Borderline resectable* PDAC +/-Jaundice
Staging: consider EUS among patients with possible arterial disease; EUS FNA may also help guide NAT
Consider CT-PET and/or liver MRI if deemed at risk of occult metastatic disease according to local practice

Isolated venous involvement

Arterial +/- venous involvement

Considered resectable by surgical team?

Yes

No (consider second opinion)

Jaundiced; no PBD

No Jaundice or PBD

Neoadjuvant therapy + biliary stent if jaundiced

Dependent upon local practice

Up-front surgery without PBD where possible + en-bloc resection of vein

Monitor response to therapy by CA19-9

Figure 1: Algorithm for borderline resectable PDAC. *Borderline resectable PDAC defined as:
NCCN/ISGPS
•Borderline: venous involvement of the SMV/PV with distortion or narrowing of the vein or occlusion of the vein with suitable vessel proximal and distal allowing for safe resection and replacement tumour contact >180 degrees or contact <180 degrees, with
contour irregularity or thrombosis and suitable for recon; SMA: solid contact <180 degrees or short segment contact
•Locally advanced: Unreconstructable SMV and/or PV due to tumour involvement or occlusion OR Contact with most proximal draining jejunal branch into SMV.
AHPBA/SSAT/SSO/NCCN
•SMV/PV abutment/impingement/encasement/short segment occlusion.
•SMA abutment HA abutment or short segment encasement CA uninvolved
MD Anderson
•SMV occlusion SMA abutment HA abutment or short segment encasement CA abutment
Alliance Vein
•Tumour-vessel interface ≥ 180° of vessel wall circumference,
and/or reconstructable occlusion SMA: Tumour-vessel interface < 180° of vessel wall circumference