

U.S. Preventive Services Task Force

Recommendation Statement

Screening for Pancreatic Cancer: Recommendation Statement

U.S. PREVENTIVE SERVICES TASK FORCE

This is one in a series excerpted from the Recommendation Statements released by the U.S. Preventive Services Task Force (USPSTF). These statements address preventive health services for use in primary care clinical settings, including screening tests, counseling, and chemoprevention. The complete statement is available in HTML and PDF formats through the AFP Web site at <http://www.aafp.org/afp/20050815/us.html>. This statement is part of AFP's CME. See "Clinical Quiz" on page 567.



This clinical content conforms to AAFP criteria for evidence-based continuing medical education (EB CME). EB CME is clinical content presented with practice recommendations supported by evidence that has been systematically reviewed by an AAFP-approved source. The practice recommendations in this activity are available online at <http://www.ahq.gov/clinic/3rduspstf/pancreatic/pancreup.htm>.

This statement summarizes the U.S. Preventive Services Task Force (USPSTF) recommendations on screening for pancreatic cancer and the supporting scientific evidence and updates the 1996 recommendations contained in the *Guide to Clinical Preventive Services*, 2d ed.¹ In 1996, the USPSTF recommended against screening for pancreatic cancer (D recommendation).¹ Since then, the USPSTF criteria to rate the strength of the evidence have changed.² Therefore, this recommendation statement has been updated and revised based on the current USPSTF methodology and rating of the strength of the evidence. Explanations of the current ratings and of the strength of overall evidence are given in *Tables 1 and 2*, respectively.

The complete information on which this

statement is based, including evidence tables and references, is available in the brief evidence update³ on this topic on the USPSTF Web site (<http://www.preventiveservices.ahrq.gov>). The recommendation is also posted on the Web site of the National Guideline Clearinghouse (<http://www.guideline.gov>).

Summary of Recommendation

The 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 because of the low prevalence of pan-

TABLE 1 USPSTF Recommendations and Ratings

The USPSTF grades its recommendations according to one of five classifications (A, B, C, D, or I) reflecting the strength of evidence and magnitude of net benefit (benefits minus harms).

- A.** The USPSTF strongly recommends that clinicians provide [the service] to eligible patients. *The USPSTF found good evidence that [the service] improves important health outcomes and concludes that benefits substantially outweigh harms.*
- B.** The USPSTF recommends that clinicians provide [the service] to eligible patients. *The USPSTF found at least fair evidence that [the service] improves important health outcomes and concludes that benefits outweigh harms.*
- C.** The USPSTF makes no recommendation for or against routine provision of [the service]. *The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.*
- D.** The USPSTF recommends against routinely providing [the service] to asymptomatic patients. *The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.*
- I.** The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. *Evidence that [the service] is effective is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.*

USPSTF = U.S. Preventive Services Task Force.

creatic cancer, limited accuracy of available screening tests, invasive nature of diagnostic tests, and poor outcomes of treatment. As a result, the USPSTF concluded that the harms of screening for pancreatic cancer exceed any potential benefits.

Clinical Considerations

- Because of the poor prognosis of patients 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 prevent pancreatic cancer (e.g., stopping the

use of tobacco products, moderating alcohol intake, 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 persons.

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The U.S. Preventive Services Task Force recommendations are independent of the U.S. government. They do not represent the views of the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, or the U.S. Public Health Service.

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TABLE 2
USPSTF Strength of Overall Evidence

The USPSTF grades the quality of the overall evidence for a service on a three-point scale (good, fair, or poor).

Good:	Evidence includes consistent results from well-designed, well-conducted studies in representative populations that directly assess effects on health outcomes.
Fair:	Evidence is sufficient to determine effects on health outcomes, but the strength of the evidence is limited by the number, quality, or consistency of the individual studies; generalizability to routine practice; or indirect nature of the evidence on health outcomes.
Poor:	Evidence is insufficient to assess the effects on health outcomes because of limited number or power of studies, important flaws in their design or conduct, gaps in the chain of evidence, or lack of information on important health outcomes.

USPSTF = U.S. Preventive Services Task Force.

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