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. Most PC cases present as metastatic disease, with limited surgical and curative options. The overall 5-year survival rate with surgery remains around 20%. 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). Male gender, Ashkenazi Jewish descent, and African-American descent are other demographic factors that mildly...