
SUPPLEMENTAL TABLE 1. Definite and Probable CP According to the M-ANNHEIM Criteria

The diagnosis of chronic pancreatitis requires:

- I. A typical clinical history of chronic pancreatitis*: such as recurrent pancreatitis or abdominal pain
- II. One or more of the following additional criteria:

For definite chronic pancreatitis:

1. Pancreatic calcifications.
2. Moderate or marked ductal lesions (according to the Cambridge classification).
3. Marked and persistent exocrine insufficiency defined as pancreatic steatorrhea markedly reduced by enzyme supplementation.
4. Typical histology of an adequate histological specimen.

For probable chronic pancreatitis:

1. Mild ductal alterations (according to the Cambridge classification)
 2. Recurrent or persistent pseudocysts
 3. Pathological test of pancreatic exocrine function (such as fecal elastase-1 test, secretin test, secretin–pancreozymin test)
 4. Endocrine insufficiency (i.e., abnormal glucose tolerance test)
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*Except for primary painless pancreatitis.

SUPPLEMENTAL TABLE 2. Diagnosis of CP According to the Büchler Criteria

The diagnosis of chronic pancreatitis requires:

At least 1 clinical criteria

At least 1 additional criteria (imaging or pancreatic function)

Clinical criteria:

Abdominal pain

Recurrent attacks of pancreatitis

Steatorrhea

Diabetes mellitus

One or more complications of CP:

- Bile duct obstruction/stenosis with cholestasis or jaundice
- Duodenal obstruction/stenosis with clinical signs
- Vascular obstruction/stenosis with clinical or morphological signs of portal/splenic vein hypertension
- Pancreatic pseudocysts with clinical signs (compression of adjacent organs, infection, bleeding, etc.)
- Pancreatic fistula (internal or external)
- Pancreatogenic ascites
- Other rare complications related to organs in vicinity (i.e., colonic stenosis, splenic pseudocyst)

Additional criteria:**Imaging findings**

I. Ductal changes, defined as:

Irregularity of the main pancreatic duct or side branches, or

Calculi, or

Duct obstruction (strictures), or

Duct dilations (>3mm)

II. Parenchymal changes, defined as:

General or focal enlargement of the gland,

Cysts,

Calcifications,

Heterogeneous reflectivity

Direct pancreatic function test

Abnormal secretin pancreozymin test or similar

SUPPLEMENTAL TABLE 3. Lüneburg Criteria for Diagnosis of Chronic Pancreatitis

| Parameter | Score* |
|---|---------------|
| Morphological examinations | |
| Post mortem diagnose of CP | 4 |
| Histology | 4 |
| Intra-operative findings, characteristics of CP | 4 |
| Pancreatic calcifications, shown by any imaging procedure | 4 |
| Exocrine pancreatic function tests | |
| Abnormal secretin pancreozymin test | 3 |
| Abnormal pancreolauryl test | 2 |
| Abnormal fecal chymotrypsin level | 2 |
| Abnormal fecal elastase-1 level | 2 |
| Steatorrhea | 1 |
| Imaging procedures | |
| Abnormal ultrasound [†] | 3 |
| Abnormal endoscopic ultrasound [†] | 3 |
| Abnormal computed tomography [†] | 3 |
| Abnormal ERCP [†] | 3 |
| * \geq 4 Points, proven chronic pancreatitis. | |
| [†] According to the Cambridge classification | |
| ERCP indicates endoscopic retrograde cholangiopancreatography | |