

S2 Table. Criteria defining resectability status in version 2.2015 NCCN guidelines^{a)}

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 ^{b)}	<p><u>Pancreatic head/uncinited process</u> Solid tumor contact with CHA without extension to celiac axis or hepatic artery bifurcation allowing for safe and complete resection and reconstruction Solid tumor contact with the SMA of $\leq 180^\circ$ Presence of variant arterial anatomy (ex., accessory right hepatic artery, replaced right hepatic artery, replaced CHA and the origin of replaced or accessory artery) and the presence and degree of tumor contact should be noted if present as it may affect surgical planning</p> <p><u>Pancreatic body/tail</u> Solid tumor contact with the CA of $\leq 180^\circ$ Solid tumor contact with the CA of $>180^\circ$ without involvement of the aorta and with intact and uninvolved gastroduodenal artery [some members prefer this criteria to be in the unresectable category]</p>	<p>Solid 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 vessel proximal and distal to the site of involvement allowing for safe and complete resection and vein reconstruction</p> <p>Solid tumor contact with the inferior vena cava</p>
Unresectable ^{b)}	<p>Distant metastasis (including non-regional lymph node metastasis)</p> <p><u>Head/uncinited process</u> Solid tumor contact with SMA $>180^\circ$ Solid tumor contact with the CA $>180^\circ$ Solid tumor contact with the first jejunal SMA branch</p> <p><u>Body and tail</u> Solid tumor contact of $>180^\circ$ with the SMA or CA Solid tumor contact with the CA and aortic involvement</p>	<p><u>Head/uncinited process</u> Unreconstructable SMV/PV due to tumor involvement or occlusion (can be due to tumor or bland thrombus) Contact with most proximal draining jejunal branch into SMV</p> <p><u>Body and tail</u> Unreconstructable SMV/PV due to tumor involvement or occlusion (can be due to tumor or bland thrombus)</p>

^{a)}Gastroenterology. 2014;146(1):291-304, ^{b)}Solid tumor contact may be replaced with increased hazy density/stranding of the fat surrounding the peri-pancreatic vessels (typically seen following neoadjuvant therapy); this finding should be reported on the staging and follow up scans. Decision on resectability status should be made in these patients, in consensus at multidisciplinary meetings/discussions.