High-Risk Pancreatic Cancer Screening Program
Fact Sheet / Frequently Asked Questions

Who is at high risk for pancreatic cancer?

Those with:

- A history of 2 or more close family members with pancreatic cancer (i.e., a parent, sibling, child or grandparent) or with pancreatic cancer at an early age (under 45)
- Chronic pancreatitis with scarring of the pancreas (no genetic counseling needed)
- Mucinous pancreatic cysts (no genetic counseling needed)
- A known gene mutation, such as BRCA-2 or PALB-2
- Certain genetic disorders
  - Ataxia Talengiectasia mutation (autosomal recessive)
  - FAMMM (familial atypical multiple mole melanoma syndrome, p16mutation)
  - Hereditary pancreatitis (for example, mutation of PRSS1, SPINK1 genes)
  - HNPCC (Lynch II: MLH1, MSH2, MSH6, PMS2) especially with family history of pancreatic cancer
  - P53 mutations and LiFraumeni Syndrome
  - Peutz-Jegher syndrome
  - Von Hippel-Lindau (mutation of VHL)

Why is screening and early detection important?

Pancreatic cancer usually does not cause any symptoms until it is advanced and has spread outside the pancreas. Imaging studies for those at high risk can identify pancreatic cancer early, before it causes symptoms. At that stage, pancreatic cancer is more likely to be successfully treated.

What are the steps in the Pancreatic Screening Program's process?

In most cases, the first step is a consultation with the Genetics Counselor who reviews your health history. Those at high risk for pancreatic cancer are referred to the Northwest Gastroenterology Clinic.

Dr. Saad Jazrawi is the physician in that clinic with special training in pancreatic diseases. His office will contact you about making a consultation appointment with him.

When you meet with him, Dr. Jazrawi will discuss with you your particular situation and the options for pancreatic screening tests.

If you decide to proceed with testing, Dr. Jazrawi's office staff will work with you to schedule a day and time for your test(s). The tests are done at Good Samaritan Medical Center in the hospital's Endoscopy Suite or Radiology Department.

See reverse side

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What are the options for screening tests?

Endoscopic ultrasound (EUS) – In this procedure a thin, flexible tube called an endoscope is passed through your mouth to examine the digestive tract and the organs next to it, including the pancreas. An ultrasound attachment produces sound waves that create visual images for the doctor to view. In some cases, a tissue sample will be taken for a biopsy.

Computed tomography (CT or CAT) scan – This test uses x-rays to quickly create cross-sectional images of the abdomen, including the pancreas.

MRI (magnetic resonance imaging) – This exam uses a large magnet, radio waves and computer technology to produce high quality images of the abdomen and pancreas.

What will be covered by insurance? And what if I don't have health insurance?

You will need to contact your health insurance to find out if they will cover the recommended screening test(s) and what share of the cost will be billed to you. The office staff can provide you "CPT" and "ICD-10" codes to tell your insurance company.

Those without insurance coverage can discuss payment options with the Clinic and the hospital. There are special programs that may assist with payment.

What will happen with the report of my test results?

The results of your EUS test will be relayed to you the same day. If a sample is taken for biopsy, or if you have a CT or MRI only, you will be contacted with the final results by letter or phone in approximately one week.

The final report(s) will go to Dr. Jazrawi and to the Genetics Counselor.

What is the long-term screening plan?

After having a screening test that shows no problems, you will be contacted again in 2 years for possible follow-up testing.

CONTACT PHONE NUMBERS:

Northwest Gastroenterology Clinic	503-229-7137
Legacy Genetics Services	503-413-6534

March 2018