

Carcinoma of the Exocrine Pancreas Histopathology Reporting Guide



Family/Last name

Date of birth

Given name(s)

Patient identifiers

Date of request

Accession/Laboratory number

Elements in **black text** are CORE. Elements in **grey text** are NON-CORE.

[SCOPE OF THIS DATASET](#)

indicates multi-select values indicates single select values

NEOADJUVANT THERAPY

- Information not provided
- Not administered
- Administered (select all that apply)
 - Chemotherapy
 - Radiotherapy
 - Other, *specify*

OPERATIVE PROCEDURE (select all that apply)

- Whipple pancreatoduodenectomy
- Pylorus-preserving pancreatoduodenectomy
- Distal pancreatectomy
- Total pancreatectomy
- Subtotal pancreatectomy
- Pancreatic resection (tick one of the options above) extended with one or more of the following additionally resected organs/structures:

- Vein
 - Superior mesenteric vein
 - Portal vein

- Artery(s)
 - Superior mesenteric artery
 - Common hepatic artery
 - Coeliac trunk

- Other, *specify*

- Other, *specify*

TUMOUR FOCALITY

- Unifocal
- Multifocal, *specify number of tumours in specimen*

- Cannot be assessed, *specify*

TUMOUR SITE (select all that apply)

- No macroscopically visible tumour
- Pancreatic head
- Pancreatic body
- Pancreatic tail
- Other, *specify*

TUMOUR DIMENSIONS

Maximum tumour dimension (largest tumour)

Additional dimensions (largest tumour)

 x

Dimensions of additional smaller tumour foci

 x x x x

Method of measurement (in case of neoadjuvant treatment)^a

- Approach 1 (largest overall dimensions)
- Approach 2 (summation of dimensions of each tumour focus)

^a See Note for an explanation of the approaches to the method of measurement following neoadjuvant treatment.

HISTOLOGICAL TUMOUR TYPE

(Value list from the World Health Organization Classification of Tumours of the Digestive System (2019))

- Ductal adenocarcinoma
 - Ductal adenocarcinoma not otherwise specified (NOS)
 - Adenosquamous carcinoma
 - Colloid carcinoma
 - Signet-ring cell (poorly cohesive cell) carcinoma
 - Medullary carcinoma NOS
 - Hepatoid carcinoma
 - Invasive micropapillary carcinoma
 - Large cell carcinoma with rhabdoid phenotype
 - Carcinoma, undifferentiated, NOS
 - Undifferentiated carcinoma with osteoclast-like giant cells
- Acinar cell carcinoma
 - Acinar cell cystadenocarcinoma
 - Mixed acinar-neuroendocrine carcinoma
 - Mixed acinar-endocrine-ductal carcinoma
 - Mixed acinar-ductal carcinoma
 - Acinar cell carcinoma, NOS
- Intraductal papillary mucinous neoplasm with associated invasive carcinoma
- Intraductal oncocytic papillary neoplasm with associated invasive carcinoma
- Intraductal tubulopapillary neoplasm with associated invasive carcinoma
- Mucinous cystic neoplasm with associated invasive carcinoma
- Other, *specify*

HISTOLOGICAL TUMOUR GRADE

- Not applicable
- Grade X: Cannot be assessed
- Grade 1: Well differentiated
- Grade 2: Moderately differentiated
- Grade 3: Poorly differentiated or undifferentiated

EXTENT OF INVASION (select all that apply)

- Cannot be assessed
- No evidence of primary tumour
- Tumour is confined to pancreas
- Invasion into ampulla of Vater
- Invasion into duodenum
- Invasion into common bile duct
- Invasion into peripancreatic soft tissues
- Invasion into spleen
- Invasion into splenic vein/artery
- Invasion into vascular resection

- Invasion into venous resection

Specify which vein

Specify maximum depth of invasion

- Tunica adventitia
- Tunica media
- Tunica intima
- Vascular lumen

- Invasion into arterial resection

Specify which artery(s)

Specify maximum depth of invasion

- Tunica adventitia
- Tunica media
- Tunica intima
- Vascular lumen

- Invasion into other adjacent structure(s)/organ(s), *specify*

LYMPHATIC AND VENOUS INVASION

- Not identified
- Present
 - Lymphatic invasion
 - Venous invasion

PERINEURAL INVASION

- Not identified
- Present

RESPONSE TO NEOADJUVANT THERAPY 

- No neoadjuvant treatment
- Complete response – no viable cancer cells (score 0)
- Near complete response – single cells or rare groups of cancer cells (score 1)
- Partial response – residual cancer with evident tumour regression (score 2)
- Poor or no response – extensive residual cancer with no evident tumour regression (score 3)
- Cannot be assessed, *specify*

MARGIN STATUS^b **Pancreatic transection margin**

- Not applicable
- Cannot be assessed
- Involved
 - Invasive carcinoma
 - High grade dysplasia

Not involved
Distance of tumour from closest margin mm

Bile duct transection margin

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin mm

Gastric/proximal duodenal transection margin

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin mm

Posterior dissection margin

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin mm

Superior mesenteric artery (SMA) dissection margin

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin mm

Superior mesenteric vein (SMV) dissection margin

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin mm

Anterior pancreatic surface

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin mm

Transection margins of venous resection

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin mm

Transection margins of arterial resection

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin mm

Other margin(s), specify

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin mm

^b See Note for the definition of margin involvement and for an explanation of the various specimen margins and surfaces.

LYMPH NODE STATUS 

- Cannot be assessed
- No nodes submitted or found

Number of lymph nodes examined

- Not involved
- Involved

Number of involved lymph nodes

ADDITIONAL FINDINGS (select all that apply) 

- Chronic pancreatitis
- Pancreatic intraepithelial neoplasia, *specify highest grade*
- Intraductal papillary mucinous neoplasia, *specify highest grade*
- Neuroendocrine tumour, *specify grade*
- Other, *specify*

ANCILLARY STUDIES

- Not performed
 Performed, *specify*

HISTOLOGICALLY CONFIRMED DISTANT METASTASES

- Not assessed
 Not identified
 Present, *specify site(s)*

PATHOLOGICAL STAGING (UICC TNM 8th edition)^c

TNM Descriptors (only if applicable) (select all that apply)

- m - multiple primary tumours
 r - recurrent
 y - post-therapy

Primary tumour (pT)

- TX Primary tumour cannot be assessed
 T0 No evidence of primary tumour
 Tis Carcinoma in situ^d
 T1 Tumour 2 cm or less in greatest dimension
 T1a Tumour 0.5 cm or less in greatest dimension
 T1b Tumour greater than 0.5 cm and no more than 1 cm in greatest dimension
 T1c Tumour greater than 1 cm but no more than 2 cm in greatest dimension
 T2 Tumour more than 2 cm but no more than 4 cm in greatest dimension
 T3 Tumour more than 4 cm in greatest dimension
 T4 Tumour involves coeliac axis, superior mesenteric artery and/or common hepatic artery

^d Tis also includes the 'PanIN-III' classification.

Regional lymph nodes (pN)

- No nodes submitted or found
 NX Regional lymph nodes cannot be assessed
 N0 No regional lymph node metastasis
 N1 Metastases in 1 to 3 regional lymph nodes
 N2 Metastases in 4 or more regional lymph nodes

^c Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley-Blackwell.