AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Pancreatic Cancer

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Pancreatic ductal adenocarcinoma (PDAC) is the most common malignant neoplasm of the pancreas (~90% of cases), arising from **exocrine ductal epithelial cells** with KRAS as the defining driver mutation in ~92% of tumors, followed by CDKN2A, TP53, and SMAD4 alterations.[1,2] The natural history is aggressive and largely **asymptomatic in early stages**: approximately 80% of patients are diagnosed at locally advanced or metastatic disease when **curative resection is no longer feasible**, and the median age at diagnosis is 71 years, making PDAC particularly **relevant to older adults** in the Medicare population who often present with greater comorbidity burden, frailty, and complex care needs that affect treatment selection and outcomes.

ICD-10 Codes

Primary tumor: **C25.0** (head, ~60–70% of PDAC), **C25.1** (body), **C25.2** (tail), **C25.3** (duct), **C25.4** (endocrine pancreas — islet/adeno only; not PanNET), **C25.7** (other parts), **C25.8** (overlapping), **C25.9** (unspecified **AVOID when subsite is documentable**). Metastatic site coding (**each separately documented**): **C78.7** (liver = most common, **~75–80%** of metastatic disease), **C78.89** (other digestive), **C78.6** (peritoneum), **C78.00–C78.02** (lung), **C79.51** (bone). **Comorbidities frequently co-documented**: exocrine pancreatic insufficiency (**EPI**; **K86.81**), diabetes mellitus (**DM**, secondary or pre-existing; **E11.x** or **E13.x**), deep vein thrombosis (**DVT**; I82.4x), pulmonary embolism (**PE**; I26.x), biliary obstruction (**K83.1**), depression (**F32.x**), malnutrition (**E44.0/E43**), weight loss (**R63.4**). Personal history Z-code (**Z85.07**) applies only **after treatment completion** with no evidence of active disease = never during active treatment or surveillance.

Prevalence and Burden: Approximately **66,440 new cases** and **51,750** pancreatic cancer-related **deaths** are projected in the United States in 2026.[3] Pancreatic cancer is the 10th most common cancer by incidence and the **3rd leading cause of cancer death**.[3] The 5-year relative survival across all stages is less than 13%; ~44% for localized disease, ~15% for regional, and ~3% for distant disease.[3] Up to 50% of patients with newly diagnosed pancreatic cancer have diabetes at diagnosis;[4,5] new-onset diabetes ≥50 years carries an adjusted HR of 9.07 (95% CI 8.33–9.87) for PDAC diagnosis within 1 year. Slight male predominance (M:F ~1.3:[1]); modestly higher incidence in Black Americans than White Americans.[2] There is currently no recommended population-wide screening strategy for pancreatic cancer (**USPSTF Grade D recommendation**); therefore, early recognition relies largely on **pattern-based clinical suspicion**, particularly in patients with unexplained weight loss and new-onset diabetes later in life.

HCC/RAF V28 Mapping

ICD-10 CODE(S)[6]	HCC CATEGORY (V28)[7]	RAF (CNA)[8]	DOCUMENTATION REQUIREMENT
C25.0-C25.8 (specific subsite)	**HCC 20** Lung and Other Severe Cancers	1.136	Document active malignancy confirmed by pathology or imaging **with anatomic subsite** from the imaging or pathology report: head, body, tail, duct, endocrine, other, or overlapping; **record histologic confirmation** (EUS-FNB preferred over CT-guided biopsy for non-metastatic disease)