

Diagnosis of pancreatic cyst neoplasms/PCNs has been increasing. Based on the 2012 international guidelines, Kaiser Permanente Southern California/KPSC published an algorithm. This is a retrospective review of 2558 patients with PCN diagnosis 18 months before/after the dissemination of this algorithm to examine its effect on the practice pattern. Smaller percentage of PCNs resulted in endoscopic ultrasound/EUS after the implementation (pre-45.5%, post-34.8%). Smaller proportion PCNs were referred for GI (pre-65.2%, post-53.3%) and surgery consultations (pre-24.8%, post-16%). This translated to cost saving of 24%, 18%, and 36% for EUS, GI, and surgical consultations, respectively, with total diagnostic cost saving of 24%.