

Pancreatic cancer stages

This page was reviewed under our [medical and editorial policy](#) by [Maurie Markman](#), MD, President, Medicine & Science at CTCA.

THIS PAGE WAS UPDATED ON MAY 10, 2022.

 Chat with our team

Understanding the stages of [pancreatic cancer](#) is helpful in planning the appropriate treatment. Cancer stages are determined by testing, rather than specific symptoms.

Most of the time, pancreatic cancer lacks symptoms in the early stages, so it's often caught in more advanced stages, when the cancer has already spread beyond the pancreas.

Signs that pancreatic cancer has spread

If your pancreatic cancer has spread, you may notice new symptoms. Most often, pancreatic cancer spreads to the liver, but it can also move into the lymph nodes, abdomen, lungs and, sometimes, the bones.

Advanced pancreatic cancer symptoms may include:

- Weight loss
- Abdominal pain
- General feeling of being unwell
- Jaundice (yellowing of the skin and eyes)
- Swollen stomach caused by fluid buildup (known as ascites)
- Lack of appetite

If you experience any of these symptoms, check with your doctor to determine a cause. Also, keep in mind that these symptoms may be due to other conditions.

How is pancreatic cancer staged?

Pancreatic cancer is usually staged differently than other types of cancers. While many cancers are staged using the TNM system, which categorizes tumors based on diagnostic tests and classifications that happen during surgery, many patients with pancreatic cancer don't have surgery, so the TNM system isn't used as often to stage these diseases.

Instead, pancreatic cancer tumors are more often classified into one of four categories based on where they have spread and whether they're able to be removed during surgery. The categories are as follows:

Resectable (localized)

This type of cancer hasn't spread outside the pancreas or has only gone just past it. Resectable cancer can be removed by surgery.

Borderline resectable

With this type of pancreatic cancer, the tumor may, when first diagnosed, appear to be too difficult to remove surgically. However, surgery may still be an option if the tumor can be reduced in size through radiation therapy or chemotherapy treatment.

Call us anytime. (888) 691-2563

Locally advanced cancer has spread just beyond the pancreas and may have reached nearby arteries, veins or organs—which means surgery is not an option. However, it hasn't spread into more distant areas of the body.

Metastatic

Metastatic cancer has spread beyond the pancreas into distant areas of the body, such as the liver, abdomen or lungs. If you've been [diagnosed with pancreatic cancer](#), your care team will let you know the stage of your cancer, along with what it means for your treatment plan.

Planning treatment by stage

After determining the cancer stage, a care team will plan treatment using the following groupings:

Resectable pancreatic cancer (stage 0, 1A, 1B or 2A)

Treatment for stage 0 (carcinoma in situ), 1A, 1B and 2A pancreatic cancer typically involves resection, as these tumors are small enough to be surgically removed.

Surgical resection is the best option in terms of achieving a higher survival rate for pancreatic cancer. After surgery, you may receive adjuvant chemotherapy or radiation treatment to help destroy any remaining cancer cells and prevent a recurrence.

Resectable pancreatic cancer may be surgically removed because it has not expanded into major blood vessels. About 10 to 15 percent of pancreatic cancer patients are diagnosed at this stage, according to the American Society of Clinical Oncology (ASCO).

[Surgery](#) is a potential treatment option for about 20 percent of those with pancreatic cancer, ASCO says. This percentage is low because pancreatic cancer is typically diagnosed after it has spread. Sometimes other treatments, such as radiation therapy, are used before surgery.

For this type of cancer, doctors use the following surgical procedures:

Distal [pancreatectomy](#), which removes parts of the pancreas known as the body and tail. Sometimes, the spleen is removed as well, if cancer has spread there.

Total pancreatectomy, which involves removal of the whole pancreas, common bile duct, gallbladder, spleen, nearby lymph nodes, and parts of the stomach and small intestine.

[Whipple procedure](#), which removes what's called the head of the pancreas, as well as the gallbladder and parts of the bile duct, stomach and small intestine.

In addition to surgery, doctors may also use one or more of the following [treatments for pancreatic cancer](#):

[Chemotherapy](#), which involves using drugs to kill cancer cells

[Radiation therapy](#), or the use of high-energy X-rays, to kill cancer cells

Chemoradiation therapy, or a mix of both chemotherapy and radiation therapy

[Targeted therapy](#), which uses drugs or other substances to attack specific cancer cells

Borderline resectable pancreatic cancer (stage 2A, stage 2B and stage 3)

Depending on the location of stage 2A, stage 2B and stage 3 pancreatic cancers, treatment often involves resection in combination with neoadjuvant treatment to shrink the tumor before surgery takes place. Borderline resectable pancreatic cancer has grown into nearby tissues, organs or a major blood vessel. Although it may be possible to remove the tumor, surgeons may not be able to extract all of the cancer via surgery. Adjuvant treatment via chemotherapy or radiation may be performed after surgery to help destroy remaining cancer cells.

Locally advanced pancreatic cancer (stage 2 and stage 3)

This type of pancreatic cancer has grown into nearby tissues, organs or a major blood vessel. Although it may be possible to remove the tumor, surgeons may not be able to extract all of the cancer via surgery. Chemotherapy or radiation therapy may be used to shrink the tumor, so it may be surgically removed.

Locally advanced pancreatic cancer

Stage 2 and stage 3 tumors that are borderline resectable or that aren't resectable are examples of locally advanced pancreatic cancer, and treatment typically consists of chemotherapy and/or radiation. This type of pancreatic cancer is close to nearby arteries, lymph nodes, organs or veins. The cancer can't be completely removed by surgery, and surgery would possibly damage those nearby areas. About 35 to 40 percent of pancreatic cancer patients are diagnosed at this stage, according to [ASCO](#).

Even if the cancer can't be removed, doctors have use of several procedures to improve a patient's symptoms or quality of life, including:

Biliary bypass is used if the cancer is blocking the bile duct and bile continually builds up in the gallbladder. Doctors create a new way for bile to move in the body.

Endoscopic stent placement drains bile that has built up.

Metastatic pancreatic cancer (stage 4)

The most common treatment for [stage 4 cancer](#) is chemotherapy, though clinical trials may offer additional options. Surgery won't completely remove this type of pancreatic cancer because it has spread to other organs (for example, the lungs or liver). About 45 to 55 percent of pancreatic cancer patients are diagnosed at this stage, according to [ASCO](#).

Recurrent pancreatic cancer

This refers to cancer that has returned after treatment. It may appear in the pancreas or elsewhere in the body. Cancer that occurs again may be restaged, meaning that doctors will add a new staging classification to the original stage. The new classification doesn't replace the original stage. A care team may recommend chemotherapy or new anticancer agents in addition to or instead of chemotherapy to treat recurrent pancreatic cancer.

Clinical trials

[Clinical trials](#) provide state-of-the-art care and new treatments, and help cancer care teams improve the available treatments. Clinical trials for cancer always compare new treatments to standard care. Trials are supported by several organizations, including the National Cancer Institute (NCI), and online listing search services are available, such as NCI's "[Steps to Find A Clinical Trial](#)." The NCI also has a [website](#) for pancreatic cancer treatment-focused trials. It's important to check with a doctor to make sure clinical trials are right for the patient.



Pancreatic cancer treatment: The care you need is one call away

Your multidisciplinary team will work with you to develop a personalized plan to treat your pancreatic cancer in a way that fits your individual needs and goals.

[DISCOVER THE CTCA DIFFERENCE](#)

Pancreatic cancer survival rates

Pancreatic cancer survival rates are based on groups, but you are an individual—and every patient's situation is unique. The National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program tracks five-year survival rates for all types of cancer based on data from previous patients and sometimes older treatments.

Based on people diagnosed with prostate cancer between 2011 and 2017, [SEER data](#) shows:

Localized prostate cancer that is contained within the pancreas has a five-year relative survival rate of 41.6 percent.

Regional cancer that has spread from the pancreas into nearby parts of the body, such as the lymph nodes, has a five-year relative survival rate of 14.4 percent.

Distant cancer that has spread to farther parts of the body, such as the liver or lungs, has a five-year relative survival rate of 3 percent.

The overall five-year relative survival rate for pancreatic cancer is 10.8 percent.

It's important to remember that survival rates are constantly improving, so patients diagnosed now typically have better outcomes than those diagnosed in the past.

TNM staging

The TNM staging system, from the American Joint Committee on Cancer, uses numbers and letters, such as stage 0 or stage 1A, to describe the size and location of pancreatic cancer. Again, this system is used rarely in staging pancreatic cancer, typically only in instances where the patient does not undergo surgery.

This staging system is based on:

- Tumor (T) size, and whether it has grown into blood vessels near the pancreas
- Spread to nearby [lymph nodes](#) (N)
- Spread to distant lymph nodes or organs, or [metastasis](#) (M)

Below is more information on those stages, and the corresponding TNM indications.

Stage 0 (carcinoma in situ)

In this stage, the pancreas has abnormal cells that might become cancer and spread to nearby tissue.

Call us anytime. (888) 691-2563

(T1, N0, M0/T2, N0, M0)

Cancer is limited to the pancreas in stage 1.
Stage 1A describes a tumor that is 2 cm (0.8 inches) or smaller.
Stage 1B indicates a tumor measuring from 2 to 4 cm.

Stage 2

(T3, N0, M0/T1, T2, or T3 and N1, M0)

Stage 2A signals a tumor bigger than 4 cm.
Stage 2B describes a tumor of any size and cancer that has spread to one to three nearby lymph nodes.

Stage 3

(T1, T2 or T3, N2, M0/T4, any N, M0)

Stage 3 describes cancer that has spread to four or more lymph nodes near the tumor and/or major blood vessels near the pancreas. The tumor can be any size.

Stage 4

(any T, any N, M1)

In stage 4, the tumor has spread to other parts of the body, such as the liver, lungs or bones. The tumor can be any size.



Expert cancer

IS ONE CALL .
APPOINTMENTS IN
AS 24 HR

CALL NOW 888-6

**WHEN YOU NEED EXTRA SUPPORT,
CANCER FIGHTERS IS BY YOUR SIDE.**
TOGETHER WE FIGHT. BECOME A MEMBER TODAY.



Cancer Fighters SIGN UP LEARN MORE

Call us now
(888) 691-2563

 Chat Now



Follow us on:



Hospitals

- [Atlanta](#)
- [Chicago](#)
- [Phoenix](#)