

# Pancreas, Whipple Procedure, Tumor

(4.20 Pancreas\_Whipple\_Procedure\_Tumor); Updated August 11, 2019 by Evelyn Choo, MD

## **SAMPLE DICTATION**

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(Labeled: \_\_\_\_, \_\_\_\_; \_\_\_\_) Received \_\_\_\_ is a pancreaticoduodenectomy specimen consisting of \_\_ cm in length portion of duodenum, \_\_ x \_\_ x \_\_ cm portion of pancreas, and a \_\_ x \_\_ x X cm portion of stomach. (A stent is present within the common bile duct / the bile duct is patent but dilated to \_\_ cm in diameter.) The cystic duct is \_\_ in length and x\_\_ cm in diameter.

Major pathologic finding(s): There is a \_\_ x \_\_ x \_\_ cm (ulcerative/polypoid/annular/diffusely infiltrative) mass is present in the \_\_, \_\_ cm from the \_\_ margin. (If cystic, describe number of cysts, lining, relationship to main pancreatic duct). The mass (is confined to pancreas / extends to extrapancreatic soft tissue).

Other findings: \_\_ lymph node candidates are identified in the peripancreatic adipose tissue. The gastric mucosa shows \_\_.

Specimen Handling: (RS / TE, \_\_\_\_ caps) \_\_ = uncinete margin, \_\_ = vascular groove, \_\_ = pancreatic body margin

## **SUGGESTED SAMPLING**

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- 1: Pancreatic neck resection margin (en face/ shave)
- 2: Uncinate (totally embed - thick shave of 3 to 5mm, then radially section)
- 3: Tumor and common bile duct
- 4: Tumor and pancreatic duct
- 5: Tumor and pancreatic parenchyma
- 6-9: Tumor and anterior, superior, posterior, inferior margins (inked and perpendicular sections)  
Include Retroperitoneal margin: soft tissue adjacent to right lateral border of superior mesenteric artery, site of most local recurrences  
Include vascular groove
- 10: Gastric resection margin (shave)
- 11: Duodenal resection margin (shave)
- 12: Common bile duct margin (shave)
- 13: Uninvolved pancreas
- 14: Ampulla and duodenum
- 15>: Lymph nodes: Anterior pancreas, posterior pancreas, periduodenal, perigastric, common bile duct nodes

## **STAGING CRITERIA (AJCC 8TH EDITION)**

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- Tumor is staged based upon extent of invasion, so assessment for invasion into peripancreatic adipose tissue, overlying duodenum, retroperitoneal vasculature are of particular importance
- Stating site of primary tumor is key (i.e. head of pancreas vs. ampullary vs. periampullary)

## **ADDITIONAL CONSIDERATIONS**

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- Serially section the pancreas perpendicular to pancreatic and bile ducts
- If a solid tumor: one cassette per 1 cm of lesion (OR at least five sections of mass OR if small enough, entirely submit)
- If cystic, submit entire lesion unless too large (>5 cm). If so, submit papillary areas, mural nodules or areas of wall thickening.
- If duodenal or ampullary polyp, submit entire lesion
- In the posterior-inferior aspect of the uncinate process, the pancreatic tissue is dissected from the retroperitoneal soft tissues, just right lateral along the superior mesenteric artery. This constitutes the uncinate (retroperitoneal) margin
- Totally embed uncinate margin - may harbor microscopic satellite tumors
- The pancreatic head is also freed from the superior mesenteric/portal vein and superior mesenteric artery, all of which form a groove (indentation) on the posterior-inferior aspect of the pancreas that is referred to as the vascular bed (between cauterized neck margin and uncinate)