Vasen et al. Published in the Journal of Clinical Oncology the European results of pancreatic cancer Surveillance in their paper titled: *Benefit of Surveillance for Pancreatic Cancer in High-Risk Individuals: Outcome of Long-Term Prospective Follow-Up Studies From Three European Expert Centres*. This study consisted of 415 patients considered to be at high risk of pancreatic cancer (PC), due to either having a strong family history of pancreatic cancer (2 or 3 first degree relative) referred to as familial pancreatic cancer (FPC) group or having a known genetic defect associated with PC. Screening was undertaken by a combination of MRI scans and endoscopic ultrasound imaging (EUS).

They had a large number of patients in this study with the genetic mutation CDN2A/p16 mutation (178 patients), which is found in the cancer syndrome called familial atypical multiple mole melanoma syndrome (FAMMM syndrome). In this group of patients on follow-up they detected pancreatic cancer in 13 (7.3%) cases, with 75% undergoing surgery and survival rate being 24% at 5-years. 2 patient from this group had surgery for pre-cancer tumours. The pick-up rate of PC for FPC group (214 patients) was much lower at 0.9%, but the overall pick-up of pre-cancer tumours which may benefit from surgical removal was 3.7%.

This study brings into question the usefulness of screening patients considered to be at high risk developing PC. The current recommendations are based on International Cancer of the Pancreas Screening (CAPS) Consortium reports, published in 2013 in the journal *Gut*, which recommends screening in the following cases:

- Individuals with three or more affected blood relatives, with at least one affected First degree relative (FDR), should be considered for screening.
- Individuals with at least two affected FDRs with pancreatic cancer (PC), with at least one affected FDR, should be considered for screening once they reach a certain age.
- Individuals with two or more affected blood relatives with PC, with at least one affected FDR, should be considered for screening.
- All patients with Peutz–Jeghers syndrome should be screened, regardless of family history of PC.
- p16 carriers with one affected FDR should be considered for screening.
- BRCA2 mutation carriers with one affected FDR should be considered for screening.
- BRCA2 mutation carriers with two affected family members (no FDR) with PC should be considered for screening.
- PALB2 mutation carriers with one affected FDR should be considered for screening.
- Mismatch repair gene mutation carriers (Lynch syndrome) with one affected FDR should be considered for screening.

The study published by Vasen et al. has an unusually high number of patients with CDN2A/p16 mutation (178 patients) compared to other studies. When cancer was detected in this group of patients, 75% could undergo surgery, which is much better than the 20-25% resection rate seen
in the rest of the population. It should be however noted that survival was only 24% survived to 5-years after surgery, with most patients dying as result of the cancer recurrence. This highlights that we must continue to make improvements at detecting pre-cancerous lesions and offering surgery before aggressive cancer develops. Once cancer is detected the survival is still poor. This European study also tells us that the role of screening for PC is still not fully determined, even though there are recommendation made by International Cancer of the Pancreas Screening (CAPS) Consortium, more studies are required to determine the utility of screening.

In Australia as far as we are aware there are currently two pancreatic screening programs for PC, being conducted under ethics approved research protocols; St Vincent’s Hospital, NSW and Austin Hospital, VIC. Endeavours to undertake research into early PC detection should continue to be encouraged and we look forwards to seeing the results of our Australian Series.

Article reviewed by Dr Mehrdad Nikfarjam, MD, PhD, FRACS