**Table C-6. Patient characteristics of comparative accuracy studies**

| **Study** | **Patient Enrollment Criteria** | **Number of Patients Included** | **% Female** | **Age (Mean, Range)** | **Specific Final Diagnoses** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| Fang et al. 201216 | Confirmed pancreatic or periampullary neoplasms and had received both imaging tests being compared, did not have distant organ metastases, and had undergone surgery | 57 | 81%(46/57) | 57.9 | 43 pancreatic ductal adenocarcinoma of the head, 14 pancreatic ductal adenocarcinoma of the body/tail | The study also included some patients with periampullary cancer, but data were provided specifically for pancreatic cancer. Patient characteristics are based on all enrolled. |
| Herrmann et al. 201217 | Pancreatic tumours suspicious for malignancy and scheduled for resective surgery  | 44 | 36%(16/44) | median age 65±12 years, range 34–86 years |  |  |
| Tellez-Avila et al. 201218 | Referred because of pancreatic lesion | 50 | 54%(27/50) | 61±11.5 years | 17/19 patients with adequate tissue samples by EUS. Tissue sampling not attempted in 31 patients. After surgery, histological vascular invasion was demonstrated in 18 patients, vein invasion in 11, and arterial invasion in 9. |  |

| **Table C-6. Patient characteristics of comparative accuracy studies (continued)** |
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| **Study** | **Patient Enrollment Criteria** | **Number of Patients Included** | **% Female** | **Age (Mean, Range)** | **Specific Final Diagnoses** | **Comments** |
| Holzapfel et al. 201119 | Potentially resectable as seen by MDCT, received diffusion weighted MRI | 31 | 48%(15/31) | 61.4 (range 32–84) | 23 pancreatic ductal adenocarcinoma, 1 acinar cell carcinoma, 1 neuroendocrine carcinoma, 1 benign IPMN, 1 malignant IPMN, 1 cholangiocarcinoma, 1 papillary carcinoma, 2 focal chronic pancreatitis |  |
| Koelblinger et al. 201120 | Informed consent, suspected of having pancreatic cancer, referred to the group of surgeons at the institution, no contraindications to CT/MRI, no time constraints, accepted enrollment, contacted sufficiently soon | 89 | 54%(48/89) | 65.5 | 43 pancreatic adenocarcinoma, 4 ampullary carcinoma, 7 metastases, 1 neuroendocrine tumor, 1 cystadenoma, 9 cystic tumor, 4 inflammatory pseudotumor, 1 focal steatosis, 26 normal pancreas |  |
| Motosugi et al. 201121 | Patients underwent both dynamic CT and MR cholangio­pancreatography with gadoxetic acid enhancement performed within 1 month, underwent follow-up CT or MR imaging more than 6 months after initial examination | 100 | 47%(47/100) | Men: 67.5 (SD 10.6); Women: 68.2 (SD 10.6) | 54 pancreatic carcinoma, 14 biliary stone and/or adenomyomatosis of the gallbladder, 10 biliary carcinoma, 4 gallbladder carcinoma, 3 liver metastasis from colon carcinoma, 6 intraductal papillary mucinous neoplasm of the pancreas, 9 no evidence of disease in the abdomen |  |
| Rao et al. 201122 | Evidence of small (≤2 cm) pancreatic solid tumor | 46 | 54%(25/46) | 57 (range 22–81) | 18 pancreatic ductal adenocarcinoma, 13 neuroendocrine tumor, 8 metastases (primary cancer not reported but probably pancreatic cancer), 5 solid pseudopapillary tumor, 2 intrapancreatic accessory spleen |  |
| Shami et al. 201123 | Underwent both MRI and EUS-FNA for the workup of pancreatic cancer | 127 | 44%(56/127) | 66 | All had pancreatic cancer; specific diagnoses not reported |  |
| Takakura et al. 201124 | Patients with pancreatic duct dilatations over 3 mm as visualized by MRCP, who underwent both DWI and MDCT | 83 | 27%(22/83) | 37–91 years | Pancreatic cancer (presumably adenocarcinoma), IPMN, cholangio (bile duct), adeno of duodenum (papilla of Vater) |  |
| Imai et al. 201025 | Diagnosed with invasive ductal adenocarcinoma of pancreas during a time range, no other pancreatic malignancies, underwent preoperative CT and MRI and PET | 119 | 51%(61/119) | 65 (range 32–85) | 79 pancreatic adenocarcinoma head only, 23 pancreatic adenocarcinoma body only, 5 pancreatic adenocarcinoma tail only, 1 pancreatic adenocarcinoma head + body, 10 pancreatic adenocarcinoma body + tail, 1 pancreatic adenocarcinoma head+body+tail | Comparative accuracy data only reported for the 69/119 who received all three imaging tests CT MRI PET |
| Lee et al. 201026 | Underwent surgery for pancreatic adenocarcinoma, surgical and pathological findings were available for correlation with imaging tests | 56 | 46%(26/56) | 60.9 (range 37–76) | 56 pancreatic adenocarcinoma |  |
| Kauhanen et al. 200927 | Suspicion of pancreatic malignancy based on ultrasound and/or CT, or suspicion of malignant biliary stricture based on ERCP, no hepatocellular carcinoma, underwent PET/CT and MRI and 64-slice MDCT | 38 | 50%(19/38) | 62.6 | 17 pancreatic adenocarcinoma, 3 neuroendocrine tumor, 4 chronic pancreatitis, 5 benign cystic lesion, 1 malignant cystic lesion, 2 fibrosis, 6 normal pancreas |  |
| Farma et al. 200828 | Patients referred to center with a presumed pancreatic neoplasm and who had preoperative PET/CT scans, only patients with pancreatic lesions | 82 | 48%(39/82) | Median: 69 (24 to 88) | 65 pancreatic cancer, 17 IPMNs |  |
| Saif et al. 200829 | Suspected pancreatic cancer or focal lesion in the pancreas, and had both CT and PET/CT | 12 | 25%(3/12) | 61 (range 43–74) | 11 malignant pancreatic adenocarcinoma, 1 benign |  |
| Schick et al. 200830 | Solid pancreatic masses of unknown etiology, did not have known pancreatic cancer or known metastases, able to complete the exam, no mental retardation, informed consent | 46 | 30%(14/46) | 61.7 (range 31 to 87) | 22 ductal adenocarcinoma, 1 adenocarcinoma of the ampulla of Vater, 1 neuroendocrine carcinoma, 1 cholangiocellular carcinoma, 1 metastasis from breast cancer, 1 GIST in duodenum, 14 chronic pancreatitis, 2 pseudocyst with blood/necrotic tissue, 2 bile duct stenosis, 1 focal tuberculosis |  |
| Casneuf et al. 200731 | Referred for PET/CT for suspected pancreatic disease | 34 | 47%(16/34) | 61 | 18 adenocarcinoma, 4 neuroendocrine tumor, 3 unknown pancreatic tumor, 6 pancreatitis, 3 cystadenoma. | Age was estimated by the EPC based on separately-reported medians of 63 for the 25 positives and 58 for the 9 negatives. The study reported another 12 patients who were included for assessment of recurrence; these patients’ data were not extracted. |
| Tamm et al. 200732 | 1) Clinical suspicion of pancreatic cancer, 2) had undergone both dual-phase MDCT and EUS, 3) MDCT had shown either definite or questionable tumor, or MDCT resulted in a high clinical suspicion of a pancreatic mass, 4) MDCT did NOT show a cystic mass or hypervascular mass suggestive of a neuroendocrine tumor, 5) either clear histopathological proof of true status OR at least 9 months clinical followup after negative MDCT or negative EUS-FNA | 117 | 46%(54/117) | 69 | 95 adenocarcinoma, 2 extrahepatic cholangiocarcinoma, 1 intraductal papillary mucinous neoplasm without a cystic component, 1 ampullary carcinoma, 10 chronic pancreatitis, 1 benign pancreatic duct stricture, 3 benign common bile duct stricture, 1 choledochal cyst |  |
| Mehmet Ertuk et al. 200633 | Either 1) underwent surgery for pancreatic adenocarcinoma and had had both multiphasic MDCT and MRI prior to surgery, or 2) did not have pancreatic carcinoma and underwent CT and MRI during the same period of time | 45 | 56%(25/45) | 67.4 (range 42 to 85) | 14 head adenocarcinoma, 6 body adenocarcinoma, 4 tail adenocarcinoma, 3 elevated CA 19-9 but no adenocarcinoma, 5 acute pancreatitis, 7 chronic pancreatitis, 6 IPMN. | Age calculated based on weighted average of reported mean ages of positives and negatives |
| Heinrich et al. 200534 | Patients with a focal lesion in the pancreas or with clinical suspicion of pancreatic cancer was eligible for this analysis | 59 | 49%(29/59) | Median: 61 (40 to 80) | 43 ductal adenocarcinoma, 1 acinuscell carcinoma, 1 Neuroendocrine cancer, 1 Metastasis from colon cancer, 1 serous microcystic adenoma, 1 high-grade epithelial dysplasia, 1 focal tuberculosis, 3 chronic pancreatitis (pseudotumor); 7 no definitive histologic diagnosis was available |  |
| Agarwal et al. 200435 | If clinical suspicion of pancreatic cancer was based on: obstructive jaundice with biliary stricture seen on ERCP (n=47), suspected pancreatic mass on CT (n=19), and two or more episodes of acute pancreatitis in 6 months without predisposing factors (n=15) | 81 | 51%(41/81) | 66.4 (SD 10.5) | 71 malignant and 10 benign. Of the 71 malignant tumors: 58 were located in the pancreatic head, five in the uncinate process, and eight in the neck, body or tail of the pancreas) |  |
| DeWitt et al. 200436 | 1) Clinically suspected or recently diagnosed solid or cystic pancreatic cancer with the past 8 weeks, 2) agreed to undergo EUS and CT and surgery (if necessary), 3) had not already undergone ERCP or EUS for suspected pancreatic cancer; 4) did not decline or remain undecided about surgical intervention; 5) were not referred by surgeons outside their hospital system;6) were not pregnant; 7) were not incarcerated; 8) could independently provide informed consent; 9) were not considered high surgical risk (not ASA class III IV or V); 10) had known or suspected periampullary masses; 11) had cholangiocarcinoma; 12) had cancer with suspected locally advanced arterial involvement or metastatic disease detected by previous imaging studies. | 104 | 43%(45/104) | 64 | 28 unresectable pancreatic cancer determined after surgery, 25 resectable pancreatic cancer, 5 chronic pancreatitis, 1 benign intraductal papillary mucinous tumor, 1 macrocystic serious [sic] cystadenoma, 1 benign neuroendocrine tumor, 1 accessory spleen, 1 ampullary cancer, 9 benign resectable focal pancreatic masses without vascular invasion, 26 pancreatic adenocarcinoma determined without surgery, 1 neuroendocrine carcinoma determined without surgery, 2 suspected unresectable gall bladder carcinoma or hepatoma, 3 no mass, 1 suspected liver abscess, 8 benign disease | – |
| Lemke et al. 200437 | Suspected pancreatic lesion | 104 | 51%(53/104) | Median 64 (Range 23–84) | (See comments) 57 adenocarcinoma, 5 carcinoma of papilla of Vater, 1 bile duct carcinoma, 1 neuroendocrine tumor, 28 chronic pancreatitis, 5 papillary adenoma, 3 other benign lesions | Final diagnoses: 53 surgical resection, 25 exploratory surgery, 16 percutaneous needle aspiration biopsy, 10 clinical follow-up |
| Soriano et al. 200438 | Had pancreatic or ampullary carcinoma, fit for surgery, confirmed neoplasm, gave consent, no massive metastasis precluding surgery, at least 3 imaging techniques could be performed | 62 | 47%(29/62) | 65 | 42 Pancreas head cancer, 6 pancreas body cancer, 4 pancreas tail cancer, 10 ampullary cancer |  |
| Rieber et al. 200039 | known or suspected pancreatic malignancy, Minimum age of 18 years, patient consciousness and co0operation, written informed consent, free withdrawal from the study, no participation in drug administration phase of another trial | 20 | 30%(6/20) | Avg. 62 (range 34–88) | 8 pancreatic adenocarcinoma, 10 chronic pancreatitis, 2 stenosing papillitis |  |