Introduction: Surveillance programs for early detection and prevention of pancreatic cancer (PC) are recommended for high risk individuals (HRI). However their effectiveness is unknown. Consensus-based PC screening guidelines are used in various centers. It is essential for active centers to report results so as to enable forming evidence-based guidelines. Methods: Between 2008 and 2016, 100 high risk individuals (HRI) came for annual/biennial EUSs. Inclusion criteria included at least one 1st degree relative (FDR) with PC within ten years of the age of that FDR, or otherwise within the CAPS recommended criteria. Results: One hundred individuals (59 of them females) underwent at least one EUS for screening at our center, Median age was 54 years. From 1-5 EUSs have been performed per subject. 30 HRIs had more than one EUS performed. Among them 30 had two, 17 had 3, 9 had four and 4 HRIs had five exams. Subjects were encouraged not to smoke, strive for ideal weight, to control diabetes and exercise and undergo genetic screening. Any patient with an abnormal finding was referred for MRI/MRCP. Subjects with a normal EUS are advised to return in 1-2 years. To date no complications attributed to EUS have occurred. 17/100 had abnormal EUS findings on initial EUS which included one pancreatic neuroendocrine tumor, 1 gastric GIST and two ampullary tumors. All four HRIs with tumors then underwent surgery, confirming these diagnoses, and all are alive and well. One mucinous cyst, probable IPMN, grew from 2 to 17 mm then was stable in size for this past year, the patient refuses surgery. One cancer was missed, due to inconclusive cytology. Two cases with just one FDR subsequently had another FDR die of PC. 14 of the 100 have undergone genetic counselling and testing. Conclusions: Collaboration and teamwork, such as the Cancer of Pancreas Studies (CAPS) are needed to collate evidence screening to prevent PC deaths, and perhaps related diseases, and are essential to achieve proof of concept.