Pathological staging (Core)

TNM staging should be assessed according to the agreed criteria of the Union for International Cancer Control (UICC)[1] and the American Joint Commission on Cancer (AJCC)[2] 8th edition staging systems.

The staging system for acinar cell carcinoma is the same as the one used for pancreatic ductal adenocarcinoma.

In case of multiple synchronous cancers, the stage should be based on the largest tumour (and recorded as "pTm") and the overall lymph node status.

The shift of stage criteria for pT1-3 from tumour size and tumour extent (TNM 7th edition)[3,4] to tumour size alone (TNM 8th edition)[1,2] was prompted by concerns regarding the reproducibility of the criterion "extension beyond the pancreas".[5] In addition, extrapancreatic tumour extension is observed in over 80% of tumours smaller than 20 millimetres (mm) in size, and yet, the associated survival is closer to that of tumours without extrapancreatic extension.[6-9] The changes introduced by the UICC[1]/AJCC[2] 8th edition staging systems aimed at improving reproducibility of T-stage and a more even stratification of patients across stages without sacrificing prognostic accuracy.[10] In addition, an N2 category was added, similar to the pN-staging for other gastrointestinal cancer sites. Several validation studies of the UICC/AJCC 8th edition staging systems have been published.[10-13] Whereas most find the revised N-stage to be highly prognostic, only a modest increase in prognostic accuracy is observed for the revised T-stage, which remains a fairly poor predictor of survival.[11,12] Future studies will be needed to evaluate the prognostic significance of tumour size following neoadjuvant therapy.[14]

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