Imaging tests for the diagnosis and staging of pancreatic adenocarcinoma

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Record Status
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Citation

Authors' objectives
Our objectives were to synthesize the available information on the diagnostic accuracy and clinical utility of commonly used imaging tests for the diagnosis and staging of pancreatic adenocarcinoma, as well as screening for pancreatic adenocarcinoma in high risk individuals.

Authors' conclusions
Current evidence permits some tentative conclusions about the comparative assessment of imaging tests for diagnosing and staging pancreatic adenocarcinoma, but many gaps remain. The conclusions we did draw are as follows: MDCT and EUS-FNA have similar accuracy in assessing resectability in patients whose disease is unstaged; EUS-FNA has a slight advantage over MDCT with respect to T (tumor) staging (specifically, a lower chance of undersizing the tumor); MDCT and MRI are similarly accurate with respect to both diagnosing and assessing vessel involvement; and PET/CT is more accurate than MDCT in assessing distant metastases (slight advantages in both sensitivity and specificity). The prominent gaps include minimal information on MDCT angiography, imprecise data on other imaging techniques, a lack of comparative data on patient-oriented outcomes and factors that could influence comparative accuracy, and test-specific data on screening accuracy.

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