

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

AMPULLARY CARCINOMA

(Ver 1.1, 11-03)

Accession No.:

Part No(s).

Date:

Patient Name:

ORGAN,

SITE,

OPERATION

Ampulla

Ampullectomy

Pancreas, Stomach and Duodenum

Partial Pancreatectomy with
partial gastrectomy and
duodenectomy
(Whipple's Procedure)

Other _____

-Primary Tumor Diagnosis *Required*

Carcinoma in situ

Papillary adenocarcinoma

Adenocarcinoma, intestinal type

Mucinous adenocarcinoma

Clear cell carcinoma

Signet ring cell carcinoma

Adenosquamous carcinoma

Squamous cell carcinoma

Small cell carcinoma

Undifferentiated carcinoma

Carcinoma, NOS

Other (specify) _____

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

AMPULLARY CARCINOMA

A. Tumor Grade: *Required*

- I (>95% of tumor composed of glands)
- II (50% to 95% of tumor composed of glands)
- III (5% to 49% of tumor composed of glands)
- VI (undifferentiated)

Note: Signet ring cell carcinoma, by convention is graded as grade III tumor.

B. Size of Tumor: *Required* _____ cm. x _____ cm. x _____ cm.

Note: Although tumor size is not included in the TNM staging system for tumors of the ampulla of Vater, it has been shown to have independent prognostic significance. Tumors measuring <2.5cm have a five year survival rate of 65% while tumors ≥ 2.5 cm have a survival rate of only 20%.

C. Location of Tumor: *Required*

- Intra-ampullary
- Periampullary
- Intra and periampullary

D. Extent of Tumor: *Required*

- Tumor is confined to the ampulla of Vater/sphincter of Oddi
- Tumor invades the duodenal wall
- Tumor invades the pancreas
- Tumor invades peripancreatic soft tissue or other adjacent organs or structures
(Specify organs: _____)

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

AMPULLARY CARCINOMA

-Margins of Excision: *Required*

No tumor identified at margins

Distal pancreatic, common bile duct, posterior pancreatic surface (deep radial margin), proximal (gastric/duodenal), and distal (duodenal) margins are free of tumor.

Tumor is present microscopically/grossly at:

distal pancreatic margin

common bile duct margin

posterior pancreatic surface (deep radial margin)

proximal (gastric/duodenal) margin

distal (duodenal) margin

other _____

Note: Specify proximal margin as gastric or duodenal in Whipple's procedure specimens. The most frequent site of recurrence following a Whipple's procedure for tumors in the region of head of pancreas is at the posterior pancreatic surface margin. It is important to evaluate this margin thoroughly with sections representing tumor to the posterior pancreatic margin which should be appropriately indicated with ink. Margin evaluation for a standard pancreaticoduodenectomy (Whipple's procedure) should include the 5 sites listed above.

Note: The absence of tumor at margins is considered R0. The presence of tumor at a margin microscopically is considered R1 (incomplete tumor resection with microscopic involvement of a margin). The presence of tumor grossly at a margin is considered R2 (incomplete tumor resection with gross residual tumor that was not resected). These R designations should appear in the report in this section.

Note: All of the following lymph node groups will not be identified in most cases. However, appropriate designations are provided below. ^{Required}

-Lymph Nodes, Superior:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, Inferior:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

AMPULLARY CARCINOMA

-Lymph Nodes, Anterior:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, Posterior:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

-Lymph Nodes, _____ (specify):

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

(specify extranodal extension into perinodal adipose tissue.)

Note: The following defines lymph node groups.

Superior: lymph nodes superior to the head and body of the pancreas

Inferior: lymph nodes inferior to the head and body of the pancreas

Anterior: anterior pancreaticoduodenal, pyloric, and proximal mesenteric lymph nodes

Posterior: posterior pancreaticoduodenal, common bile duct or pericholedochal, and proximal mesenteric lymph nodes

The following lymph nodes are also considered regional: hepatic artery nodes, infrapyloric nodes, subpyloric nodes, celiac nodes, superior mesenteric nodes, retroperitoneal nodes, and lateral aortic nodes. Tumor involvement of other nodal groups is considered distant metastasis.

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

AMPULLARY CARCINOMA

-Additional Tumor Features: *Optional*

A. Lymphatic Vessel Invasion: Identified Not Identified

B. Blood Vessel Invasion: Identified Not Identified

C. Perineural Invasion: Identified Not Identified

D. Other (specify if carcinoma is arising within villous adenoma/villoglandular polyp):

-Additional Findings and Comments: *Optional*

Chronic pancreatitis

Acute pancreatitis

Islet cell hyperplasia

Gastritis/Duodenitis _____ (*specify activity and presence of H. Pylori*)

Other _____

-Ancillary Studies: *Optional*

Special stains are performed, the results are as follows:

A. _____

B. _____

C. _____

D. _____

Interpretation _____

Immunohistochemical studies are performed, the results are as follows:

A. _____

B. _____

C. _____

D. _____

Interpretation _____

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

AMPULLARY CARCINOMA

pTN Stage: *Required*

A. Primary Tumor:

pTX	Primary tumor cannot be assessed
pT0	No evidence of primary tumor
pTis	Carcinoma in situ
pT1	Tumor limited to the ampulla of Vater or sphincter of Oddi
pT2	Tumor invades the duodenal wall
pT3	Tumor invades the pancreas
pT4	Tumor invades peripancreatic soft tissue or other adjacent organs or structures

B. Regional Lymph Nodes:

pNX	Regional lymph nodes cannot be assessed
pN0	No regional lymph node metastasis
pN1	Regional lymph node metastasis

C. Distant Metastasis:

pMX	Cannot be assessed
pM0	No distant metastasis
pM1	Distant metastasis

References:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6th edition, 2002 (pg. 151-154).