

SHOULD PANCREATIC CANCER SURVEILLANCE BE OFFERED TO INDIVIDUALS WITH FAMILIAL ADENOMATOUS POLYPOSIS: RISK AND COST-EFFECTIVENESS ANALYSES

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Presentation

Digestive Oncology

Immunology

Pancreas

Surgery

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In the largest cohort study to date (n=1355), individuals with familial adenomatous polyposis had a cumulative PDAC risk of 0.7% by age 70, not significantly higher than the general population, and surveillance was not cost-effective.

KEY POINTS

- Combined analysis of US (n=357) and Netherlands (n=1000) FAP cohorts identified 5 PDAC cases over 51,702 person-years, yielding a cumulative incidence of 0.7% (95% CI 0.3-1.8) by age 70.
- The relative risk of PDAC in FAP was 2.2 (95% CI 0.9-5.7) compared to the general population cumulative incidence of 0.32% at age 70, below the 5% lifetime risk threshold recommended for surveillance.
- Cost-effectiveness modeling showed annual MRI surveillance starting at age 40 would require a relative risk of at least 4.0 to be cost-effective at a \$100,000 willingness-to-pay threshold.
- The study excluded individuals referred at PDAC diagnosis to minimize ascertainment bias and adjusted cumulative incidence for death as a competing risk.
- Study limitations included relatively young median ages at follow-up (46 years US, 60 years Netherlands) and difficulty differentiating PDAC from other pancreaticobiliary cancers in some cases.

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