

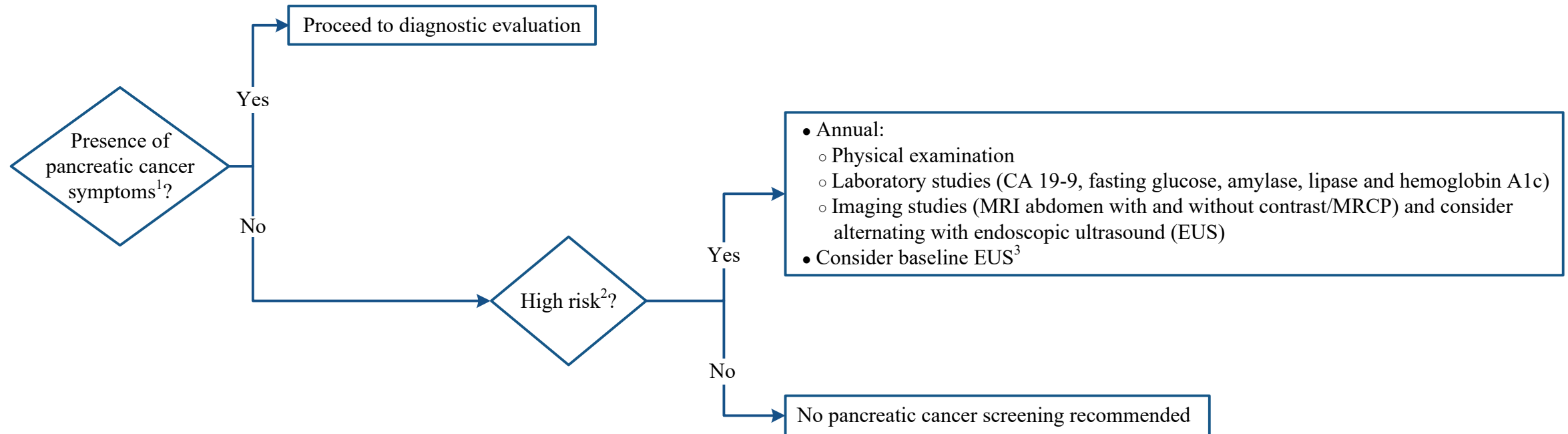
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

**Note:** Screening is only intended for asymptomatic individuals and should be performed 10 years before age of diagnosis in closest relative affected with pancreatic cancer. Individuals undergoing pancreatic cancer screening should have a 10-year life expectancy and no co-morbidities that would limit the diagnostic evaluation or surgical treatment. The screening should be performed by a provider with experience in screening technique.

## PRESENTATION

## RISK

## SCREENING



MRCP = magnetic resonance cholangiopancreatography

<sup>1</sup> Pancreatic cancer symptoms include:

- Weight loss
- Jaundice
- Abdominal/back pain
- Nausea/vomiting

<sup>2</sup> See [Appendix A - Pancreatic Cancer \(PC\) High Risk Criteria](#)

<sup>3</sup> EUS will be repeated if patient develops other symptoms or if physical exam, blood markers or imaging tests show any abnormality

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## APPENDIX A: Pancreatic Cancer (PC) High Risk Criteria

Risk Factors	High Risk Criteria <sup>1</sup>	Age To Begin Pancreatic Cancer Screening
<b>Pancreatic cancer family history</b>	Two or more relatives (from the same side of the family) who developed PC <sup>1</sup>	50 years or 10 years prior to earliest pancreatic cancer in the family whichever is earlier
<b>CDKN2A/p16 mutation</b>	With no family history	40 years or 10 years prior to earliest pancreatic cancer in the family whichever is earlier
<b>STK11 mutation (Peutz Jeghers Syndrome)</b>		30-35 years or 10 years prior to earliest pancreatic cancer in the family whichever is earlier
<b>PRSS1 mutation (Hereditary pancreatitis)<sup>2</sup></b>		40 years or 20 years after onset of pancreatitis whichever is earlier
<b>ATM mutation</b>	Only if patient has PC family history or other risk factors <sup>3</sup>	50 year or 10 years prior to earliest pancreatic cancer in the family whichever is earlier
<b>BRCA1 and BRCA2 mutation (hereditary breast and ovarian cancer syndrome)</b>		
<b>PALB2 mutation</b>		
<b>MMR mutation (Lynch Syndrome, MLH1, MSH2, MSH6, EPCAM)</b>		
<b>p53 mutation (Li-Fraumeni Syndrome)</b>		

**Note:** Some patients may not fit the criteria perfectly and risk assessment will be done by discussion with genetic counselor and expert physician given this is an evolving field

<sup>1</sup> Consider referral to MD Anderson Pancreatic Cancer High Risk Clinic. Referrals can be made by:

- Phone: 1-877-632-6789; Monday – Friday, 8 a.m. to 11 p.m. CST and weekends and holidays from 8 a.m. to 7 p.m. CST
- Email: [physicianreferrals@mdanderson.org](mailto:physicianreferrals@mdanderson.org)

<sup>2</sup> For individuals with pathogenic/likely pathogenic variants in *PRSS1* or other hereditary pancreatitis genes and a clinical phenotype consistent with hereditary pancreatitis

<sup>3</sup> History of chronic/acute recurrent pancreatitis, new onset diabetes, pancreatic cysts, *etc.*

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## DEVELOPMENT CREDITS

This screening algorithm is based on majority expert opinion of the Pancreatic Cancer Screening workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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