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Summary

Early diagnosis of pancreatic cancers: Role of diagnostic EUS

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Colorectal | Digestive Oncology | Education & Training | Endoscopy | IBD | Oesophagus | Radiology & Imaging | Stomach & H. Pylori

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Pancreatic cancer surveillance in high-risk individuals faces major challenges because the majority of cancers arise from PanIN lesions smaller than 5 millimetres that are difficult to detect with current imaging, and even early T1 cancers have poor survival outcomes.

KEY POINTS

- The speaker reported that some surveilled high-risk patients showed no lesions on EUS or MRI but developed T3 pancreatic tumours within one year, and retrospective blinded review could not identify abnormalities at the earlier timepoint.
- The speaker stated that even T1 N1 M0 pancreatic cancer has only 34% survival at best, and presented a case of a 53-year-old woman with CDKN2A mutation whose resected T1 ductal adenocarcinoma recurred with liver metastases leading to death.
- The speaker reported that the vast majority of pancreatic cancers develop via the PanIN pathway involving lesions smaller than 5 millimetres, while only a minority arise from IPMN cystic lesions that are easier to detect.
- In the speaker's Netherlands cohort of approximately 140 high-risk individuals, MRI was better at detecting cystic lesions and EUS was better at detecting solid lesions, but there was no difference in detecting high-grade dysplasia or cancer.
- The speaker stated that high-risk surveillance should only be offered in a research study framework because data remain scarce, and recommended against surveillance in chronic pancreatitis patients due to the difficulty of distinguishing malignant transformation from inflammation and risk of overtreatment.

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