing cancer)

☐ N1 (there are 1 to 3 lymph nodes that contain cancer cells)

☐ N2 (that there is cancer in more than 4 lymph nodes)

☐ M0 (the cancer has not spread into distant organs such as the liver or lungs)

☐ M1 (the cancer has spread to other organs)

Elastography³ performed: ☐ YES ☐ NO

☐ Type 1 (with homogeneous pattern)

☐ Type 2 (with 2 or 3 colours)

☐ Type 3 (with a honeycomb pattern)

Contrast enhanced EUS⁴ performed: ☐ YES ☐ NO

☐ vascularisation: ☐ avascular

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☐ (parietal) vascularized nodules and septa

☐ vascular: ☐ arterial ☐ arterial and venous

FNA performed: ☐ YES ☐ NO

if YES, site: ☐ pancreas head ☐ pancreas body ☐ pancreas tail

☐ pseudocyst ☐ lymph node ☐ liver ☐ other:.....

Number of passes: Needle used: ☐ 19G ☐ 22G ☐ 25G

Suction type: ☐ stylet slow-pull ☐ vacuum: ml ☐ wet suction

Pseudocyst drainage: ☐ YES ☐ NO

Stentimplantation? ☐ YES ☐ NO

Type of stent? ☐ plastic ☐ metal

☐ fully covered ☐ partially covered ☐ lumen apposing stent ☐ double-pigtail stent

Extrapancreatic findings:

☐ Inflammation (Cholecystitis, Duodenitis, etc.) ☐ YES ☐ NO

location.....

☐ Cholecystolithiasis: ☐ YES ☐ NO

☐ Choledocholithiasis: ☐ YES ☐ NO

☐ Venous thrombosis: ☐ YES ☐ NO

if yes: ☐ v.portae ☐ v.hepatica ☐ v.lienalis ☐ other:.....

☐ Other:

Distant abdominal fluid: ☐ YES ☐ NO

☐ Small amount (hard to see, less than 2 cm in lesser pelvis, less than 1 cm around liver/spleen)

☐ Moderate amount (easy to see, but without pelvic or abdominal distension)

☐ Large amount with abdominal/pelvic distension

Other Description:

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¹Rana SS, Vilmann P. Endoscopic ultrasound features of chronic pancreatitis: A pictorial review. Endosc Ultrasound.2015;4(1):10-4.

²<https://www.cancerresearchuk.org/about-cancer/pancreatic-cancer/stages-types-grades/tnm-staging>

³Janssen J, Schlörer E, Greiner: EUS elastography of the pancreas: feasibility and pattern description of the normal pancreas, chronic pancreatitis, and focal pancreatic lesions. LGastrointest Endosc. 2007;65(7):971-8.

⁴ Christoph F. Dietrich, M. Sharma, and M. Hocke: Contrast-Enhanced Endoscopic Ultrasound, Endosc Ultrasound. 2012;1(3):130–136.