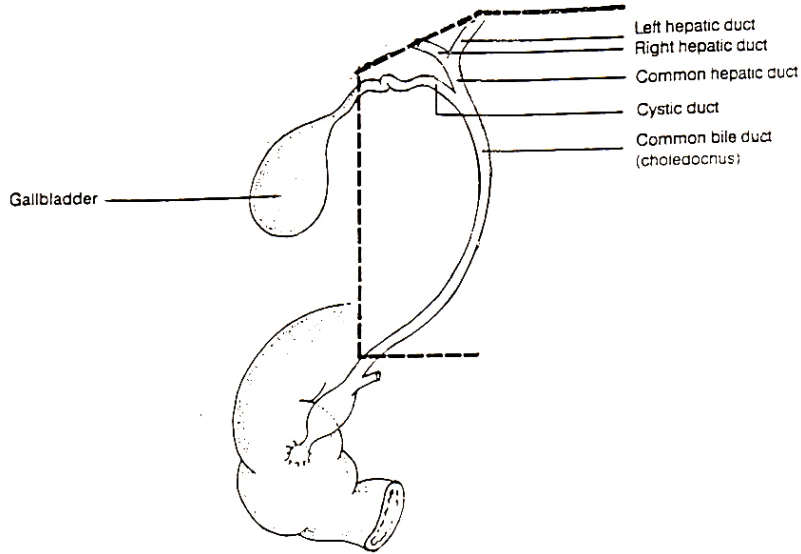




**CARCINOMA OF THE GALLBLADDER & EXTRAHEPATIC BILE DUCTS – PERIHILAR & DISTAL STAGING DIAGRAM**



**SITE:** \_\_\_\_\_

**HISTOLOGY:** \_\_\_\_\_

<input type="checkbox"/> New	<input type="checkbox"/> Recurrent Disease	<input type="checkbox"/> Referred for Follow up
Referred as part of definitive treatment (initial treatment of disease).	Definitive treatment already received. Referred at recurrence. Staged at initial diagnosis.	Previously treated and followed elsewhere before referral. Staged at initial diagnosis.

<b>TNM 2009 Clinical</b>	<b>T</b>	X	0	<i>is</i>	1	1a	1b	2	2a	2b	3	4
	<b>N</b>	X	0		1							
	<b>M</b>		0		1							
<b>TNM 2009 Pathological</b>	<b>T</b>	X	0	<i>is</i>	1	1a	1b	2	2a	2b	3	4
	<b>N</b>	X	0		1							
	<b>M</b>				1							

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yy)

Diagnosis/Stage Amended to: \_\_\_\_\_

Reason: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yy)

**NOTIFY DATA QUALITY & REGISTRY IF STAGE/DIAGNOSIS IS AMENDED**

# CARCINOMA OF THE GALLBLADDER & EXTRAHEPATIC BILE DUCTS – PERIHILAR & DISTAL STAGING DIAGRAM

AJCC 7<sup>th</sup> Edition for Diagnosis Date ≥ 01 January 2010

## Definitions for T, N, and M Descriptors

<b>GALLBLADDER (ICD-O C23)</b> (includes cystic duct carcinoma)	<b>EXTRAHEPATIC BILE DUCTS - PERIHILAR (ICD-O C24.0)</b> (Klatskin tumour), including right, left, and the common hepatic ducts	<b>EXTRAHEPATIC BILE DUCTS - DISTAL (ICD-O C24.0)</b> (carcinomas of the extrahepatic bile ducts distal to the insertion of the cystic duct)
<b>PRIMARY TUMOUR (T)</b>	<b>PRIMARY TUMOUR (T)<sup>1</sup></b>	<b>PRIMARY TUMOUR (T)</b>
<p>TX Primary tumour cannot be assessed</p> <p>T0 No evidence of primary tumour</p> <p>Tis Carcinoma in situ</p> <p>T1 Tumour invades lamina propria or muscular layer</p> <p>T1a Tumour invades lamina propria</p> <p>T1b Tumour invades muscular layer</p> <p>T2 Tumour invades perimuscular connective tissue; no extension beyond serosa or into liver</p> <p>T3 Tumour perforates the serosa (visceral peritoneum) and/or directly invades the liver and/or one other adjacent organ or structure, such as the stomach, duodenum, colon, pancreas, omentum or extrahepatic bile ducts</p> <p>T4 Tumour invades main portal vein or hepatic artery or invades two or more extrahepatic organs or structures</p>	<p>TX Primary tumour cannot be assessed</p> <p>T0 No evidence of primary tumour</p> <p>Tis Carcinoma in situ</p> <p>T1 Tumour confined to the bile duct, with extension up to the muscle layer or fibrous tissue</p> <p>T2a Tumour invades beyond the wall of the bile duct to surrounding adipose tissue</p> <p>T2b Tumour invades adjacent hepatic parenchyma</p> <p>T3 Tumour invades unilateral branches of the portal vein or hepatic artery</p> <p>T4 Tumour invades the 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</p> <p><b>Note<sup>1</sup></b>: Perihilar cholangiocarcinomas are tumours located in the extrahepatic biliary tree proximal to the origin of the cystic duct.</p>	<p>TX Primary tumour cannot be assessed</p> <p>T0 No evidence of primary tumour</p> <p>Tis Carcinoma in situ</p> <p>T1 Tumour confined to the bile duct</p> <p>T2 Tumour invades beyond the wall of the bile duct</p> <p>T3 Tumour invades the gallbladder, liver, pancreas, duodenum or other adjacent organs</p> <p>T4 Tumour involves the coeliac axis or the superior mesenteric artery</p>
<b>REGIONAL LYMPH NODES (N)<sup>1,2</sup></b>		
<p>NX Regional lymph nodes cannot be assessed (applicable for all sites)</p> <p>N0 No regional lymph node metastasis (applicable for all sites)</p> <p>N1 Regional lymph node metastasis (applicable for all sites)</p>		
<p><b>Note<sup>1</sup></b>: Regional lymph nodes are the hepatic hilus nodes (including nodes along the common bile duct, common hepatic artery, portal vein and cystic duct).</p> <p><b>Note<sup>2</sup></b>: Histological examination of a regional lymphadenectomy specimen will ordinarily include 3 or more lymph nodes. If the regional lymph nodes are negative, but the number ordinarily examined is not met, classify as pN0.</p>	<p><b>Note<sup>1</sup></b>: Regional lymph nodes are the hilar and pericholedochal nodes in the hepatoduodenal ligament, including nodes along the cystic duct, common bile duct, common hepatic artery and portal vein</p> <p><b>Note<sup>2</sup></b>: Histological examination of a regional lymphadenectomy specimen will ordinarily include 15 or more lymph nodes. If the regional lymph nodes are negative, but the number ordinarily examined is not met, classify as pN0.</p>	<p><b>Note<sup>1</sup></b>: Regional lymph nodes are along the common bile duct, common hepatic artery, back towards the coeliac trunk, posterior and anterior pancreaticoduodenal nodes, and along the superior mesenteric vein and the right lateral wall of the superior mesenteric artery.</p> <p><b>Note<sup>2</sup></b>: Histological examination of a regional lymphadenectomy specimen will ordinarily include 12 or more lymph nodes. If the regional lymph nodes are negative, but the number ordinarily examined is not met, classify as pN0.</p>
<b>DISTANT METASTASIS (M) (applicable for all sites)</b>		
<p>M0 No distant metastasis (only applicable for clinical staging – i.e. if a cM1 is biopsied and is negative, it becomes cM0, not pM0)</p> <p>M1 Distant metastasis<sup>1</sup></p>		
<p><b>Note<sup>1</sup></b>: celiac and superior mesenteric artery node involvement are considered distant metastasis (M1)</p>		