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Summary

Pancreatic cancer

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UEG Week Barcelona 2026 | Presentation

Colorectal | Stomach & H. Pylori | Pancreas | Oesophagus | Digestive Oncology

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Recent updates in pancreatic cancer screening include expanded eligibility to all BRCA2 and ATM mutation carriers regardless of family history, complementary use of MRI and ultrasound for early detection, and emerging biomarker validation studies showing promise for high-risk populations.

KEY POINTS

- Guidelines now recommend enrolling all BRCA2 and ATM mutation carriers for screening irrespective of family history, a change from prior requirements, though the evidence supporting this expansion is described by the speaker as weak.
- Screening detects approximately 60% of cancers at stage 1 compared to 25% in sporadic cases, according to data from the CAPS study and Dutch cohorts, though research cohorts remain small and target lesions are found in only about 2% of screened individuals.
- Minor main pancreatic duct dilation without obstructing lesion, even small changes from 3 millimeters to 5-6 millimeters, is associated with cancer onset within two years, a finding the speaker highlighted as important to monitor.
- MRI primarily identifies cysts while ultrasound better detects solid lesions and parenchymal changes, but ultrasound is extremely operator-dependent and represents the most difficult ultrasound examination, requiring specialized expertise before implementation.
- Germline testing of familial pancreatic cancer patients reclassifies approximately 9-10% of cases, with about 5% switching to mutation carrier status, most commonly ATM and BRCA2.
- Blood-based biomarkers including serum marker panels and lipidomic profiling show high sensitivity and specificity in high-risk individuals for very early stages, and the speaker stated that major new results are expected within the next year.

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