PANCREATIC CANCER

Includes invasive cancer only. Does not include carcinoma in situ or metastatic cancer.

Background

This case definition was developed by the Armed Forces Health Surveillance Division (AFHSD) for the purpose of descriptive epidemiological reports on invasive cancers among active duty Service members.[1] The case definition uses the "standard" AFHSD oncology case definition.

Clinical Description

Pancreatic cancer is a highly aggressive malignancy arising from the ductal cells of the pancreas. Most pancreatic cancers begin in the exocrine cells–those responsible for releasing digestive enzymes–and are termed pancreatic adenocarcinomas. Cancers originating in the endocrine cells, which produce and release hormones, are classified as pancreatic neuroendocrine tumors (NETs). Due to nonspecific clinical signs and symptoms such as jaundice, weight loss, abdominal pain, bloating, nausea, dark urine, the condition is often diagnosed at an advanced stage when treatment options are limited.[2] Diagnosis, disease staging, and resectability are confirmed using imaging–primarily multidetector computed tomography and biopsy. Although surgical resection is the only curative option, only 20% of pancreatic cancers are resectable at the time of diagnosis. As a result, the prognosis is generally poor; the 5-year survival rate ranges from 5% to 15% and the overall survival rate is 6%.[3] Key risk factors include smoking, obesity, age (> 55 years), race (African American), family history, type 2 diabetes and chronic pancreatitis.[4]

Case Definition and Incidence Rules *(March 2025 - present)*

For surveillance purposes, a case of pancreatic cancer is defined as:

- *One hospitalization* with a case defining diagnosis of pancreatic cancer (see ICD9 and ICD10 code lists below) in the *first* diagnostic position; or
- *One hospitalization with a procedure code* indicating radiotherapy, chemotherapy, or immunotherapy treatment (see ICD9 and ICD10 code lists below) in the *first* diagnostic position; AND a case defining diagnosis of pancreatic cancer (see ICD9 and ICD10 code lists below) in the *second* diagnostic position; or
- *Three or more outpatient medical encounters*, occurring *within a 90-day period*, with a case defining diagnosis of pancreatic cancer (see ICD9 and ICD10 code lists below) in the *first or second* diagnostic position.

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[1] Armed Forces Health Surveillance Center. Incident diagnoses of cancers and cancer-related deaths, active component, U.S. Armed Forces, 2005-2014. *MSMR.* 2016; 23(7): 23-31.

[2] MD Anderson Cancer Center. Pancreatic Cancer. https://www.mdanderson.org/cancer-types/pancreatic-cancer.html. Accessed April 2026.

[3] Puckett Y, Garfield K. Pancreatic Cancer. [Updated 2024 Sep 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. https://www.ncbi.nlm.nih.gov/books/NBK518996. Accessed April 2026.

[4] American Cancer Society. Pancreatic Cancer. 2024. https://www.cancer.org/cancer/types/pancreatic-cancer.html. Accessed April 2026.

Case Definition and Incidence Rules *(continued)*

Incidence rules:

For individuals who meet the case definition:

- The incidence date is considered the date of the first hospitalization or outpatient medical encounter that includes a case defining diagnosis of pancreatic cancer.
- An individual is considered an incident case *once per lifetime.*

Exclusions:

- None

Codes

The following ICD9 and ICD10 codes are included in the case definition:

Malignant neoplasm of pancreas	*C25 (malignant neoplasm of pancreas)*	*157 (malignant neoplasm of pancreas)*
	C25.0 (malignant neoplasm of head of pancreas)	157.0 (malignant neoplasm of head of pancreas)
	C25.1 (malignant neoplasm of body of pancreas)	157.1 (malignant neoplasm of body of pancreas)
	C25.2 (malignant neoplasm of tail of pancreas)	157.2 (malignant neoplasm of tail of pancreas)
	C25.3 (malignant neoplasm of pancreatic duct)	157.3 (malignant neoplasm of pancreatic duct)
	C25.4 (malignant neoplasm of endocrine pancreas)	157.4 (malignant neoplasm of islets of langerhans)
	C25.7 (malignant neoplasm of other parts of pancreas)	157.8 (malignant neoplasm of other specified sites of pancreas)
	C25.8 (malignant neoplasm of overlapping sites of pancreas)	
	C25.9 (malignant neoplasm of pancreas, unspecified)	157.9 (malignant neoplasm of pancreas, part unspecified)

Procedures	**ICD-10-CM Codes**	**ICD-9-CM Codes**
Related treatment procedures	Z51.0 (encounter for antineoplastic radiation therapy)	V58.0 (radiotherapy)

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(Radiotherapy, chemotherapy, immunotherapy)	Z51.1 (encounter for antineoplastic chemotherapy and immunotherapy)	V58.1 (encounter for chemotherapy and immunotherapy for neoplastic conditions)
	- Z51.11 (encounter for antineoplastic chemotherapy)	- V58.11 (encounter for antineoplastic chemotherapy)
	- Z51.12 (encounter for antineoplastic immunotherapy)	- V58.12 (encounter for antineoplastic immunotherapy)

Development and Revisions

- This case definition was developed in March 2025 by the Defense Health Agency (DHA) Health Surveillance & Epidemiology (HSE) cancer surveillance Sub Working Group (SubWG). The case definition was developed based on reviews of the ICD10 codes, the scientific literature and previous AFHSD analyses.
- In 2024, the DHA HSE cancer surveillance SubWG evaluated and expanded the list of cancers in the AFHSD cancer report to include breast (female), bladder, brain, cervical, colorectal, kidney (renal), leukemia, liver (hepatic), lung/bronchial, non-Hodgkin lymphoma, ovarian, pancreatic, prostate, stomach (gastric) and testicular cancer.
- In a 2019 *Monthly Surveillance Medical Report (MSMR)* article, analysis of the AFHSD standard oncology case definition revealed the definition had a high positive predictive value (PPV) for capturing cases of common cancers, (e.g., breast, prostate, testicular), and a low-to-moderate PPV for rarer cancers, (e.g., gallbladder, intestinal, laryngeal). Analyses also revealed the case definition was less sensitive for identifying cancers of the brain and nervous system, lung and bronchus, bones and joints, and liver (PPV$\leq$ 50 percent); these cases often represent metastases rather than true incident cases. While the broad application of a single case definition may affect sensitivity and specificity in varying ways for individual cancers, the PPV for all the cancers included in the report are >70 percent, and most have a PPV $\geq$ 90 percent.[5]
- The standard AFHSD oncology case definition was originally developed in 2011 by the Armed Forces Health Surveillance Center (AFHSC) in collaboration with a working group of subject matter experts from the Office of the Assistant Secretary of Defense for Health Affairs (ASDHA), the United States Army Public Health Command (USAPHC) and the United States Military Cancer Institute for a report on 10 different *invasive* cancers. The case definition was developed based on reviews of the ICD9 codes, the scientific literature and previous AFHSC analyses.

Case Definition and Incidence Rule Rationale

- In the 2019 *MSMR* article, cases of pancreatic cancer identified using the standard AFHSD oncology case definition had a total PPV of 95.0 percent [CI 75.1-99.9]: female 100.00 percent [CI 2.5-100.0], male 94.7 percent [CI 74.0-99.9], among a subset of active component and retired officers.[5]
- The case finding criteria of *three or more outpatient medical encounters, within a 90-day period,* is used to identify cases that do not meet the other criteria in the definition. Exploratory analysis of Defense Medical Surveillance System (DMSS) data revealed this criterion yielded optimal specificity.[6]

[5] Webber, B, Rogers, A, Pathak, S, Robbins, A. Positive Predictive Value of an Algorithm Used for Cancer Surveillance in the U.S. Armed Forces. *MSMR.* 2019; 26(12): 18-23.

[6] Detailed information on these analyses is available through AFHSD; reference DMSS Requests #R230308, #R230378 and #R240009.

- A period of 90 days allows for the likelihood that "true" cases of pancreatic cancer will have second and third encounters within that timeframe. The timeframe is based on the following standards of care: (1) following a biopsy of a clinically suspicious pancreatic lesion, the average time to obtain a pathology report and definitive diagnosis is 1-3 weeks; (2) individuals whose biopsy results are positive for pancreatic cancer are likely to have a follow-up visit for treatment within 4 weeks of a definitive diagnosis; and (3) individuals are likely to have follow-up visits to monitor clinical indicators of disease within the 90-day timeframe.[7]

- For outpatient encounters, the incident date is considered the first of the three encounters occurring within the 90-day period, (e.g., if an individual has four pancreatic cancer codes on 1-Jan-12, 1-Dec-15, 8-Dec-15, and 15-Dec-15, the incident date would be 1-Dec-15; 1-Jan-12 would be considered a screening encounter and dropped).

- To maintain consistency with the standard AFHSD methodology for surveillance of invasive cancers, AFHSD uses a *once per lifetime* incidence rule. The workgroup recognizes individuals, may be considered disease free after treatment or after an extended period of time, (e.g., 5 years), with no clinical evidence of disease. Individuals who develop a second primary tumor after being disease free could, theoretically, be counted as a new incident case. However, for surveillance of cancer using administrative, (i.e., billing), data, it is difficult to identify individuals who are disease free after treatment.

Code Set Determination and Rationale

- Procedure codes (ICD10 and CPT) indicating surgical treatment of individual cancers such as hysterectomy, mastectomy, prostatectomy, and other procedures unique to certain types of cancers are not included in the code set. While procedure codes may increase the specificity of case finding criteria in select circumstances, analyses can be labor intensive and the effort does not necessarily guarantee a better case definition, (i.e., the definition may still identify false positive cases).

- *Screening for disease codes:* ICD10 Z12.xx / ICD9 V76.xx (encounter for screening for malignant neoplasms) are not included in the code set. Screening codes are used for "testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease, (e.g., screening mammogram)."[8] They would not be used for follow-up medical encounters of a specific disease.

- *Personal history of malignant neoplasms:* (ICD10 Z85.xx) codes are not included in the code set. While these codes may be beneficial for identifying individuals with a history of cancer, analysis of administrative data reveal these codes lack the specificity to count incident cancer cases and are inconsistently used by providers.[9] Given these findings, the AFHSD does not use personal history codes to exclude prevalent cases, (i.e., individuals with a history of cancer), nor to identify individuals who are disease free after treatment.

[7] Pancreatic cancer. National Comprehensive Cancer Network (NCCN) Guidelines Version 2.2023. https://www.nccn.org/guidelines/recently-published-guidelines. Accessed April 2026.

[8] ICD-10-CM Official Guidelines for Coding and Reporting. FY 2022–Updated April 1, 2022. (October 1, 2021-September 30, 2022. https://stacks.cdc.gov/view/cdc/126426. Accessed April 2026.

[9] Analysis performed by the Defense Centers of Public Health-Dayton. Encounters with at least one Z85.x code in any diagnostic position (dx1- dx20) were pulled from Comprehensive Ambulatory Professional Encounter Records (CAPER) and Standard Inpatient Data Records (SIDR) for all Tri-Service beneficiaries between October 2016 and March 2024. A total of 546,962 encounters were identified. Of these, 68,395 (13%) had at least one neoplasm diagnosis (ICD10 C00-D49). With administrative data, there is no way to determine if the neoplasm codes refer to a resolved malignancy or a new cancer diagnosis. Records with conjunction codes for follow-up (Z08), aftercare (Z51.[0.1] and screening (Z12) were queried: 420,236 (77%) had no conjunction codes in any diagnostic position suggesting providers use personal history codes independent of the purpose of the visit and potentially inconsistently.

Personal history codes are intended to be used by providers for individuals who have a history of cancer *and* documented evidence in the medical record that the malignancy has been "excised or eradicated and all treatment is complete." They are not used for a "self-reported" history of malignancy, and they should be used in conjunction with ICD10 codes for follow-up visits (Z08- encounter for follow-up examination after completed treatment for a malignant neoplasm), aftercare visits (Z51.0 - encounter for antineoplastic radiation therapy; Z51.1- encounter for antineoplastic chemotherapy and immunotherapy), and screening visits (Z12 - encounter for screening for malignant neoplasms).[10]

Reports

The AFHSD reports on pancreatic cancer in the following reports:

- Periodic *MSMR* articles.

Review

Mar 2025	Case definition reviewed and adopted by the AFHSD Surveillance Methods and Standards (SMS) working group.
Mar 2025	Case definition developed by the DHA HSE cancer surveillance SubWG.

Comments

- *Invasive cancer*: The complete ICD10 code set for all "malignant neoplasms of digestive organs" includes the following codes (C15-C26).[11] The AFHSD has developed case definitions* for colorectal (C18-C20, C26.0), liver (hepatic), pancreatic, and stomach (gastric) cancer.
    - C15 Malignant neoplasm of esophagus
    - C16 Malignant neoplasm of stomach*
    - C17 Malignant neoplasm of small intestine
    - C18 Malignant neoplasm of colon*
    - C19 Malignant neoplasm of rectosigmoid junction*
    - C20 Malignant neoplasm of rectum*
    - C21 Malignant neoplasm of anus and anal canal
    - C22 Malignant neoplasm of liver and intrahepatic bile ducts*
    - C23 Malignant neoplasm of gallbladder
    - C24 Malignant neoplasm of other and unspecified parts of biliary tract
    - C25 Malignant neoplasm of pancreas*
    - C26 Malignant neoplasm of other and ill-defined digestive organs

[10] Bredehoeft, Emily. Clear Up Confusion as to When Cancer Becomes "History Of." American Academy of Professional Coders (AAPC). Accessed April 2026.

[11] ICD-10-CM. The International Classification of Disease, Tenth Revision, Clinical Modification. https://icd10cmtool.cdc.gov/?fy=FY2025. Accessed April 2026.

- *In situ cancer:* The complete code set for "carcinoma in situ of other and unspecified digestive organs" includes the following codes (D01).[11] The AFHSD uses the standard oncology case definition for surveillance of in situ cancers and is in the process of developing case definitions for select in situ cancers.

  D01 Carcinoma in situ of other and unspecified digestive organs

  - D01.0 Carcinoma in situ of colon
  - D01.1 Carcinoma in situ of rectosigmoid junction
  - D01.2 Carcinoma in situ of rectum
  - D01.3 Carcinoma in situ of anus and anal canal
  - D01.4 Carcinoma in situ of other and unspecified parts of intestine
    - D01.40 Carcinoma in situ of unspecified part of intestine
    - D01.49 Carcinoma in situ of other parts of intestine *(includes parts of stomach)*
  - D01.5 Carcinoma in situ of liver, gallbladder and bile ducts
  - D01.7 Carcinoma in situ of other specified digestive organs *(includes pancreas)*
  - D01.9 Carcinoma in situ of digestive organ, unspecified