

Preface

This atlas is a product of the *Pancreaticobiliary Guidelines* sponsored by the Papanicolaou Society of Cytopathology [1–5]. The guidelines are composed of five documents covering indications for endoscopic ultrasound (EUS)-guided fine-needle aspiration (FNA) biopsy, techniques of EUS-FNA, terminology and nomenclature of pancreaticobiliary disease, ancillary testing, and post-biopsy treatment and management. The final guidelines resulted from an initial draft document prepared by multidisciplinary committees of physicians with expertise on diagnosis and management of patients with pancreaticobiliary disease (listed below). The documents are published in *Diagnostic Cytopathology* [1–5] and in the open access journal, *Cytojournal* [6–10]. A comprehensive review of all the five documents is published in *Cancer Cytopathology* [11]. All documents are based on the expertise of the authors, a review of the literature, discussion of the draft documents at several national and international meetings over an 18-month period, and synthesis of online comments of the draft document, which was posted in an online interactive forum on the Papanicolaou Society of Cytopathology Web site [www.papsociety.org].

This atlas focuses on the proposed standardized terminology scheme for pancreaticobiliary specimens [5] supplemented with cytological criteria, sample interpretive reports, succinct ancillary testing recommendations, and management options.

The proposed terminology scheme recommends a six-tiered system: nondiagnostic, negative, atypical, neoplastic [benign or other], suspicious, and positive. Unique to this scheme is the “neoplastic” category separated into “benign” (primarily serous cystadenoma) or “other” (pre-malignant mucinous cysts, neuroendocrine tumors, and solid-pseudopapillary neoplasms). The positive or malignant category is reserved for high-grade and/or aggressive malignancies including ductal adenocarcinoma, acinar cell carcinoma, poorly differentiated neuroendocrine carcinomas, pancreatoblastoma, lymphoma, and metastases.

This proposed scheme provides terminology that correlates the diagnostic nomenclature with the 2010 WHO classification of pancreatic tumors [12] and standardizes the categorization of the various diseases of the pancreas, some of which are difficult to diagnose specifically by cytology. In addition, this terminology scheme attempts to provide maximum flexibility for patient management, which has become increasingly conservative for some neoplasms.

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