QUESTION 19

Should Patients With a Strong Family History of Pancreatic Cancer Be Screened for the Disease, and if So, How?

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The prognosis for pancreatic cancer (PC) continues to be poor (5%, 5-year survival rate). In 2009, PC will be the fourth highest cause of cancer-related deaths in the United States.[1] Most PC cases present as metastatic disease, with limited surgical and curative options. The overall 5-year survival rate with surgery remains around 20%.[2] The key to improved outcomes in PC is early detection of asymptomatic lesions. Currently, there are no established screening protocols for PC.

Pathophysiology of Pancreatic Cancer

Most PCs (80% to 90%) are adenocarcinomas that develop from epithelial cells in the pancreatic ducts or from resident stem cells. Precursor lesions, referred to as pancreatic intraepithelial neoplasias (PanIN), are classified as PanIN-1, PanIN-2, and PanIN-3 to reflect the amount of dysplasia present. A subset of PC develops from intraductal papillary mucinous neoplasms (IPMN), which, unlike PanINs, can be detected by conventional imaging (computed tomography [CT], magnetic resonance imaging [MRI], or endoscopic ultrasound [EUS]).

Risk Factors

PC is influenced by several risk factors. The most significant demographic factor is advancing age (80% of PCs occur between ages 60 and 80).[3] Male gender, Ashkenazi Jewish descent, and African-American descent are other demographic factors that mildly