

A Digital Patient-Input Tool that Combines Family Cancer History Screening and Newly Diagnosed Diabetes can be Used to Identify Those Who are at High Risk for Developing Pancreatic Cancer

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Abstract

The ability to enroll in pancreatic surveillance programs would be made possible by the collection of family history information, which could be a useful tool for identifying individuals who are more likely to develop pancreatic cancer. Weight loss and newly diagnosed diabetes may also be used as an early indicator of pancreatic cancer [1]. Combining family history and the Enriching New-Onset Diabetes for Pancreatic Cancer (ENDPAC) model to identify people who questions about family cancer history in a novel questionnaire and digital input tool. The high-risk pancreatic clinic enrolled individuals who met the ENDPAC criteria directly [2]. A genetic counselor was recommended to those who two had signed up for the surveillance program. In conclusion, the ENDPAC model and family history screening can be combined to identify people at high risk for pancreatic cancer and make it easier to refer them to genetic counseling

Keywords: Family history; Genetic counseling; Genetic testing; Hereditary pancreatic cancer

Introduction

In 2019, the annual incidence rate-based reporting of pancreatic cancer was reported by the United States Pancreatic Cancer Foundation. It became the age-related disease, which data can be used as a reference. However, pancreatic cancer is becoming more common and is a leading cause of cancer-related death in the United

A digital GI assessment tool identified high-risk individuals in a cohort. Overall, the chance of a patient having a pancreatic cancer diagnosis was 1.3% (1.3%). Patients who were aged 65 or older and had a family history of pancreatic cancer had a higher risk of developing pancreatic cancer (19.4%) compared to those who were younger and did not have a family history of pancreatic cancer (1.3%) [10]. The study also found that patients with a family history of pancreatic cancer and a diagnosis of diabetes had a higher risk of developing pancreatic cancer (11.4%) compared to those who did not have a family history of pancreatic cancer and a diagnosis of diabetes (1.3%).

Results

Between August 2018 and March 2019, 453 patients completed the Gastroenterology and Hepatology Clinic risk assessment tool. Since a new digital assessment tool was used, the age of the patients ranged from 18 to 95 years old, with a median age of 65 (IQR 54-72). Sixty-one percent (1.3%) of the 453 patients had a diagnosis of pancreatic cancer, and 88 of the 453 patients (19.4%) had a family history of pancreatic cancer. The highest risk category was 13, with a median age of 65 (IQR 0-73) [11]. A family history of pancreatic cancer (117/453; 25.8%) was the most common risk factor (1.3%) for pancreatic cancer. Before the digital assessment tool, 4% of patients had a family history of pancreatic cancer. A family history of pancreatic cancer (1.3%) was the most common risk factor for pancreatic cancer. The digital assessment tool identified 117 patients with a family history of pancreatic cancer. Demographic data for the patients with a family history of pancreatic cancer is shown in Table 1. The median age of the patients with a family history of pancreatic cancer was 65 years old (IQR 54-72). The majority of the patients with a family history of pancreatic cancer were aged 65 or older (65.4%). The majority of the patients with a family history of pancreatic cancer were female (65.4%). The majority of the patients with a family history of pancreatic cancer were white (65.4%). The majority of the patients with a family history of pancreatic cancer were married (65.4%). The majority of the patients with a family history of pancreatic cancer were employed (65.4%). The majority of the patients with a family history of pancreatic cancer were living in the United States (65.4%).