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Summary

Pancreatic lesions? Here's your cheat sheet for primary care!

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UEG Week Berlin 2025 | Presentation

Digestive Oncology | Pancreas | Standards & Guidelines

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The European Society for Primary Care Gastroenterology is developing a UEG guideline on the initial assessment and management of pancreatic lesions from the primary care perspective, with final publication targeted for late 2024.

KEY POINTS

- The speaker stated that pancreatic cancer is the fourth leading cause of cancer death and is projected to become the second leading cause globally by 2030, with most pancreatic lesions detected incidentally on imaging.
- The guideline addresses symptomatic patients, asymptomatic patients, incidentally identified lesions, and specialist referral pathways, and is currently in final version with the first Delphi round underway.
- The speaker reported that in primary care, except for jaundice, symptoms have very low positive predictive value for pancreatic cancer, making early diagnosis difficult in non-specialist settings.
- Urgent specialist referral is recommended for patients presenting with the combination of jaundice, weight loss, and abdominal pain, as the speaker stated this combination has high positive predictive value.
- The speaker stated that some serous cystadenomas may not require specialist referral, but follow-up and surveillance for other lesions should remain specialist-led, and biomarker evaluation should be performed only by specialists.
- During discussion, the speaker noted that recent onset or worsening diabetes was considered as a potential red flag but the evidence showed predictive value was too low to recommend routine screening for pancreatic cancer in all new diabetic patients.

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