Screening for Pancreatic Cancer: Recommendation Statement: United States Preventive Services Task Force

United States Preventive Services Task Force

Citation

United States Preventive Services Task Force. Screening for Pancreatic Cancer: Recommendation Statement: United States Preventive Services Task Force. The Internet Journal of Oncology. 2004 Volume 2 Number 2.

Abstract

The U.S. Preventive Services Task Force (USPSTF) last addressed screening for pancreatic cancer in the 1996 Guide to Clinical Preventive Services and recommended against screening for pancreatic cancer (D recommendation).₁ Since then, the USPSTF criteria to rate the strength of the evidence have changed. Therefore, the recommendation statement that follows has been updated and revised based on the current USPSTF methodology and rating of the strength of the evidence.₂ Explanations of the current USPSTF ratings and of the strength of overall evidence are given in Appendix A and Appendix B, respectively. This recommendation statement and the brief update "Screening for Pancreatic Cancer,"₃ are available through the USPSTF Web site (http://www.preventiveservices.ahrq.gov), through the National Guideline ClearinghouseTM

(http://www.guideline.gov), and in print through the AHRQ Publications Clearinghouse (call 1-800-358-9295 or E-mail ahrqpubs@ahrq.gov).

Figure 3



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Figure 2



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SUMMARY OF RECOMMENDATION

The U.S. Preventive Services Task Force (USPSTF) recommends against routine screening for pancreatic cancer in asymptomatic adults using abdominal palpation, ultrasonography, or serologic markers. D Recommendation.

The USPSTF found no evidence that screening for pancreatic cancer is effective in reducing mortality. There is a potential for significant harm due to the very low prevalence of pancreatic cancer, limited accuracy of available screening tests, the invasive nature of diagnostic tests, and the poor outcomes of treatment. As a result, the USPSTF concluded that the harms of screening for pancreatic cancer exceed any potential benefits.

CLINICAL CONSIDERATIONS

- Due to the poor prognosis of those diagnosed with pancreatic cancer, there is an interest in primary prevention. The evidence for diet-based prevention of pancreatic cancer is limited and conflicting. Some experts recommend lifestyle changes that may help to prevent pancreatic cancer, such as stopping the use of tobacco products, moderating alcohol intake, and eating a balanced diet with sufficient fruit and vegetables.
- Persons with hereditary pancreatitis may have a higher lifetime risk for developing pancreatic cancer4. However, the USPSTF did not review the effectiveness of screening these patients.

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*Members of the Task Force at the time this recommendation was finalized. For a list of current Task Force members, go to http://www.ahrq.gov/clinic/uspstfab.htm.

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