

**ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY**

**Final Anatomic Diagnosis Checklist**

**EXTRAHEPATIC BILE DUCT CARCINOMA**

(Ver 1.1, 11-03)

**Accession No.:**

**Part No(s).**

**Date:**

**Patient Name:**

**ORGAN,**

**SITE,**

**OPERATION**

Extrahepatic bile duct

Segmental resection

Extrahepatic bile duct,  
Pancreaticoduodenectomy  
pancreas, duodenum and  
proximal stomach

Pancreaticoduodenectomy  
with partial gastrectomy

Other \_\_\_\_\_

**-Primary Tumor Diagnosis** *Required*

Carcinoma in situ

Adenocarcinoma

Papillary adenocarcinoma

Adenocarcinoma, intestinal type

Mucinous adenocarcinoma

Clear cell adenocarcinoma

Signet ring cell carcinoma

Adenosquamous carcinoma

Squamous cell carcinoma

Small cell carcinoma (oat cell carcinoma)

Undifferentiated carcinoma

Other (specify) \_\_\_\_\_

***Note:** Tumors of the extrahepatic bile ducts refers to tumors outside the liver and above the ampulla of Vater. This includes tumors that arise in choledochal cysts and in the intrapancreatic portion of the common bile duct. Primary tumors of the pancreas and ampulla of Vater are excluded. Refer to practice guidelines specific for the latter sites. However, it may be impossible to determine if a tumor arises from the intrapancreatic bile duct, the ampulla of Vater, or the pancreas.*

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**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)

For squamous cell carcinomas, a rare tumor type in the extrahepatic bile ducts, a suggested grading system is shown below. If there are variations in the differentiation within the tumor, the highest (least favorable) grade is recorded.

Grade 1 Well differentiated

Grade 2 Moderately differentiated

Grade 3 Poorly differentiated

**B. Size of Tumor:** *Required* \_\_\_\_\_ cm. x \_\_\_\_\_ cm. x \_\_\_\_\_ cm.

**C. Extent of Tumor:** *Required*

Tumor is in-situ

Tumor is invasive, but confined to the bile duct histologically

Tumor invades beyond the wall of the bile duct histologically

Tumor invades:

Liver

Pancreas

Duodenum

Gallbladder

Colon

Stomach

Branch of the right/left portal vein

Branch of the right/left hepatic artery

Main portal vein

Common hepatic artery

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**-Margins of Excision:** *Required*

No tumor identified at margins

Proximal/distal/proximal and distal bile duct margin(s) are free of tumor (R0)

Tumor is present at the proximal bile duct margin, grossly (R2)/microscopically (R1)

Tumor is present at the distal bile duct margin, grossly (R2)/microscopically (R1)

Other: \_\_\_\_\_

*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). R designations should appear in These 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.* <sup>Required</sup>

**-Lymph Nodes, Peripancreatic:**

A. Number examined: \_\_\_\_\_

B. Number positive: \_\_\_\_\_

C. Comment: \_\_\_\_\_

*(specify extranodal extension into perinodal adipose tissue.)*

**-Lymph Nodes, Periduodenal:**

A. Number examined: \_\_\_\_\_

B. Number positive: \_\_\_\_\_

C. Comment: \_\_\_\_\_

*(specify extranodal extension into perinodal adipose tissue.)*

**-Lymph Nodes, Periportal:**

A. Number examined: \_\_\_\_\_

B. Number positive: \_\_\_\_\_

C. Comment: \_\_\_\_\_

*(specify extranodal extension into perinodal adipose tissue.)*

**-Lymph Nodes, \_\_\_\_\_ (specify other):**

A. Number examined: \_\_\_\_\_

B. Number positive: \_\_\_\_\_

C. Comment: \_\_\_\_\_

*(specify extranodal extension into perinodal adipose tissue.)*



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**-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 \_\_\_\_\_  
\_\_\_\_\_

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**-pTN Stage:**

**A. Primary Tumor:**

<b>pTX</b>	Primary tumor cannot be assessed
<b>pT0</b>	No evidence of primary tumor
<b>pTis</b>	Carcinoma in situ
<b>pT1</b>	Tumor confined to the bile duct histologically
<b>pT2</b>	Tumor invades beyond the wall of the bile duct
<b>pT3</b>	Tumor invades the liver, gallbladder, pancreas, and/or unilateral branches of the portal vein (right or left) or hepatic artery (right or left)
<b>pT4</b>	Tumor invades any of the following: main portal vein or its branches bilaterally, common hepatic artery, or other adjacent structures, such as the colon, stomach, duodenum, or abdominal wall

**B. Regional Lymph Nodes**

<b>pNX</b>	Regional lymph nodes cannot be assessed
<b>pN0</b>	No regional lymph node metastasis
<b>pN1</b>	Metastasis in cystic duct, pericholedochal and/or hilar lymph nodes (i.e., in the hepatoduodenal ligament)
<b>pN2</b>	Metastasis in peripancreatic (head only), periduodenal, periportal, celiac, and/or superior mesenteric and/or posterior pancreaticoduodenal lymph nodes

To separate pN1 from pN2 nodal extension, the lymph nodes must be specifically identified. Peripancreatic nodes located along the body and tail of the pancreas are considered sites of distant metastasis

**C. Distant Metastasis:**

<b>pMX</b>	Distant metastasis cannot be assessed
<b>pM0</b>	No distant metastasis
<b>pM1</b>	Distant metastasis

References:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6<sup>th</sup> edition, 2002 (pg. 145-150).
2. Albores-Saavedra J et al. *Path Case Rev* 1998;3:266-298.
3. Henson DE, Albores-Saavedra J, Corle D. Carcinoma of the extrahepatic bile ducts. *Cancer* 1992;70:1498-1501.