

EXTRAHEPATIC BILE DUCTS



Hospital Name/Address
Presbyterian
Hospital of Dallas
 Texas Health Resources

8200 Walnut Hill Lane ☐
 Dallas, Texas 75231

Patient Name/Information

Patient name _____ ☐

☐

Medical Record # _____ ☐

☐

Date of Classification _____

Type of Specimen _____

Histopathologic Type _____

Tumor Size _____

DEFINITIONS

Clinical	Pathologic	Primary Tumor (T)
☐	☐	TX Primary tumor cannot be assessed
☐	☐	T0 No evidence of primary tumor
☐	☐	Tis Carcinoma <i>in situ</i>
☐	☐	T1 Tumor confined to the bile duct histologically
☐	☐	T2 Tumor invades beyond the wall of the bile duct
☐	☐	T3 Tumor invades the liver, gallbladder, pancreas, and/or ipsilateral branches of the portal vein (right or left) or hepatic artery (right or left)
☐	☐	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	Regional Lymph Nodes (N)
☐	☐	NX Regional lymph nodes cannot be assessed
☐	☐	N0 No regional lymph node metastasis
☐	☐	N1 Regional lymph node metastasis

Clinical	Pathologic	Distant Metastasis (M)
☐	☐	MX Distant metastasis cannot be assessed
☐	☐	M0 No distant metastasis
☐	☐	M1 Distant metastasis
		Biopsy of metastatic site performed ☐ Y ☐ N
		Source of pathologic metastatic specimen _____

Clinical	Pathologic	Stage Grouping
☐	☐	0 Tis N0 M0
☐	☐	IA T1 N0 M0
☐	☐	IB T2 N0 M0
☐	☐	IIA T3 N0 M0
☐	☐	IIB T1 N1 M0
		T2 N1 M0
		T3 N1 M0
☐	☐	III T4 Any N M0
☐	☐	IV Any T Any N M1

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

Ducts Involved:

- ☐ Right hepatic duct
☐ Left hepatic duct
☐ Bifurcation
☐ Common hepatic duct
☐ Cystic duct
☐ Common bile duct
☐ Common bile duct mid
☐ Common bile duct distal

Staging Support Request:

- ☐ Please fax staging form to my office for completion at fax # _____
☐ Please assign staging form to Dr. _____
☐ I am unable to stage at this time because workup is incomplete. Please return chart to me in 60 days.
 Physician initials _____ Date _____

☐

Staging Summary: T____ N____ M____ Stage Group _____

Physician's Signature _____ Date _____