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**“Outcomes of a high-risk pancreas cancer screening program in a community cancer center”**

**Background:** Certain individuals harbor a much higher risk of developing pancreas cancer based on family history or genetic variants and screening these high-risk individuals (HRI) with abdominal imaging appears to be beneficial. Mary Bird Perkins Cancer Center started the first pancreas cancer screening program (PCSP) in Louisiana in 2016. We aimed to review outcomes of this program since its inception.

**Methods:** We reviewed a prospective database of all HRI referred to our PCSP between September 2016-April 2020. Variables of interest included demographics, diagnosis, treatment, and identification of pancreatic lesions.

**Results:** 35 asymptomatic individuals were referred over a 42-month period. Only 8 (23%) were truly HRI by consensus guidelines. Most HRI (7/8, 87%) were seen during the latter 2 years of the study. HRI had a mean age of 50 (range 31-76); 5 (62%) were females; and 0 (0%) had a personal history of malignancy. 7 (87%) had a strong family history while 5 (62%) harbored a deleterious germline mutation. All patients (8/8) had a screening MRI ordered, and 7 (87%) had it completed. 3 had a screening EUS ordered, and 0 had it completed. At a median follow up of 8.5 months, no HRI had a neoplastic pancreatic lesion identified.

**Conclusion:** Most people referred to our PCSP did not actually meet criteria as HRI. In the first few years of this PCSP, the yield of screening this younger population has been minimal. We expect this will improve with time, with a larger sample size, and longer follow up.