

THE ADDED VALUE OF BLOOD GLUCOSE MONITORING IN HIGH-RISK INDIVIDUALS UNDERGOING PANCREATIC CANCER SURVEILLANCE

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Poster

Pancreas

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Longitudinal glucose monitoring showed no added diagnostic value for detecting pancreatic cancer in high-risk individuals with CDKN2A variants undergoing imaging-based surveillance.

KEY POINTS

- Among 220 high-risk individuals in pancreatic surveillance, new-onset diabetes (NOD) did not significantly predict pancreatic cancer development (OR 1.21, 95% CI 0.39-3.78), and 82.1% of pancreatic cancer cases occurred without NOD.
- NOD showed poor discrimination between individuals who did and did not develop pancreatic cancer (AUC 0.54, 95% CI 0.46-0.61).
- Age was the only factor significantly associated with pancreatic cancer development (OR 1.05, 95% CI 1.01-1.1) in multivariable analysis.
- The findings suggest that routine glucose measurements may not add value to imaging-based pancreatic cancer surveillance in CDKN2A variant carriers.

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