PERIHILAR BILE DUCTS STAGING FORM

CLINICAL *Extent of disease before any treatment*	STAGE CATEGORY DEFINITIONS		PATHOLOGIC *Extent of disease through completion of definitive surgery*
❒ y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	**TUMOR SIZE:** _____	**LATERALITY:** ☐ left ☐ right ☐ bilateral	❒ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
	PRIMARY TUMOR (T)		
❑ TX	Primary tumor cannot be assessed		❑ TX
❑ T0	No evidence of primary tumor		❑ T0
❑ Tis	Carcinoma *in situ*		❑ Tis
❑ T1	Tumor confined to the bile duct, with extension up to the muscle layer or fibrous tissue		❑ T1
❑ T2a	Tumor invades beyond the wall of the bile duct to surrounding adipose tissue		❑ T2a
❑ T2b	Tumor invades adjacent hepatic parenchyma		❑ T2b
❑ T3	Tumor invades unilateral branches of the portal vein or hepatic artery		❑ T3
❑ T4	Tumor invades main portal vein or its branches bilaterally; or the common hepatic artery; or the second-order biliary radicals bilaterally; or unilateral second-order biliary radicals with contralateral portal vein or hepatic artery involvement		❑ T4
	REGIONAL LYMPH NODES (N)		
❑ NX	Regional lymph nodes cannot be assessed		❑ NX
❑ N0	No regional lymph node metastasis		❑ N0
❑ N1	Regional lymph node metastasis (including nodes along the cystic duct, common bile duct, hepatic artery, and portal vein)		❑ N1
❑ N2	Metastasis to periaortic, pericaval, superior mesentery artery, and/or celiac artery lymph nodes		❑ N2
	DISTANT METASTASIS (M)		
❑ M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)		
❑ M1	Distant metastasis		❑ M1

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL

GROUP	T	N	M
❑ 0	Tis	N0	M0
❑ I	T1	N0	M0
❑ II	T2a-b	N0	M0
❑ IIIA	T3	N0	M0
❑ IIIB	T1-3	N1	M0
❑ IVA	T4	N0-1	M0
❑ IVB	Any T	N2	M0
	Any T	Any N	M1

❑ Stage unknown

PATHOLOGIC

GROUP	T	N	M
❑ 0	Tis	N0	M0
❑ I	T1	N0	M0
❑ II	T2a-b	N0	M0
❑ IIIA	T3	N0	M0
❑ IIIB	T1-3	N1	M0
❑ IVA	T4	N0-1	M0
❑ IVB	Any T	N2	M0
	Any T	Any N	M1

❑ Stage unknown

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

(continued on next page)

PERIHILAR BILE DUCTS STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

Tumor location _____

Papillary variant _____

Tumor growth pattern _____

Primary sclerosing cholangitis _____

CA 19-9 _____

Carcinoembryonic antigen (CEA) _____

Histologic Grade (G) *(also known as overall grade)*

Grading system	***Grade***
❑ 2 grade system	❑ Grade I or 1
❑ 3 grade system	❑ Grade II or 2
❑ 4 grade system	❑ Grade III or 3
❑ No 2, 3, or 4 grade system is available	❑ Grade IV or 4

ADDITIONAL DESCRIPTORS

Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- ❑ Lymph-Vascular Invasion Not Present (absent)/Not Identified
- ❑ Lymph-Vascular Invasion Present/Identified
- ❑ Not Applicable
- ❑ Unknown/Indeterminate

Residual Tumor (R)

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- ❑ RX Presence of residual tumor cannot be assessed
- ❑ R0 No residual tumor
- ❑ R1 Microscopic residual tumor
- ❑ R2 Macroscopic residual tumor

General Notes:
For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

y prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

a prefix designates the stage determined at autopsy: aTNM.

surgical margins is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

neoadjuvant treatment is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

❑ Clinical stage was used in treatment planning (describe): _____

❑ National guidelines were used in treatment planning ❑ NCCN ❑ Other (describe): _____

_____

_____

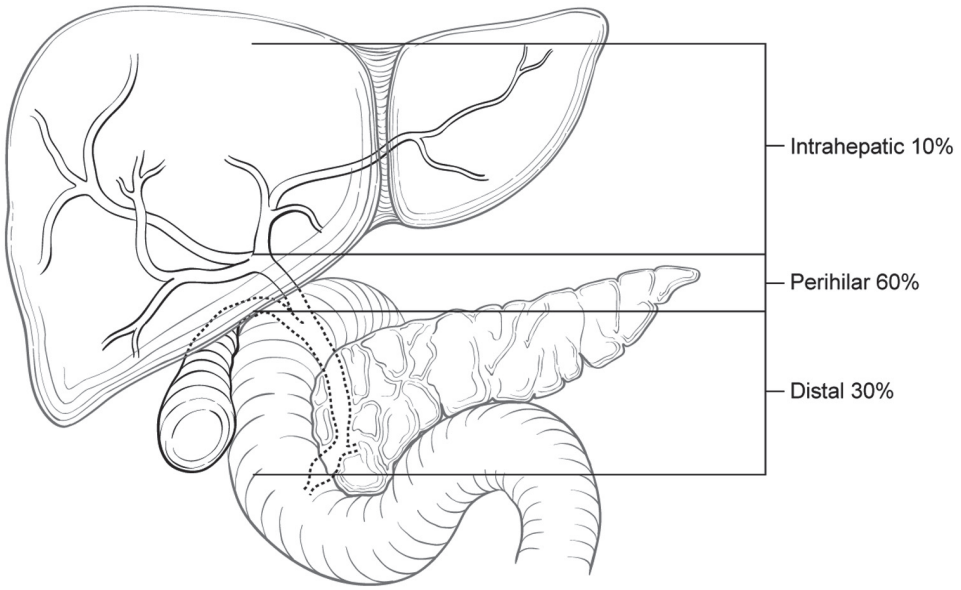
Physician signature Date/Time

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

(continued from previous page)

Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION