



## PANCREATIC CANCER

### **1. Guidelines for Screening**

The average lifetime risk of pancreatic cancer is less than 1%

About 90% of pancreatic cancers are sporadic

About 10% of pancreatic cancers are inherited

#### **Low risk factors:**

Increasing age, especially over age 60

African-Americans

Overweight or obese

Chronic pancreatitis

Incidental cystic lesions of the main or branched pancreatic ducts

Diabetes

Smoking

#### **High risk factors:**

Family history

Familial pancreatic cancer is when two or more first-degree relatives (parents, brothers, sisters and children) are diagnosed with pancreatic cancer

Families with three or more close relatives (first-degree relatives, grandparents, aunts, uncles, nieces, nephews, grandchildren, cousins) diagnosed with pancreatic cancer, and with one relative diagnosed before age 50, are also considered to have familial pancreatic cancer

The National Institutes of Health (NIH) estimates that the risk of developing pancreatic cancer is increased four to five times for a person with one first-degree relative with pancreatic cancer, six to seven times for a person with two first-degree relatives, and 32 times for a person with three first-degree relatives with the disease

Nearly one hundred genes have been associated with pancreatic cancer

The clinical conditions which are, or maybe, associated with pancreatic cancer are:

Hereditary pancreatitis (HP)

Peutz-Jeghers syndrome (PJS)

Familial malignant melanoma and pancreatic cancer (FAMM-PC)



Dedicated to promote cure by early detection and research to prevent cancer since 1933

Hereditary breast and ovarian cancer (HBOC) syndrome  
Lynch Syndrome  
Li-Fraumeni syndrome (LFS)  
Familial adenomatous polyposis (FAP)  
Ataxia Telangiectasia Group D Complementing gene (ATDC)

**Screening:**

There is no standard procedure for screening either the general population or individuals with an increased risk of pancreatic cancer. Researchers are studying high resolution computed tomography (CT or CAT) scanning, endoscopic ultrasound and endoscopic retrograde pancreatocholangiography (also called endoscopic retrograde cholangiopancreatography or ERCP) as possible screening methods

Patients with incidentally found on abdominal sonography or CT scan require endoscopic ultrasound and magnetic resonance cholangiopancreatograph

**Screening is not recommended**

**2. Cancer Prevention**

**Controllable risk factors:**

Eating a balanced diet

Maintaining a healthy weight

Exercising

Limiting alcoholic beverages

Avoiding tobacco products

Smoking is the biggest controllable risk factor for pancreatic cancer

Quitting smoking preferably by joining a smoking cessation program

Smoking cessation programs:

A new study suggests aspirin may help reduce the risk of pancreatic cancer by approximately 25%