

Supplementary Table.1 Endoscopic ultrasound criteria for the diagnosis of chronic pancreatitis.

Standard criteria	Rosemont criteria
Parenchymal criteria	Major criteria A
Hyperechoic foci	Hyperechoic foci (>2 mm in length/width with shadowing)
Hyperechoic strands	Major duct calculi (echogenic structure[s] within the MPD with acoustic shadowing)
Hypoechoic lobules, foci or areas	Major criteria B
Cyst	Lobularity (≥3 contiguous lobules = 'honeycombing')
Duct criteria	Minor criteria
Irregular duct contour	Cyst (anechoic, round/elliptical with or without septations)
Visible side branches	Dilated duct (≥3.5 mm in body or >1.5 mm in tail)
Hyperechoic duct margin	Irregular duct contour (uneven or irregular outline and ectatic course)
Dilated main duct	Dilated side branch (>3 tubular anechoic structures each measuring ≥1 mm in width, budding from the MPD)
Stone	Hyperechoic duct wall (echogenic, distinct structure >50% of entire MPD in the body and tail)
	Hyperechoic strands (≥3 mm in at least 2 different directions with respect to the imaged plane)
	Hyperechoic foci (>2 mm in length/width that are nonshadowing)
	Lobularity (>5 mm, noncontiguous lobules)

Supplementary Table. 2 Classification of patients based on endoscopic criteria.

Standard criteria	Rosemont criteria
Normal (or low probability)	Consistent with
0–2 criteria	2 major A
Indeterminate or intermediate probability	1 major A + 1 major B
3–4 criteria	1 major A + ≥ 3 minor
High probability	Suggestive of
5–9 criteria	Major A + < 3 minor
	Major B + ≥ 3 minor
	≥ 5 minor, no major
	Indeterminate
	Major B alone + < 3 minor
	Normal
	< 3 minor, no major