Table 1

TIGAR-O version 2 classification system for chronic pancreatitis risk factors and aetiologies (adapted from Whitcomb 2019)[14]

Toxic-metabolic
- Alcohol
- Tobacco smoking
- Hypercalcaemia
- Hypertriglyceridaemia
- Medications (e.g. azathioprine)
- Chronic kidney disease
- Metabolic syndrome
- Oxidative stress associated factors (post-irradiation/chemotherapy, ischaemia)
- Other toxins (scorpion venom, anticholinesterase pesticides)

Idiopathic
- Early onset (< 35 years of age)
- Late onset (≥ 35 years of age)

Genetic
- Autosomal dominant (e.g. PRSS1 mutations)
- Autosomal recessive (e.g. CFTR, SPINK1 mutations)
- Complex genetics (non-Mendelian, complex genotypes ± environment)
- Modifier genes
- Hypertriglyceridaemia syndromes
- Rare, non-neoplastic pancreatic genetic variant associated syndromes

Autoimmune pancreatitis (AIP)
- AIP type 1 – IgG4 related disease
- AIP type 2

Recurrent and severe acute pancreatitis
- Recurrent acute pancreatitis
- Severe acute pancreatitis

Obstruction
- Pancreatic divisum
- Ampullary stenosis
- Main duct pancreatic stones
- Widespread pancreatic calcifications
- Main pancreatic duct strictures
- Localised mass causing duct obstruction (e.g. tumour)