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Summary

A JAPANESE NATIONWIDE PROSPECTIVE OBSERVATIONAL STUDY ON EARLY PANCREATIC CANCER SCREENING IN HOSPITAL OUTPATIENTS USING A COMPREHENSIVE SCORING SYSTEM COMPARED WITH WESTERN SCREENING METHODS (EPSS-1)

Keiji Hanada

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Digestive Oncology | Pancreas

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A novel multi-factor scoring system detected stage 0/1 pancreatic cancer in 2.6% of score-positive Japanese hospital outpatients, with 93.1% sensitivity significantly exceeding Western family-history or symptom-based screening approaches.

KEY POINTS

- In a nationwide prospective study of 3,287 outpatients, the scoring system classified patients as score-positive if they had 3 or more low-grade relevant factors (including sporadic family history, diabetes, symptoms, elevated enzymes, lifestyle risks) or 1 or more high-grade relevant factors (including familial PC, hereditary syndromes, new-onset diabetes, jaundice, biomarkers, chronic pancreatitis, cysts, duct dilation).
- Stage 0/1 pancreatic cancer was diagnosed in 2.6% of score-positive versus 0.7% of score-negative patients (P=.001), and the detection rate was significantly higher than a previous Japanese study (0.78%, P<.001).
- The scoring system achieved 93.1% sensitivity for stage 0/1 disease, significantly outperforming Western approaches based on family/genetic risk alone (12.5%), symptoms alone (50.0%), or both combined (56.9%), all P<.001, while maintaining comparable accuracy.
- Among 283 pancreatic cancer cases detected, 23.7% were stage 0/1, 15.9% were 10 mm or smaller, and 45.6% underwent surgical resection.
- Multivariate analysis identified older age, worsening diabetes, and main pancreatic duct dilation as significant independent predictors of stage 0/1 pancreatic cancer.

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