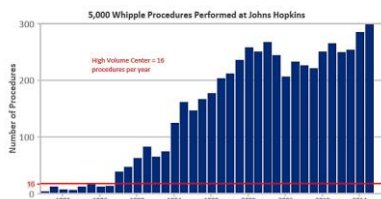


Pancreatic Cytopathology: The Hopkins Experience

Syed Z. Ali, MD, FRCPath, FIAC
Professor of Pathology and Radiology
The Johns Hopkins Hospital
Baltimore, Maryland, USA

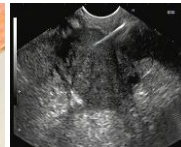
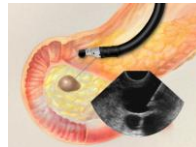


- 2015 – 960 Pancreatic FNAs
- Pancreas Multidisciplinary Cancer Clinic
- Pancreas Cyst Clinic



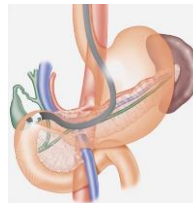
Fine Needle Aspiration of the Pancreas

- 60-80% of FNA diagnoses are **MALIGNANT**
- 85-90% are ACA



Diagnostic Pitfalls

- 3rd most common organ where misinterpretation of normal cellular elements lead to an erroneous “neoplasm” diagnosis#

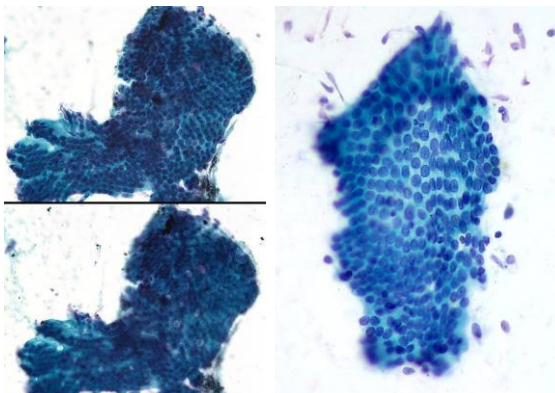


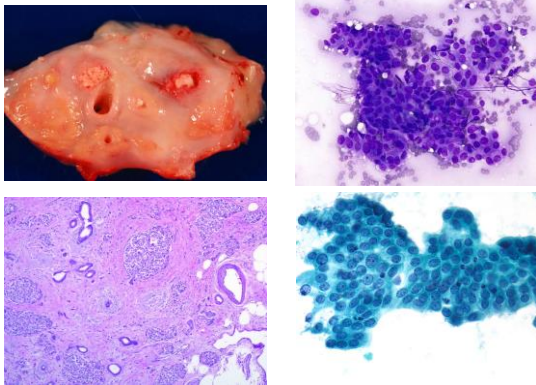
*Young NA, et al. Arch Pathol Lab Med 2002

Pancreatic Cytopathology The “Fear Factor”



- ~ 10% of Whipple surgeries performed for presumed malignancy (clinical and/or FNA findings) reveal benign disease on histopathology
- ~ 25% of these have autoimmune pancreatitis (AIP) or lymphoplasmacytic sclerosing pancreatitis (LSP)



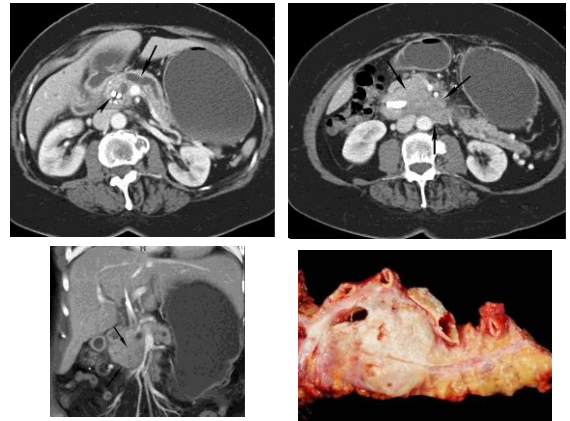
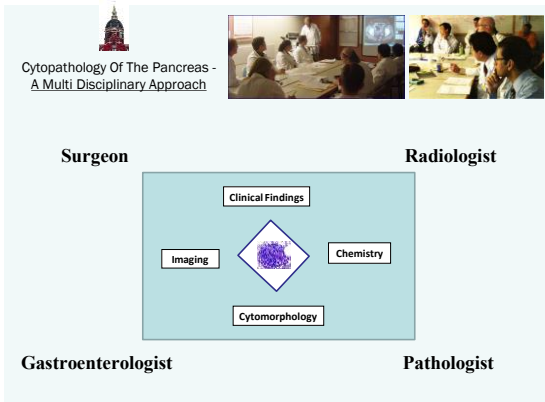


Chronic Pancreatitis - a diagnosis of exclusion

Papanicolaou Society of Cytopathology – Proposed Terminology Scheme for Pancreatobiliary Cytology

- I. Nondiagnostic**
 - Insufficient cellular material for diagnosis
- II. Negative**
 - Pancreatitis-acute, chronic, autoimmune
 - Pseudocyst
 - Lymphoepithelial cyst
 - Splenic/accessory spleen
- III. Atypical**
 - Mild-moderate cellular atypia, NOS
 - Ductal epithelium with mucinous metaplasia and mild-moderate nuclear atypia
- IV. Neoplasia**
 - Benign**
 - Serous cystadenoma
 - Mature teratoma
 - Schwannoma
 - Other**
 - Pancreatic neuroendocrine tumor
 - Solid-pseudopapillary neoplasm
 - Mucinous cyst (IPMN or MCN), NOS, e.g. only thick, colloid-like mucin or elevated CEA or +KRAS mutation
 - Mucinous cyst (IPMN or MCN) with low-grade mucinous epithelium/dysplasia
 - Mucinous cyst (IPMN or MCN) with high-grade dysplasia
 - GIST
- V. Suspicious**
 - Severe cellular atypia, suspicious for invasive ductal carcinoma or other high-grade malignant neoplasm
- VI. Positive/Malignant**
 - Adenocarcinoma of the pancreatobiliary ducts and variants
 - Acinar cell carcinoma
 - High-grade neuroendocrine carcinoma (small and large cell type)
 - Pancreatoblastoma
 - Lymphoma(s)
 - Sarcoma (s)
 - Metastases

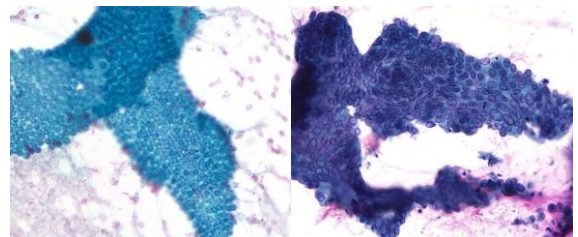
Pitman MB, et al. Diagn Cytopathol 2014

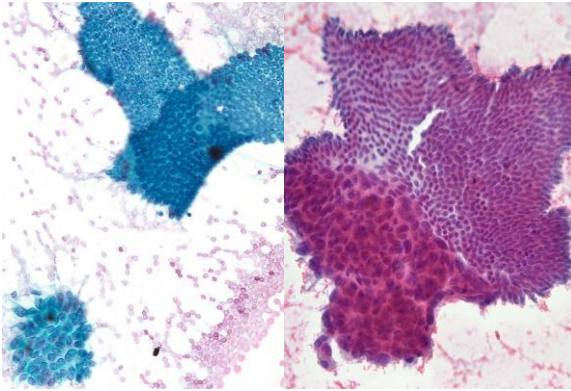


Solid Neoplasms Of The Pancreas [Exocrine Pancreas]

- Ductal Adenocarcinoma
- Variants
- Acinar Cell Carcinoma
- Pancreatoblastoma

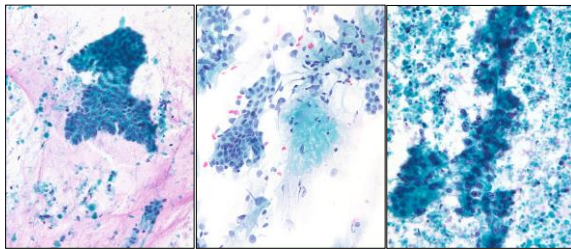
Ductal Adenocarcinoma





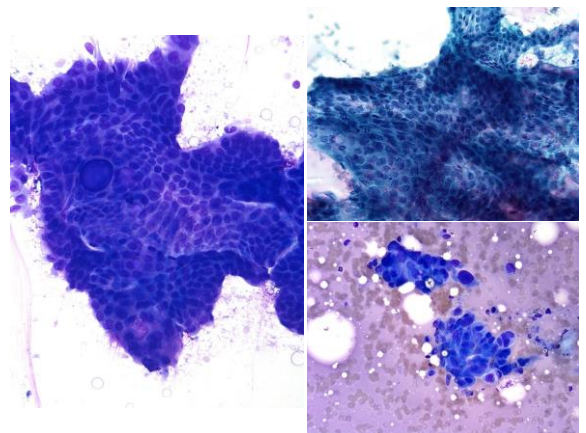
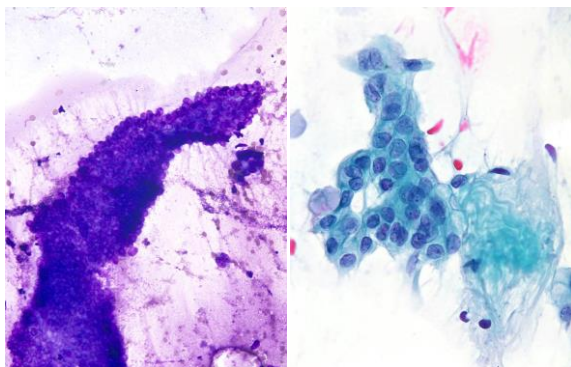
ACA – Cytologic Grading

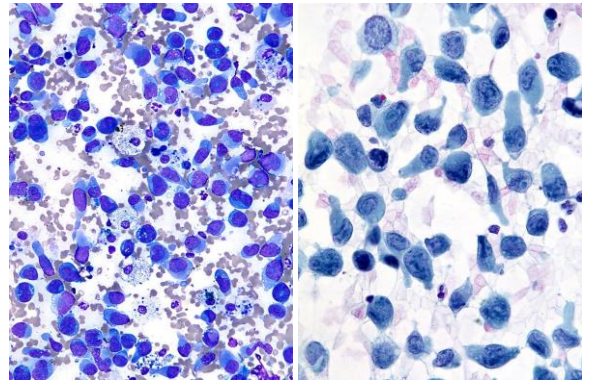
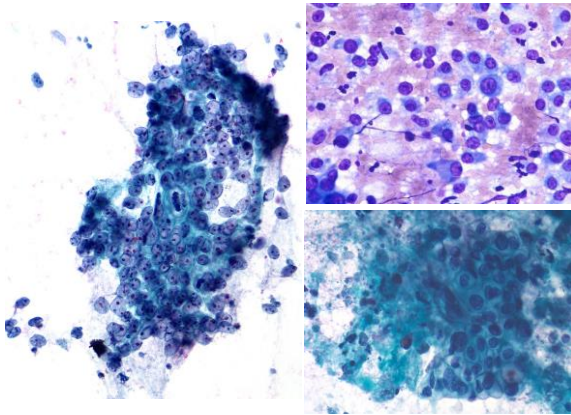
Well -	Moderate -	Poor -
Flat Sheets	➡	More crowded 3-D
Tissue fragments	➡	More single cells
Pleomorphism (Focal)	➡	Pleomorphism (Extensive)
Hypochromatic Micronucleoli	➡	Hyperchromatic Macronucleoli



Why do we grade?

- Fine-tune our diagnosis and differential diagnoses
 - Optimize cancer therapy
 - Prognostication (indicator of poor outcome in resectable disease)
- Grading should preferably be two tiered (not five)



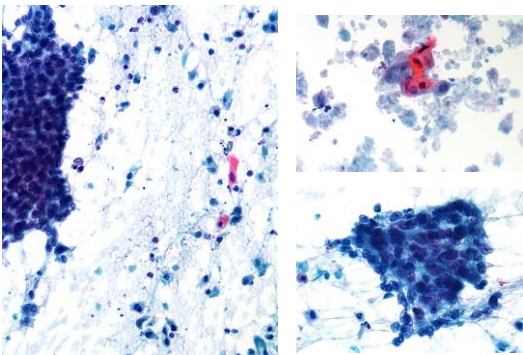
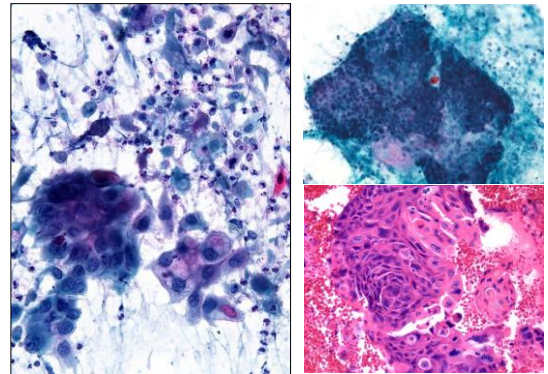


Ductal CA - Variants

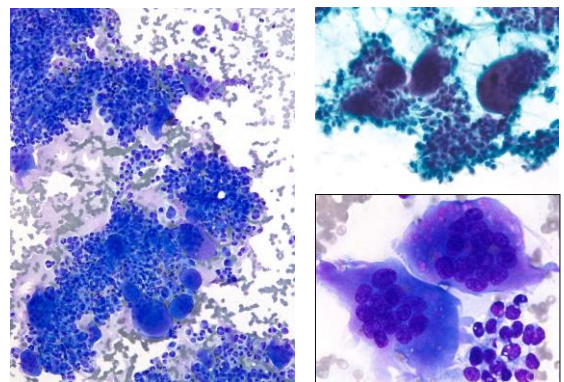
- Mucinous Non-cystic Adenocarcinoma (Colloid)
- Signet-ring Cell Carcinoma
- Medullary Carcinoma
- Adenosquamous Carcinoma
- Undifferentiated Carcinoma With Osteoclast-like Giant Cells
- Anaplastic (Undifferentiated) Carcinoma



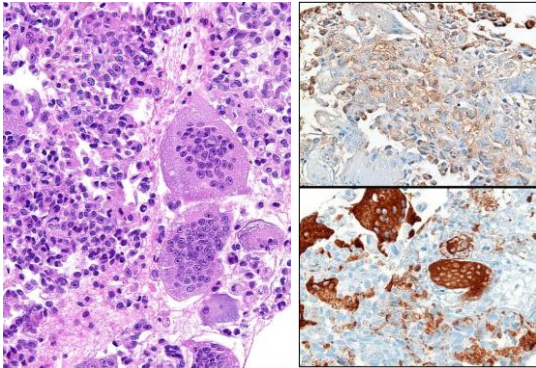
Adenosquamous Cell Carcinoma



Undifferentiated Carcinoma with Osteoclast-like Giant Cells

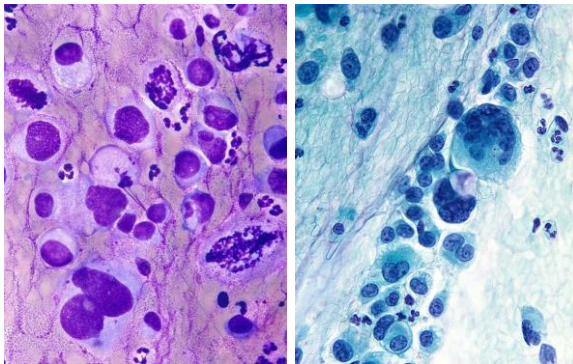
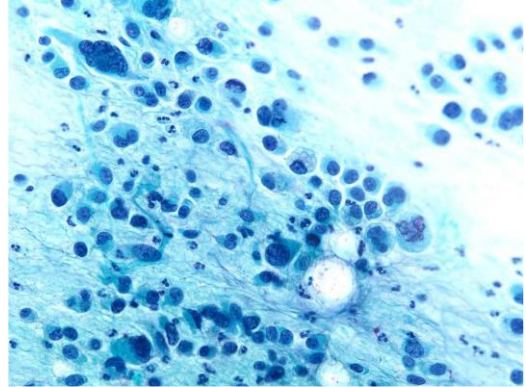


- Poorer Prognosis - median overall survival – 10 mo
- The proportion of squamous differentiation is often not associated with median overall survival (< 30% versus ≥ 30%)



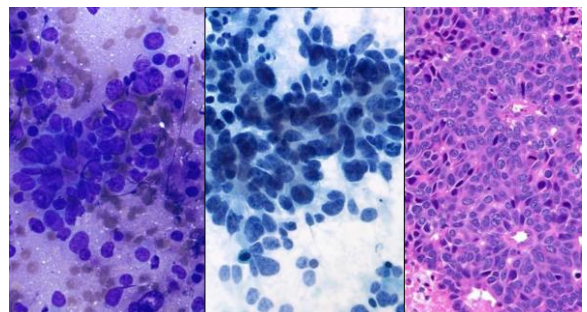
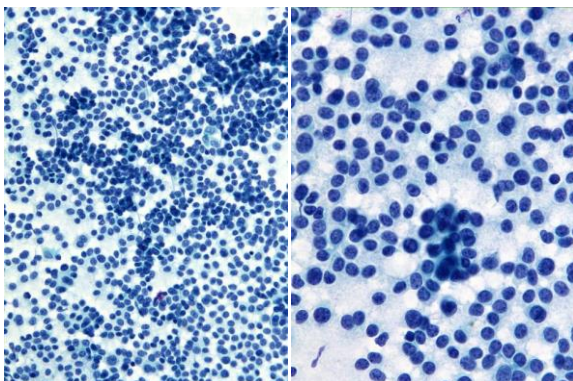
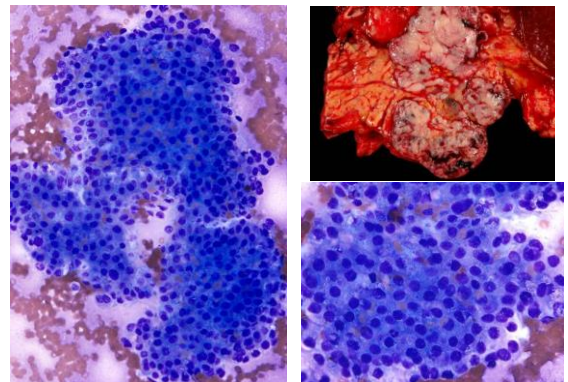
- Often a component of an in-situ or invasive ACA
- Poor prognosis (< one year)

Anaplastic (undifferentiated) Carcinoma

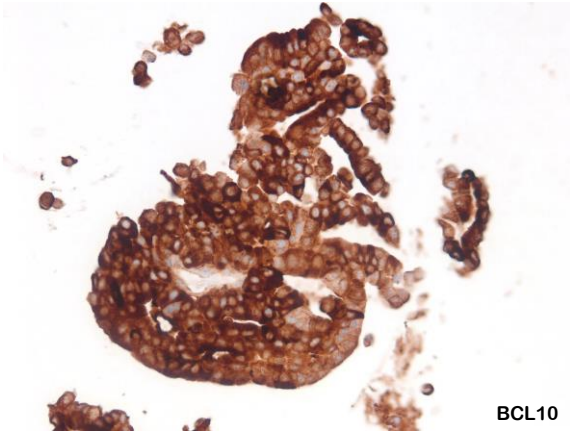


- Extremely bad prognosis
- Rule out metastasis to the pancreas (melanoma)

Acinar Cell Carcinoma



- Trypsin/chymotrypsin (90%), BCL-10 (85%)
- Focal neuroendocrine marker immunorexpression (up to 43%)
- Alterations in the *KRAS* oncogene and in the *SMAD4* (*DPC4*) and *p53* tumor suppressor genes are usually not seen
- Overall median survival 19-57 months (age, size and stage)

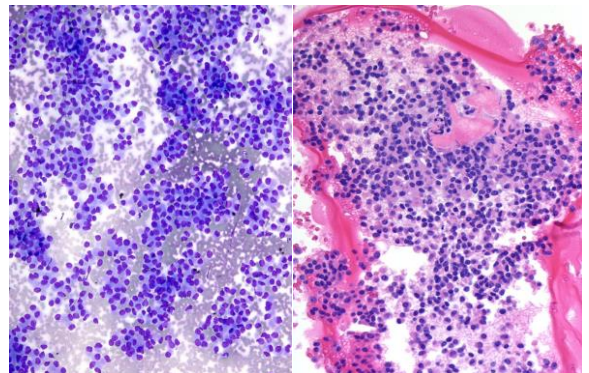
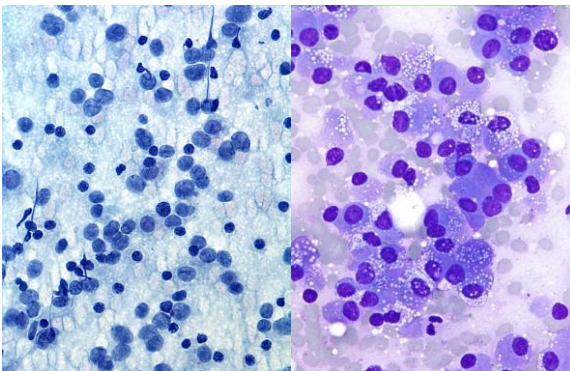
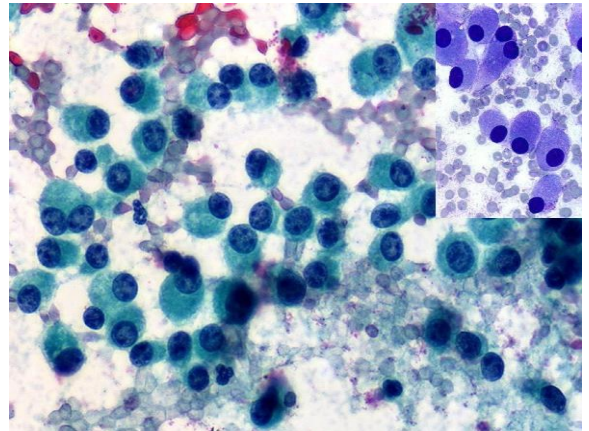
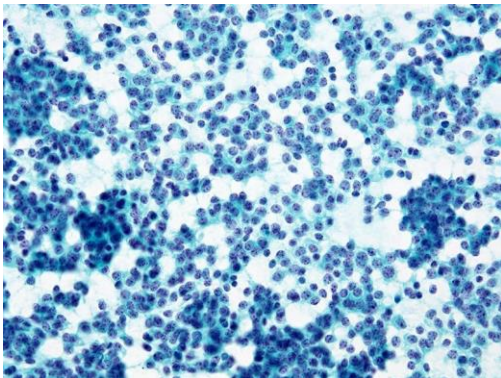


Endocrine Pancreas

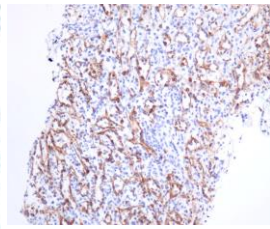
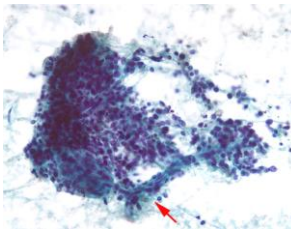
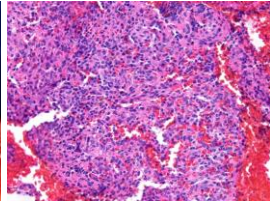
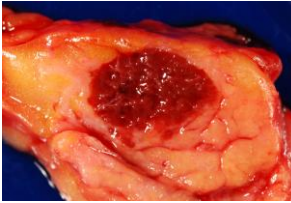
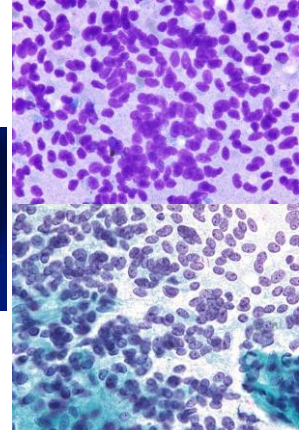
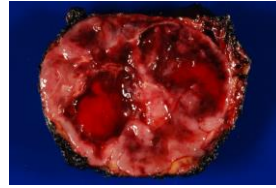
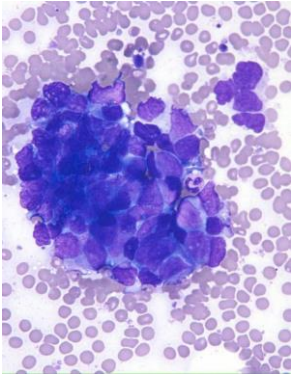
- **Pancreatic Neuroendocrine Tumor (PanNet)**
- **High-grade NE Carcinoma**
 - Small cell type
 - Large cell type



Pancreatic Neuroendocrine Tumor (PanNet)

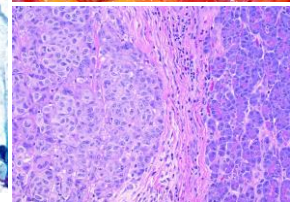
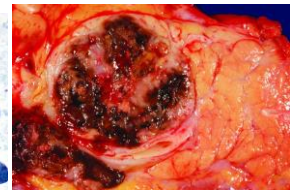
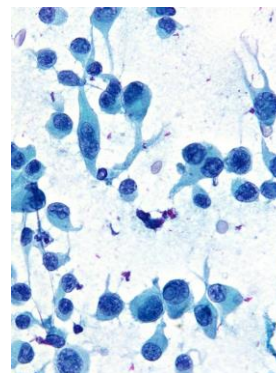
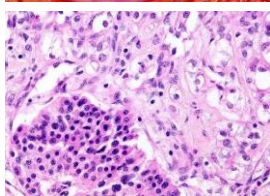
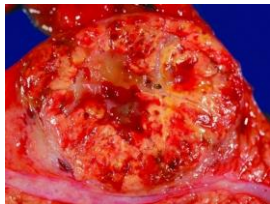
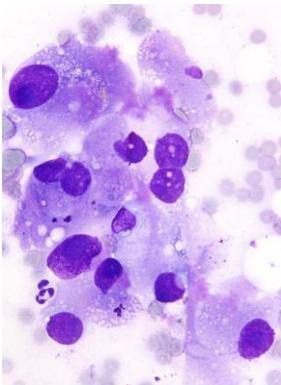


- NE markers +, CK7 -, PAX 8 +
- Size (>0.5cm are malignant)
- Grading with Ki-67 % (G1 0-2%, G2 3-20%, G3->20% or NE Carcinoma)



Metastatic Tumors

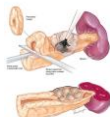
- Adenocarcinomas
 - Lung, Stomach, Colon, Breast
 - Renal Cell Carcinoma
- Hepatocellular Carcinoma
- Malignant Melanoma
- Sarcomas
 - Leiomyosarcoma
 - MFH
 - MPNST



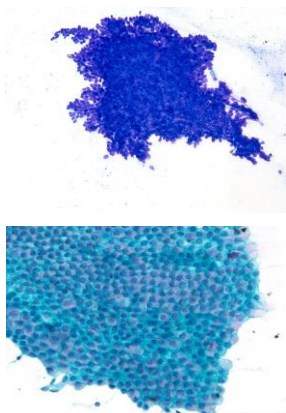
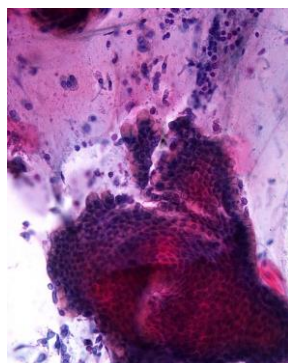
Cystic Neoplasms Of The Pancreas

[Exocrine Pancreas]

- Serous Cystic Neoplasm
- Mucinous Cystic Neoplasm
- Intraductal Papillary Mucinous Neoplasm (IPMN)
- Solid-pseudopapillary Neoplasm



	Mucinous Cystic Neoplasm	Intraductal papillary Mucinous Neoplasm	Solid-pseudopapillary Neoplasm	Serous Cystic Neoplasm
Gender (F:M)	20:1	1:1.5	10:1	7:3
Head/Tail	Tail	Head	Tail=Head	Tail=Head
Relation to Duct	None	Always	None	None
Central Scar	None	None	None	Often
Cyst Contents	Mucinous	Mucinous	Necrotic/Hemorrhagic	Serous



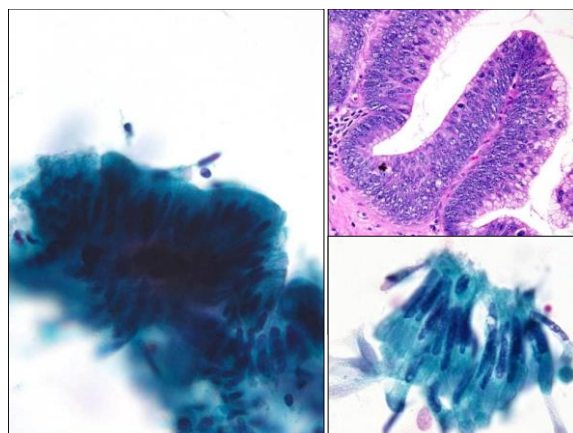
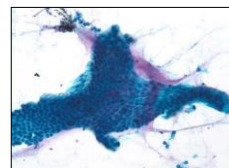
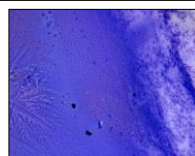
Cystic Lesions Of The Pancreas

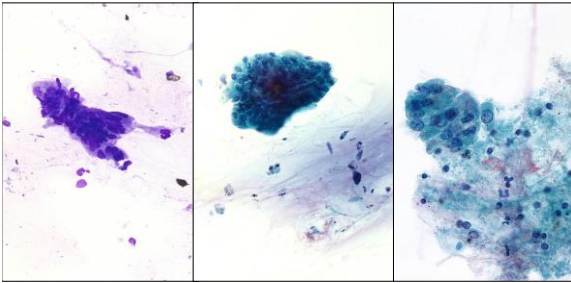
[Practical Issues]

- Morphologic Interpretation
- Radiologic Imaging
- Cyst Fluid analysis
 - CEA, Amylase, CA 19-9, kras
- Terminology



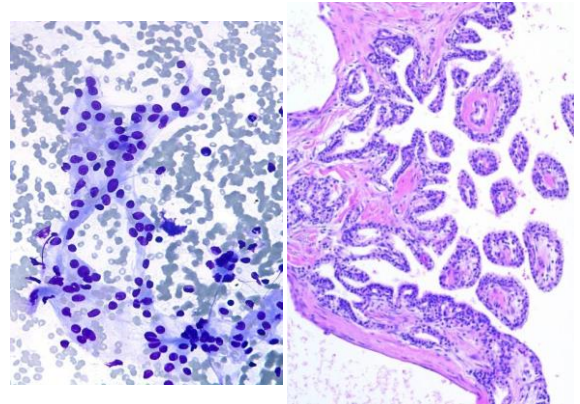
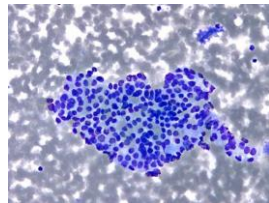
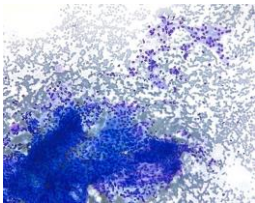
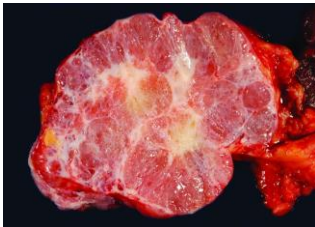
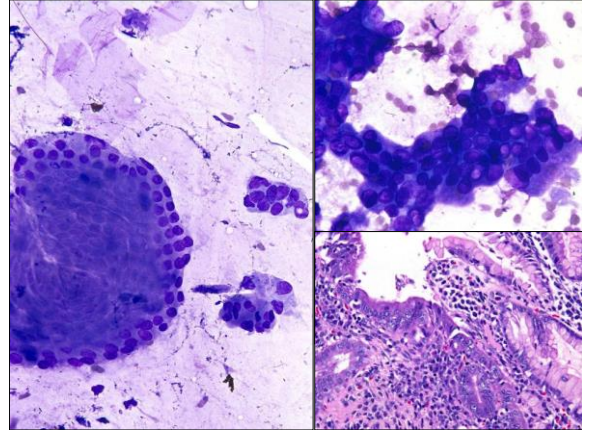
- Cyst Fluid CEA of >190ng/ml
- Ductal Communication





FNA Reporting Terminology

- "Mucin Producing Neoplastic Cyst", consistent with
- Negative (or positive) for high-grade dysplasia or carcinoma



Solid-Pseudopapillary Neoplasm

