

Lymph node status (Core)

Regional lymph nodes that are submitted separately should be reported individually, but the numbers should be included in the above response.

Lymph node status is one of the most potent predictors of survival for ductal adenocarcinoma of the pancreas.¹⁻⁶ Based on outcome data, tumours with positive lymph nodes are now categorised as N1 (1-3 positive regional lymph nodes) or N2 (4 or more regional lymph node metastases).⁷⁻¹⁰

All lymph nodes in the resection specimen should be examined histologically. The lymph node yield from Whipple resection specimens should be at least 12.¹¹⁻¹³ For distal pancreatectomy specimens, the minimum lymph node yield has not been established.

In accordance with the Union for International Cancer Control (UICC)¹⁰/American Joint Committee on Cancer (AJCC)⁷ 8th edition staging systems, direct invasion of a lymph node by the primary tumour should also be reported as lymph node involvement and included in the above information.

It should be noted that there is a discrepancy between UICC¹⁰ and AJCC⁷ 8th edition staging systems regarding the assignment of coeliac lymph nodes. While these are considered regional lymph nodes only for cancer in the head of the pancreas by UICC,¹⁰ the AJCC regards them as regional lymph nodes exclusively for tumours in the body and tail of the pancreas.⁷

References

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