

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

PANCREAS CARCINOMA (EXOCRINE AND ENDOCRINE)

(Ver 1.1, 11-03)

Accession No.:

Part No(s).

Date:

Patient Name:

ORGAN,

SITE,

OPERATION

Pancreas

Head

Pancreatectomy

Body

Partial Pancreatectomy

Pancreas and duodenum

Tail

Pancreaticoduodenectomy

Proximal

Pancreaticoduodenectomy
with partial gastrectomy

Pancreas, duodenum,
and stomach

Distal

(Whipple Procedure)

Other _____

-Primary Tumor Diagnosis *Required*

High grade ductal epithelial dysplasia (severe dysplasia/carcinoma in-situ)

Ductal adenocarcinoma

Signet ring cell carcinoma

Mucinous carcinoma (noncystic)

Mucinous cystic tumor of low malignant potential (moderate glandular epithelial
dysplasia, borderline tumor)

Mucinous cystadenocarcinoma

Intraductal papillary-mucinous tumor with moderate dysplasia

Intraductal papillary-mucinous with high grade dysplasia

Intraductal papillary-mucinous carcinoma

Serous cystadenoma, microcystic type/oligocystic type

Serous cystadenocarcinoma, microcystic type/oligocystic type

Osteoclast-like giant cell tumor

Anaplastic carcinoma

Adenosquamous carcinoma

Acinar cell carcinoma/cystadenocarcinoma

Mixed ductal-endocrine carcinoma

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-Primary Tumor Diagnosis (continued)

Pancreatic endocrine tumor

Papillary and solid epithelial neoplasm, (solid pseudopapillary tumor)

Pancreaticoblastoma

Other: _____

A. Tumor Grade: *Required*

I (>95% of tumor composed of glands)

II (50% to 95% of tumor composed of glands)

III (5% to 49% of tumor composed of glands)

IV (undifferentiated)

Note: The grading system above is to be applied to the usual invasive ductal adenocarcinoma. Pancreatic endocrine tumors, osteoclast-like giant cell tumor, mucinous cystadenocarcinoma, intraductal papillary mucinous tumor/carcinoma, acinar cell carcinoma, papillary and solid epithelial tumor/carcinoma and pancreaticoblastoma are not generally graded.

B. Size of Tumor: *Required* _____ cm. x _____ cm. x _____ cm.

C. Extent of Tumor: *Required*

Tumor is confined to the main duct (in-situ)

Tumor is confined to the pancreas

Tumor directly invades the:

peripancreatic soft tissue (_____)
_____)

specify retroperitoneal soft tissue, mesenteric adipose tissue, mesocolon, greater or lesser omentum, peritoneum, etc.

ampulla of Vater

common bile duct

duodenum

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C. Extent of Tumor (continued):

adjacent large vessels: _____

_____ *Specify vessels. Adjacent large vessels refer specifically to portal vein, celiac artery, superior mesenteric artery, common hepatic arteries and veins. Splenic artery and vein are not considered adjacent large vessels.*

spleen

colon

stomach

liver

-Margins of Excision: *Required*

No tumor identified at margins (R0)

Distal pancreatic, common bile duct, posterior pancreatic surface (deep radial margin), retroperitoneal, proximal (gastric/duodenal), and distal (duodenal) margins are free of tumor (R0).

Tumor is present microscopically (R1)/grossly (R2) at:

distal pancreatic margin

common bile duct margin

posterior pancreatic surface (deep radial margin)

retroperitoneal

proximal (gastric/duodenal) margin

distal (duodenal) margin

other _____

***Note:** Specify proximal margin as gastric or duodenal in Whipple procedure specimens. As the most frequent site of recurrence following a Whipple procedure for invasive duct adenocarcinoma is in the region of the posterior pancreatic surface margin (soft tissue between the pancreatic head and the inferior vena cava) as well as the retroperitoneal (or mesenteric margin representing the soft tissue adjacent to the superior mesenteric artery), it is important to evaluate these margins thoroughly with margins appropriately indicated with ink. For an intraductal tumor, the distal pancreatic margin is important to evaluate by complete en face sections.*

Although not indicated in the pTN stage, margin status is of great prognostic significance. Microscopically positive margins should be so indicated and noted as R1, whereas grossly positive margins should be indicated and noted as R2 in this section.

Margin evaluation for a standard pancreaticoduodenectomy (Whipple) should include the 5 sites listed above.

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Note: All of the following lymph node groups will not be identified in most cases. However, appropriate designations are provided below. ^{Required}

-Lymph Nodes, Superior:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, Inferior:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, Anterior:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, Posterior:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, Splenic:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

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-Lymph Nodes, (specify):

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, (specify):

D. Number examined: _____

E. Number positive: _____

F. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, (specify):

G. Number examined: _____

H. Number positive: _____

I. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

Note: The following defines lymph node groups.

Superior: lymph nodes superior to the head and body of the pancreas

Inferior: lymph nodes inferior to the head and body

Anterior: anterior pancreaticoduodenal, pyloric, and proximal mesenteric lymph nodes

Posterior: posterior pancreaticoduodenal, common bile duct or pericholedochal, proximal mesenteric lymph nodes

Splenic: lymph nodes of the splenic hilum or tail of the pancreas

Other regional lymph nodes include hepatic artery nodes, infrapyloric nodes (restricted to tumors in the head of the pancreas), suprapyloric nodes (restricted to tumors in the head of the pancreas), celiac nodes (restricted to tumors in the head of the pancreas), superior mesenteric nodes, pancreaticolienal nodes (restricted to tumors in the body and tail), splenic nodes (restricted to tumors in the body and tail), retroperitoneal nodes, and lateral aortic nodes.

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-Additional Tumor Features: *Optional*

A. Location of Tumor

Head	Body	Tail
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Note: The locations in the pancreas are defined as follows

Head: to the right of the left border of the superior mesenteric vein. Uncinate process is part of the head.

Body: between the left border of the superior mesenteric vein and the left border of the aorta

Tail: between the left border of the aorta and the hilum of the spleen.

If the exact location of the tumor is difficult to determine based upon the examination of the surgical specimen, designate the location as estimated.

<u>B. Lymphatic Vessel Invasion:</u>	Identified	Not Identified
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<u>C. Blood Vessel Invasion:</u>	Identified	Not Identified
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<u>D. Perineural Invasion:</u>	Identified	Not Identified
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E. Other: _____

-Additional Findings and Comments: *Optional*

Chronic pancreatitis

Gastritis/Duodenitis _____ (specify
activity and presence of *H. Pylori*)

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-Ancillary Studies: *Optional*

Special stains are performed, the results are as follows:

- A. _____
- B. _____
- C. _____
- D. _____

Interpretation _____

Immunohistochemical studies are performed, the results are as follows:

- A. _____
- B. _____
- C. _____
- D. _____

Interpretation _____

pTN Stage: *Required*

A. Primary Tumor:

- pTX** Primary tumor cannot be assessed
- pT0** No evidence of primary tumor
- pTis** Carcinoma in-situ (high grade dysplasia)
- pT1** Tumor limited to the pancreas, 2 cm. or less in greatest dimension
- pT2** Tumor limited to the pancreas, more than 2 cm in greatest dimension
- pT3** Tumor extends beyond the pancreas but without involvement of the celiac axis or the superior mesenteric artery
- pT4** Tumor involves the celiac axis or the superior mesenteric artery (unresectable primary tumor)

B. Regional Lymph Nodes:

- pNX** Regional lymph nodes cannot be assessed
- pN0** No regional lymph node metastasis
- pN1** Metastasis in regional lymph node(s)

C. Distant Metastasis:

- pMX** Cannot be assessed
- pM0** No distant metastasis
- pM1** Distant metastasis

Note: (see page 4-5 for definition of regional lymph nodes)

References:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6th edition, 2002 (pg. 157-164).