

We're official!!!

**Pancreatobiliary
Pathology Society**

PBPath.org

Pancreatobiliary Pathology Society

Founding Members (Board of Directors):

- Olca Basturk
- Wendy Frankel
- Grace Kim
- David Klimstra
- Alyssa Krasinskas
- David Lewin

(Advisors: Volkan Adsay, Ralph Hruban and Gunter Kloppel)

Pancreatobiliary Pathology Society

- Incorporated as a non-profit organization in NC on 1/22/16
- Non-profit status pending IRS approval (expected any day now!)
- Bylaws to be posted on website
- Mission Statement (Purpose):
“To foster excellence and collaboration in education, research, and the clinical practice of pancreatobiliary pathology around the world.”

Pancreatobiliary Pathology Society

Structure:

- Executive Committee
 - President
 - VP
 - Past President
 - Secretary/Treasurer
 - Chairs of the Committees
- Education Committee (Chair + 3 members)
- Membership/website Committee (Chair + 3 members)

All positions are
2 year terms

Pancreatobiliary Pathology Society

Inaugural Committee Members:

- Executive Committee
 - President = **Volkan Adsay**
 - VP = **Alyssa Krasinskas**
 - Secretary/Treasurer = **David Lewin**
- Education Committee:
 - **Olca Basturk** (Chair); **David Klimstra**, **Stefano Larosa**, **KT Jang** (1 year)
- Membership/Website Committee:
 - **Grace Kim** (Chair); **Wendy Frankel**, **Nobu Ohike**, **Benoit Terres** (1 year)

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Education Committee (Olca)

- Possible activities include educational sessions at USCAP and other meetings
- SOP pending

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Membership/Website Committee (Grace)

- We have a website! PBPath.org
- We have an on-line membership application
- Member dues:
 - Regular Members = \$50 / year
 - Junior Members = Free
- SOP Pending

Pancreatobiliary Pathology Society

Money! (David L)

- We have an EIN#
- We have a bank account
- In process of creating a PayPal account
- Will be able to pay dues online via PayPal as soon as our non-profit status gets approved - Keep checking the website!

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Pending Items:

- Create a logo: Plan to hold a contest or look into crowd sourcing
- Inquire if we can become a USCAP Companion Society
- Inquire about PBPath as a topic or USCAP Evening Subspecialty Session
- Our annual business meeting will continue to be held at USCAP, but the format is subject to change
- Our annual Executive Committee Meeting will also be held during USCAP

Pancreatobiliary Pathology Society

- A few words from our 1st President!...

Volkan Adsay


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Disclaimer

The decisions for AJCC 8th edition has not been finalized. This material was for the sole purpose of the March 14, 2016 Pancreatobiliary Pathology Society Luncheon Discussion.




New AJCC 8th Ed Cancer Staging Updates

- Mid-2016 release
- Effective January 1, 2017
- PB Sites (DRAFTS!)
 - Pancreas Exocrine, Pancreas Endocrine
 - Ampulla
 - Gallbladder
 - Intrahepatic bile ducts
 - Perihilar bile ducts
 - Distal bile duct




Pancreas – Exocrine: Summary of Changes

Change	Details of Change
T1	T1 subcategorized into T1a , T1b and T1c based on size . Rationale: Size-based categorization of small invasive tumors that have been characterized as ‘minimally invasive,’ and have better outcome
T2 and T3	Based on size of invasive tumor; extrapancreatic extension is no longer part of the definition . Rationale: Size-based definitions are more objective as it is difficult to determine extrapancreatic extension. These definitions show better correlation with survival.
T4	T4 is now based on involvement of arteries ; resectability has been removed from the definition . Rationale: Resectability is subjective and the T category is better defined by extent of invasion.
N	Node positive disease N1 has been subdivided into N1 and N2 , based on number of positive lymph nodes. Rationale: Better prognostic stratification is provided based on number of positive lymph nodes.




Pancreas – Exocrine: New T

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ This includes high grade pancreatic intraepithelial neoplasia (PanIn-3), intraductal papillary mucinous neoplasm with high-grade dysplasia and mucinous cystic neoplasm with high-grade dysplasia
T1	≤ 2 cm
T1a	≤ 0.5 cm
T1b	> 0.5 cm and < 1 cm
T1c	1-2 cm
T2	> 2 cm and ≤ 4 cm
T3	> 4 cm
T4	Tumor involves celiac axis, superior mesenteric artery and/or common hepatic artery, irrespective of size



Pancreas – Exocrine: New N


N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastases
N1	Metastasis in 1 to 3 regional lymph nodes
N2	Metastasis in ≥ 4 regional lymph nodes



Pancreas – PanNET: Summary of Changes

Change	Details of Change
New Chapter	This staging system was included in the Exocrine and Endocrine Pancreas chapters in previous editions
Anatomic Stage and Prognostic Groups	Pancreatic neuroendocrine tumors are now staged using a TNM staging system that is predominantly based on size , with <u>elimination of the criterion of peripancreatic soft tissue invasion</u> .
Definition of Primary Tumor (T)	The Tis distinction has been eliminated


M1a, M1b, M1c



Pancreas – PanNET: New T

T Category	T Criteria
TX	Primary tumor cannot be assessed
T1	Limited to the pancreas*, <2 cm ≤ 2cm for PDAC
T2	Limited to the pancreas*, 2-4 cm
T3	Limited to the pancreas*, >4 cm, OR invading duodenum or bile duct
T4	Tumor invading adjacent organs (stomach, spleen, colon, adrenal gland) or the wall of large vessels (celiac axis or the superior mesenteric artery)

Multiple tumors should be designated as such (the largest tumor should be used to assign T category):
 If the number of tumors is known, use T (#), e.g. pT3 (4)N0M0.
 If the number of tumors is unavailable or too numerous, use m suffix, T(m), e.g. pT3(m)N0M0
*** Limited to the pancreas means there is no invasion of adjacent organs (stomach, spleen, colon, adrenal gland) or the wall of large vessels (celiac axis or the superior mesenteric artery). Extension of tumor into peripancreatic adipose tissue is NOT a basis for staging.**




Pancreas – PanNET: New N

N Category	N Criteria
TX	Regional lymph nodes cannot be assessed
N0	No regional lymph node involvement
N1	Regional lymph node involvement


Pancreas – PanNET: New M

M Category	M Criteria
M0	No distant metastasis
M1	Distant metastases
M1a	Metastasis confined to liver
M1b	Metastases in at least one extrahepatic site (e.g. lung, ovary, non-regional lymph node, peritoneum, bone)
M1c	Both (hepatic and extrahepatic metastases)




Ampulla: Summary of Changes

Change	Details of Change
T1	T1 tumors have been subdivided into T1a and T1b : T1a Tumor limited to ampulla of Vater or sphincter of Oddi, and T1b Tumor invades beyond the sphincter of Oddi (perisphincteric invasion) and/or into the duodenal submucosa
T2	The T2 definition has been revised to define T2 as invasion into the muscularis propria of the duodenum
T3	T3 tumors have been subdivided into T3a and T3b . T3a Tumor directly invades pancreas (up to 0.5 cm) T3b Tumor extends more than 0.5 cm into the pancreas; or Extends into peripancreatic or periduodenal tissue or duodenal serosa but without involvement of the celiac axis or the superior mesenteric artery
T4	The T4 definition has been revised to be consistent with the staging system for exocrine pancreas : Tumor with vascular involvement of the superior mesenteric artery or celiac axis, or portal venous involvement that cannot be reconstructed (consistent with pancreas staging)
N1	1-3 positive regional lymph nodes
N2	Metastasis to ≥ 4 regional lymph nodes




Ampulla: New T

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ
T1	Tumor limited to ampulla of Vater or sphincter of Oddi or tumor invades beyond the sphincter of Oddi (perisphincteric invasion) and/or into the duodenal submucosa
T1a	Tumor limited to ampulla of Vater or sphincter of Oddi
T1b	Tumor invades beyond the sphincter of Oddi (perisphincteric invasion) and/or into the duodenal submucosa
T2	Tumor invades into the muscularis propria of the duodenum
T3	Tumor directly invades pancreas (up to 0.5 cm), or tumor extends more than 0.5 cm into the pancreas; or extends into peripancreatic or periduodenal tissue or duodenal serosa without involvement of the celiac axis or the superior mesenteric artery
T3a	Tumor directly invades pancreas (up to 0.5 cm)
T3b	Tumor extends more than 0.5 cm into the pancreas; or extends into peripancreatic tissue or duodenal serosa without involvement of the celiac axis or the superior mesenteric artery
T4	Tumor involves celiac axis, superior mesenteric artery and/or common hepatic artery irrespective of size




Ampulla: New N

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis to 1-3 regional lymph nodes
N2	Metastasis to ≥4 regional lymph nodes




Gallbladder: Summary of Changes

Change	Details of Change
T category	T2 disease is now subdivided into two groups: T2 tumors on the peritoneal side (T2a) and those on the hepatic side (T2b) of the gallbladder
N category	Changed from location-based definitions to number-based N category assessment. N categories have been revised to define N1 as 1-3 positive nodes and N2 ≥ 4 positive nodes The recommendation that ≥ 6 nodes should be harvested and evaluated has been added.




Gallbladder: New T

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ
T1	Tumor invades lamina propria or muscular layer
T1a	Tumor invades lamina propria
T1b	Tumor invades muscular layer
T2	Tumor invades perimuscular connective tissue on the peritoneal side, without involvement of the serosa (visceral peritoneum) Or tumor invades perimuscular connective tissue on the hepatic side; no extension into liver
T2a	Tumor invades perimuscular connective tissue on the peritoneal side , without involvement of the serosa (visceral peritoneum)
T2b	Tumor invades perimuscular connective tissue on the hepatic side ; no extension into liver
T3	Tumor perforates the serosa (visceral peritoneum) and/or directly invades the liver and/or one other adjacent organ or structure, such as the stomach, duodenum, colon, pancreas, omentum, or extrahepatic bile ducts
T4	Tumor invades main portal vein or hepatic artery or invades two or more extrahepatic organs or structures




Gallbladder: New N

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastases to 1-3 regional lymph nodes
N2	Metastases to ≥ 4 regional lymph nodes




Intrahepatic Bile Duct: Summary of Changes

Change	Details of Change
T1	The T1 tumor category is revised to account for the prognostic impact of tumor size (T1a , ≤ 5 cm vs. T1b , >5 cm)
T2	The T2 tumor category is modified to reflect the equivalent prognostic value of vascular invasion and tumor multifocality
T4	The AJCC 7 th Ed. T4 tumor category describing the tumor growth pattern is eliminated from staging, but remains recommended for data collection



Intrahepatic Bile Duct: New T

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ (intraductal tumor)
T1	Solitary tumor without vascular invasion ≤ 5 cm or > 5 cm
T1a	Solitary tumor ≤ 5 cm without vascular invasion
T1b	Solitary tumor > 5 cm without vascular invasion
T2	Solitary tumor with intrahepatic vascular invasion or multiple tumors, with or without vascular invasion
T3	Tumor perforating the visceral peritoneum
T4	Tumor involving local extrahepatic structures by direct invasion



Intrahepatic Bile Duct: New N

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Regional lymph node metastasis present



Perihilar Bile Ducts: Summary of Changes

Change	Details of Change
T4	Bilateral second-order biliary radical invasion (Bismuth-Corlette type IV) has been removed from T4 category
N	N category has been reclassified based on number of positive nodes to N1 (1-3 positive nodes) and N2 (≥ 4 positive nodes)
Stage IIIB	The stage group for T4 tumors has been changed from stage IVA to stage IIIB
Stage IIIC and IVA	N1 category has been changed from stage IIIB to IIIC, and N2 category is classified as stage IVA



Perihilar Bile Ducts: New T

T Category	T Criteria
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ
T1	Tumor confined to the bile duct, with extension up to the muscle layer or fibrous tissue
T2	Tumor invades beyond the wall of the bile duct to surrounding adipose tissue, Or tumor invades adjacent hepatic parenchyma
T2a	Tumor invades beyond the wall of the bile duct to surrounding adipose tissue
T2b	Tumor invades adjacent hepatic parenchyma
T3	Tumor invades unilateral branches of the portal vein or hepatic artery
T4	Tumor invades main portal vein or its branches bilaterally; or the common hepatic artery; or unilateral second-order biliary radicals with contralateral portal vein or hepatic artery involvement



Perihilar Bile Ducts: New N

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	1-3 positive lymph nodes typically involving hilar, cystic duct, common bile duct, hepatic artery, posterior pancreatoduodenal, and portal vein lymph nodes
N2	≥ 4 positive lymph nodes from above-stated sites



Distal Bile Duct: Summary of Changes

Change	Details of Change
Tis	The definition of Tis has been expanded to include high-grade biliary intraepithelial neoplasia (Billn-3). High-grade dysplasia (Billn-3), a noninvasive neoplastic process, is synonymous with carcinoma in situ at this site
T1, T2, T3	T category definitions have been revised based on measured depth of invasion (<5mm, 5-12 mm, >12 mm). The descriptive extent of invasion should also still be reported. The depth of tumor invasion is better at predicting patient outcomes than the descriptive extent of tumor invasion.
N1, N2	N groupings have been expanded (N1 , 1-3 positive lymph nodes; N2 , 4 or more positive lymph nodes). The number of involved lymph nodes appears to be useful in predicting patient outcomes.
Histology	The histologic type high-grade neuroendocrine carcinoma has been added for consistency with other gastrointestinal and hepatobiliary neuroendocrine carcinoma designations. Large cell and small cell neuroendocrine carcinomas fall under this subtype.
Histology	The histologic types have been updated to match current World Health Organization terminology.



Distal Bile Duct: New T

T Category	T Criteria
TX	Primary tumor cannot be assessed
Tis	"Carcinoma in situ"/high grade dysplasia
T1	Invades bile duct wall with a depth of < 5 mm
T2	Invades bile duct wall with a depth of 5 - 12 mm
T3	Invades bile duct wall with a depth of > 12 mm
T4	Tumor involves celiac axis, superior mesenteric artery and/or common hepatic artery



Distal Bile Duct: New N

N Category	N Criteria
NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Metastasis in 1-3 regional lymph nodes
N2	Metastasis in 4 or more regional lymph nodes