It’s Still Not Wise to Screen for Pancreatic Cancer, Says Task Force

The U.S. Preventive Services Task Force reaffirmed a 2004 recommendation for those with no symptoms or family history of the disease.

August 22, 2019 By Benjamin Ryan

The U.S. Preventive Services Task Force (USPSTF) has reaffirmed its 2004 recommendation against screening for pancreatic cancer among those with no symptoms or family history of this particularly insidious cancer, MedPage Today reports.

After a new review of pancreatic cancer screening, chaired by Douglas K. Owens, MD, of the Veterans Affairs Palo Alto Health Care System and Stanford University, the USPSTF kept in place its “D” recommendation against screening in this population. Such a low-grade recommendation indicates that the task force recommends against the screening and that there is “moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.”

As the authors explain in the Journal of the American Medical Association, the family-history exception to the recommendation against screening applies to those who have two or more first-degree relatives (for example, parents or siblings) who have had pancreatic cancer and to individuals who have certain inherited genetic syndromes that raise the risk of this cancer, such as Peutz-Jeghers syndrome.

Pancreatic cancer is relatively rare in the general population. By the time symptoms develop, the tumor is typically quite sizable and the cancer may have already spread beyond the pancreas. Even with early detection and treatment of the cancer, the typical survival time is just 36 months.

All this said, because of the lack of precise screening methods for pancreatic cancer, the USPSTF concluded that screening the general population would probably lead to greater net harms, including increased worry, treatment side effects and complications of surgery.

Researchers have published no studies of the general population on the benefits of screening for pancreatic cancer or on treatment for cancer that was prompted by screening among those with no symptoms. Instead, there have been 13 prospective cohort screening studies, which the USPSTF deemed of “fair quality,” that have been mostly conducted among those with a high risk of the cancer due to family history.

There is no published evidence detailing the accuracy of imaging-based screening tests in identifying pancreatic cancer, including computed tomography (CT) scans, magnetic resonance imaging (MRI) or endoscopic ultrasonography. The immediate downsides of some of the screening tests are that they are invasive, can cause pain, are linked to negative reactions to anesthesia, can yield false-positive results and, in some cases, can cause pancreatitis (inflammation of the pancreas).

The task force called for more research into developing new tests that can accurately detect pancreatic cancer at earlier stages without causing harm.

The American College of Gastroenterology recommends pancreatic cancer screenings among those with genetic syndromes associated with the cancer and those with first-degree relatives who have had the cancer. The organization recommends that such tests be conducted in health centers with significant experience in doing so and that the screens should ideally be conducted as part of a research study.

To read the task force's recommendation, click here.

To read the JAMA article, click here.

To read the MedPage Today article, click here.
