Early Diagnosis of Pancreatic Cancer 2022–2023

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Message from the Guest Editor

Pancreatic cancer (PC) has a poor prognosis because the diagnosis of PC is delayed. To improve the poor prognosis, early diagnosis is needed. For early diagnosis of PC, patients with clinical manifestations suggestive of PC and high risk for developing PC need to be selected for examination for PC. The signs suggestive of PC, such as abdominal symptoms, DM onset, or acute pancreatitis, should not be missed, and the details regarding risk factors for PC including IPMN, chronic pancreatitis, or heredity of PC should be understood. For diagnosing PC, computed tomography (MDCT), magnetic resonance imaging (MRI), and positron emission tomography (PET) could be selected, while the diagnostic ability of these examinations for early stage PC is limited. Recently, endoscopic diagnostic procedures such as endoscopic ultrasonography, including fine-needle aspiration, have been widely accepted for diagnosing PC, including small PC, and endoscopic retrograde pancreatocholangiography using serial pancreatic-juice aspiration cytologic examination (SPACE) has been developed for detailed examination to diagnose earlier pancreatic cancer, including carcinoma in situ.

Special Issue

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Message from the Editor-in-Chief

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