

# PERIHILAR BILE DUCTS STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1  <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3 <input type="checkbox"/> T4	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor Carcinoma <i>in situ</i> Tumor confined to the bile duct, with extension up to the muscle layer or fibrous tissue Tumor invades beyond the wall of the bile duct to surrounding adipose tissue Tumor invades adjacent hepatic parenchyma Tumor invades unilateral branches of the portal vein or hepatic artery 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		<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1  <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3 <input type="checkbox"/> T4
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1  <input type="checkbox"/> N2	<b>REGIONAL LYMPH NODES (N)</b> Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis (including nodes along the cystic duct, common bile duct, hepatic artery, and portal vein) Metastasis to periaortic, pericaval, superior mesentery artery, and/or celiac artery lymph nodes		<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1  <input type="checkbox"/> N2
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis		<input type="checkbox"/> M1
ANATOMIC STAGE • PROGNOSTIC GROUPS			
<b>CLINICAL</b>		<b>PATHOLOGIC</b>	
<b>GROUP</b> <b>T</b> <b>N</b> <b>M</b>	<b>GROUP</b> <b>T</b> <b>N</b> <b>M</b>		
<input type="checkbox"/> 0        Tis        N0        M0	<input type="checkbox"/> 0        Tis        N0        M0		
<input type="checkbox"/> I        T1        N0        M0	<input type="checkbox"/> I        T1        N0        M0		
<input type="checkbox"/> II        T2a-b    N0        M0	<input type="checkbox"/> II        T2a-b    N0        M0		
<input type="checkbox"/> IIIA    T3        N0        M0	<input type="checkbox"/> IIIA    T3        N0        M0		
<input type="checkbox"/> IIIB    T1-3     N1        M0	<input type="checkbox"/> IIIB    T1-3     N1        M0		
<input type="checkbox"/> IVA    T4        N0-1     M0	<input type="checkbox"/> IVA    T4        N0-1     M0		
<input type="checkbox"/> IVB    Any T    N2        M0	<input type="checkbox"/> IVB    Any T    N2        M0		
<input type="checkbox"/> Any T    Any N    M1	<input type="checkbox"/> Any T    Any N    M1		
<input type="checkbox"/> Stage unknown	<input type="checkbox"/> Stage unknown		

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

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## 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) \_\_\_\_\_

**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.

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

**Grading system**

- ☐ 2 grade system  
☐ 3 grade system  
☐ 4 grade system  
☐ No 2, 3, or 4 grade system is available

**Grade**

- ☐ Grade I or 1  
☐ Grade II or 2  
☐ Grade III or 3  
☐ 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

☐ Clinical stage was used in treatment planning (describe): \_\_\_\_\_

☐ National guidelines were used in treatment planning ☐ NCCN ☐ Other (describe): \_\_\_\_\_

Physician signature \_\_\_\_\_

Date/Time \_\_\_\_\_

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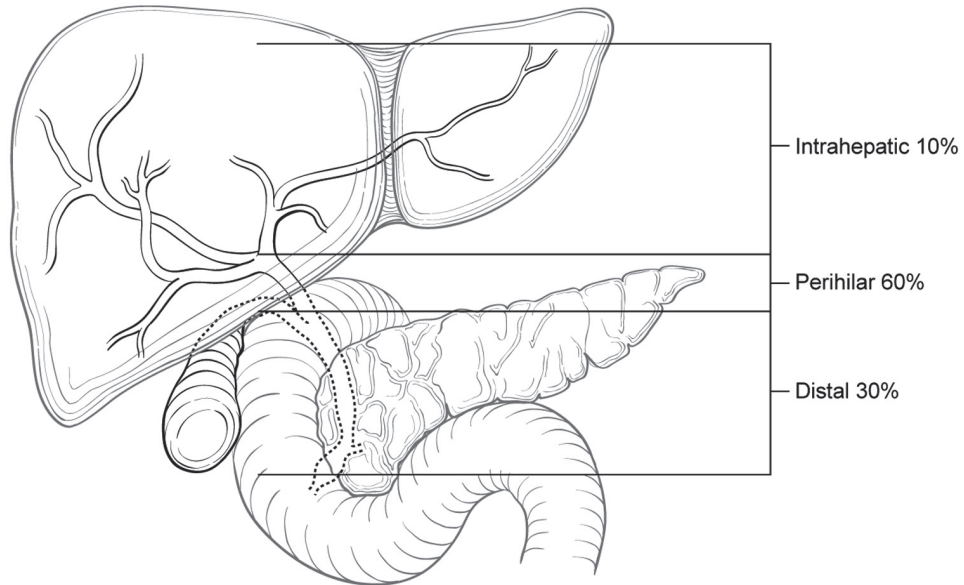
PATIENT NAME/INFORMATION

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## PERIHILAR BILE DUCTS STAGING FORM

### Illustration

Indicate on diagram primary tumor and regional nodes involved.



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