

Supplementary Table 1. Criteria Defining Resectability Status

| Resectability status | Arterial | Venous |
|-----------------------|--|--|
| Resectable | No arterial tumor contact (celiac axis [CA], superior mesenteric artery [SMA], or common hepatic artery [CHA]). | No tumor contact with the superior mesenteric vein (SMV) or portal vein (PV) or $\leq 180^\circ$ contact without vein contour irregularity. |
| Borderline resectable | <p>Pancreatic head/uncinate process:</p> <ul style="list-style-type: none"> • Tumor contact with CHA without extension to CA or hepatic artery bifurcation allowing for safe resection and reconstruction. • Tumor contact with the SMA of $\leq 180^\circ$. • Tumor contact with variant arterial anatomy (eg, accessory right hepatic artery, replaced right hepatic artery, replaced CHA, and the origin of replaced or accessory artery); presence and degree of tumor contact should be noted, as it may affect surgical planning. <p>Pancreatic body/tail:</p> <ul style="list-style-type: none"> • Tumor contact with the CA of $\leq 180^\circ$. • Tumor contact with the CA of $>180^\circ$ without involvement of the aorta and with uninvolved gastroduodenal artery, thereby permitting a modified Appleby procedure (some members prefer these criteria to be in the unresectable category). | <ul style="list-style-type: none"> • Tumor contact with the SMV or PV of $>180^\circ$, contact of $\leq 180^\circ$ with contour irregularity of the vein or thrombosis of the vein but with suitable proximal and distal vessel target allowing for safe and complete resection and vein reconstruction. • Tumor contact with the inferior vena cava. |
| Locally advanced | <p>Head/uncinate process:</p> <ul style="list-style-type: none"> • Tumor contact with SMA $>180^\circ$. • Tumor contact with the CA $>180^\circ$. <p>Pancreatic body/tail:</p> <ul style="list-style-type: none"> • Tumor contact of $>180^\circ$ with the SMA or CA. • Tumor contact with the CA and aortic involvement. | <ul style="list-style-type: none"> • Unreconstructible SMV/PV because of tumor involvement or occlusion (can be due to tumor or bland thrombus). |

Adapted with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines).¹³⁹