

## EXTRAHEPATIC BILE DUCTS

<b>Hospital Name/Address</b>
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<b>Patient Name/Information</b>
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Type of Specimen \_\_\_\_\_

Histopathologic Type \_\_\_\_\_

Tumor Size \_\_\_\_\_

### DEFINITIONS

Clinical	Pathologic	<b>Primary Tumor (T)</b>	
<input type="checkbox"/>	<input type="checkbox"/>	TX	Primary tumor cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	T0	No evidence of primary tumor
<input type="checkbox"/>	<input type="checkbox"/>	Tis	Carcinoma <i>in situ</i>
<input type="checkbox"/>	<input type="checkbox"/>	T1	Tumor confined to the bile duct histologically
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor invades beyond the wall of the bile duct
<input type="checkbox"/>	<input type="checkbox"/>	T3	Tumor invades the liver, gallbladder, pancreas, and/or ipsilateral branches of the portal vein (right or left) or hepatic artery (right or left)
<input type="checkbox"/>	<input type="checkbox"/>	T4	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

Clinical	Pathologic	<b>Regional Lymph Nodes (N)</b>	
<input type="checkbox"/>	<input type="checkbox"/>	NX	Regional lymph nodes cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	N0	No regional lymph node metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N1	Regional lymph node metastasis

Clinical	Pathologic	<b>Distant Metastasis (M)</b>	
<input type="checkbox"/>	<input type="checkbox"/>	MX	Distant metastasis cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	M0	No distant metastasis
<input type="checkbox"/>	<input type="checkbox"/>	M1	Distant metastasis
Biopsy of metastatic site performed ..... <input type="checkbox"/> Y ..... <input type="checkbox"/> N			
Source of pathologic metastatic specimen _____			

<b>Stage Grouping</b>				
<input type="checkbox"/>	<input type="checkbox"/>	0	Tis	N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IA	T1	N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IB	T2	N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IIA	T3	N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	IIB	T1	N1 M0
			T2	N1 M0
			T3	N1 M0
<input type="checkbox"/>	<input type="checkbox"/>	III	T4	Any N M0
<input type="checkbox"/>	<input type="checkbox"/>	IV	Any T	Any N M1

(continued on reverse side)

**Histologic Grade (G)**

- ☐ GX Grade cannot be assessed
- ☐ G1 Well differentiated
- ☐ G2 Moderately differentiated
- ☐ G3 Poorly differentiated
- ☐ G4 Undifferentiated

**Residual Tumor (R)**

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

**Additional Descriptors**

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.

**Prognostic Indicators (if applicable)****Notes****Additional Descriptors****Lymphatic Vessel Invasion (L)**

LX Lymphatic vessel invasion cannot be assessed

L0 No lymphatic vessel invasion

L1 Lymphatic vessel invasion

**Venous Invasion (V)**

VX Venous invasion cannot be assessed

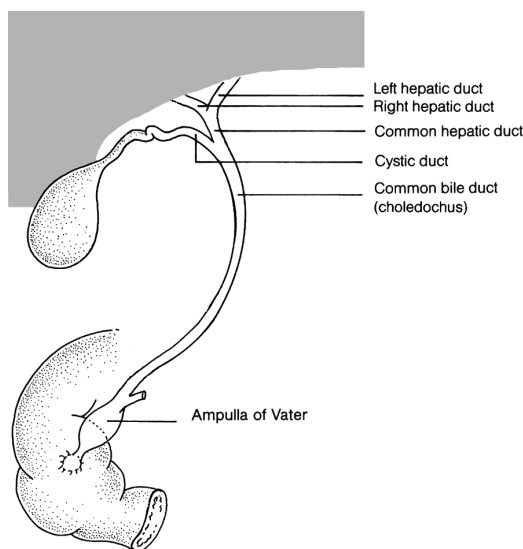
V0 No venous invasion

V1 Microscopic venous invasion

V2 Macroscopic venous invasion

**ILLUSTRATION**

Indicate on diagram primary tumor and regional nodes involved.



Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_