THE EFFECTIVENESS OF CHECK SCORE SHEET FOR THE EARLY DETECTION OF PANCREATIC CANCER IN GASTROENTEROLOGY CLINIC

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A clinical check score sheet using six weighted criteria (symptoms, enzymes, CA19-9, diabetes, family history, and ultrasound findings) detected 18 pancreatic cancers including 6 early-stage cases among 621 patients in a gastroenterology clinic over seven years.

KEY POINTS

- Patients scoring 2 or more points were enrolled for abdominal CT and/or EUS, with points assigned for abdominal/back pain or weight loss (1 point), elevated pancreatic enzymes (1 point), elevated CA19-9 (1 point), new-onset or worsened diabetes (2 points), family history of pancreatic cancer (2 points), and ultrasound findings (2 points)
- Among 621 enrolled patients, 18 pancreatic cancers (2.9%) and 6 early-stage pancreatic cancers were detected, along with 458 pancreatic cystic diseases (73.7%), 28 chronic pancreatitis cases (4.5%), and 10 other pancreatic solid diseases (1.6%)
- The mean clinical finding score was significantly higher in the pancreatic cancer group (3.2 ± 1.4) compared to the non-cancer group (2.2 ± 0.6, $p < 0.05$)
- Indirect ultrasound findings (such as pancreatic duct dilatation ≥ 2 mm or cystic lesions) showed 91.7% sensitivity for pancreatic cancer detection compared to 42.3% sensitivity for direct findings
- This material is relevant for general practitioners and gastroenterologists interested in systematic approaches to early pancreatic cancer detection in clinic settings

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