

Re-defining the role of EUS in pancreatic adenocarcinoma in 2017

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Pancreatic ductal adenocarcinoma (PDAC) is a very severe disease, considered in the recent years to be the fifth malignancy in the Western Countries.

Among those, PDAC is the most aggressive being the fourth cause of death; furthermore, its incidence is constantly growing over time, and in a recent report, its estimated increase in the next decade will lead this tumor to become the first malignancy.

Unfortunately, regardless big and constant improvement in the diagnostic cross-sectional modalities, the scarcity of symptoms specifically related to the disease delays the diagnosis, and for this, only 9% of lesions are localized and >50% have distant metastasis.^[1-3]

Even if the patient has a lesion deemed to be resectable at the time of the diagnosis, the survival rate at 5 years is still <20% being nearly 40% in most favorable cases for surgical treatment (Stage 1a lesions).^[4]

In the recent years, the development of endoscopic ultrasonography (EUS) has led to an increase of diagnostic capabilities also in the presence of patients with clinical suspicion of pancreatic cancer negative at the standard diagnostic algorithm. This procedure has

improved the detection rates of small pancreatic lesions and the differential diagnosis of benign/malignant tumor with an impact on therapeutic strategies.

This special issue of endoscopic ultrasound reported a series of articles that are considering diagnostic and therapeutic open questions in PDAC with a particular focus on the role of EUS in this regard.

These papers are the result of the lecture and debate sessions that took place in the recent 14th EURO-EUS Meeting held in Milan and are the first of a series of special issues that will give a comprehensive overview of pancreatic solid and cystic lesions.

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