

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

GALLBLADDER CARCINOMA

(Ver 1.1, 11-03)

Accession No.:

Part No.

Date:

Patient Name:

ORGAN,

OPERATION:

Gallbladder

Cholecystectomy

Gallbladder and periductal
lymph node(s)

Gallbladder and liver

Cholecystectomy with partial
hepatectomy

Gallbladder, periductal lymph node(s),
and liver

Other _____

-Primary Tumor Diagnosis: *Required*

Carcinoma in situ

Papillary adenocarcinoma

Adenocarcinoma, intestinal type

Mucinous adenocarcinoma

Signet cell carcinoma

Adenosquamous carcinoma

(variable mixture of malignant glandular and squamous epithelial elements)

Squamous cell carcinoma

Small cell carcinoma

Carcinoid

Undifferentiated carcinoma

Other: _____

Notes:

1. Mucinous carcinoma is defined as >50% of tumor composed of extracellular mucin or >50% of tumor demonstrates mucinous differentiation.
2. Signet ring cell carcinoma by convention graded as grade III tumor.

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A. Histologic Grade: *Required*

- I (Well differentiated, >95% gland forming)
- II (Moderately differentiated, 50-95% gland forming)
- III (Poorly differentiated, <50% gland forming)
- IV (Undifferentiated)

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

C. Location of Tumor: *Required* Fundus Body Neck

D. Extent of Tumor: *Required*

- Tumor does not invade stroma (carcinoma in situ).
- Tumor invades lamina propria.
- Tumor invades muscle layer.
- Tumor invades perimuscular connective tissue; without extension beyond serosa or into liver.
- Tumor invades beyond serosa (visceral peritoneum)
- Tumor invades into _____

(stomach, duodenum, colon, pancreas, omentum, extrahepatic bile ducts, liver, main portal vein, hepatic artery).

-Margins of Resection: *Required*

- No tumor identified at margins (R0)
- Tumor present at non-peritonealized surface (liver bed), microscopically (R1)/grossly (R2).
- Tumor present at cystic duct margin, microscopically (R1)/grossly (R2).
- 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). These R designations should appear in the report in this section.

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

-Lymph Nodes, Cystic duct:

- A. Number examined: _____
- B. Number positive: _____
- C. Comment: _____
(specify extranodal extension into perinodal adipose tissue)

Lymph Nodes, Pericholedochal:

- A. Number examined: _____
- B. Number positive: _____
- C. Comment: _____
(specify extranodal extension into perinodal adipose tissue)

Lymph Nodes, Hilar (Hepatoduodenal Ligament):

- 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)

Lymph Nodes, _____ (specify):

- A. Number examined: _____
- B. Number positive: _____
- C. Comment: _____
(specify extranodal extension into perinodal adipose tissue)

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-Additional Tumor Features: *Optional*

<u>A. Lymphatic vessel invasion:</u>	Identified	Not Identified
<u>B. Blood vessel invasion:</u>	Identified	Not Identified
<u>C. Perineural invasion:</u>	Identified	Not identified

-Additional Findings: *Optional*

(To clerical staff: if nothing is circled, delete this section from report)

Acute cholecystitis
Chronic cholecystitis
Cholelithiasis
Polyp(s)
Other (specify): _____

-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: *Required*

A. Primary Tumor

pTX	Primary tumor cannot be assessed
pT0	No evidence of primary tumor
pTis	Carcinoma in situ: intraepithelial carcinoma
pT1	Tumor invades lamina propria or muscle layer
pT1a	Tumor invades lamina propria
pT1b	Tumor invades muscle layer
pT2	Tumor invades perimuscular connective tissue; no extension beyond serosa or into liver
pT3	Tumor perforates serosa (visceral peritoneum) and/or directly invades liver and/or one other adjacent organ or structure such as the stomach, duodenum, colon, or pancreas, omentum, or extrahepatic bile ducts
pT4	Tumor invades main portal vein or hepatic artery or invades multiple extrahepatic 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

Note: Regional lymph nodes include the hilar (common bile duct, hepatic artery, portal vein and cystic duct), celiac, periduodenal, peripancreatic, and superior mesenteric. Peripancreatic nodes located along the body and tail of the pancreas are considered sites of distant metastasis.

References:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6th edition, 2002 (pg. 139-144).