Intrahepatic Cholangiocarcinoma, Perihilar Cholangiocarcinoma and Hepatocellular Carcinoma Histopathology Reporting Guide



Family/Last name	Date of birth DD - MM - YYYY	
Given name(s)		
Patient identifiers	Date of request Accession/Laboratory number	
	DD - MM - YYYY	
Elements in black text are CORE. Elements in grey text are NON-CORE. indicates multi-select values indicates single select values		
SPECIMEN(S) SUBMITTED (select all that apply)	TUMOUR SITE AND NUMBER	
Not specified	No macroscopic residual tumour No./site,	
○ Indeterminate	Tumour ID Specify if possible	
Liver Total hepatectomy		
Segmental resection, specify segment(s) or type of segmentectomy	\Rightarrow	
Wedge resection, specify site/segment		
•	$\Rightarrow \qquad \Rightarrow \qquad \qquad \Rightarrow$	
Extrahepatic bile duct	MAYTHUM TUMOUD DIMENSION FIRE	
Gallbladder	Cannot be assessed	
☐ Diaphragm☐ Lymph nodes, specify site(s), distinguishing between	Tumour ID Maximum dimension	
portal and extra-portal nodes	Tulliou ID Maximum differsion	
	→ mm	
	mm	
Other, specify	→ mm	
	→ mm	
SPECIMEN DIMENSIONS	mm	
(Indicate greatest measurement for each parameter in an	mm	
irregularly shaped specimen)	For a large number of mm to mm	
mm x mm x mm	Tumours include a range	
Length of extrahepatic bile duct (Applicable to perihilar mm	(Applicable to perihilar cholangiocarcinoma only, where possible)	
cholangiocarcinoma only)	HISTOLOGICAL TUMOUR TYPE	
SPECIMEN WEIGHT g	(Value list from the World Health Organization Classification of Tumours of the Gastrointestinal Tract (2019))	
3	Hepatocellular carcinoma	
SATELLITOSIS	Intrahepatic cholangiocarcinoma	
(Applicable to hepatocellular carcinoma only)	Large duct Small duct Other	
Cannot be assessed Not identified Present	Perihilar cholangiocarcinoma Combined hepatocellular – cholangiocarcinoma	
<u> </u>	Intraductal papillary neoplasm with an associated	
MACROSCOPIC TUMOUR RUPTURE	invasive carcinoma Mucinous cystic neoplasm with an associated invasive	
(Applicable to hepatocellular carcinoma and perihilar cholangiocarcinoma only)	carcinoma	
Fragmented specimen Ruptured Intact	Undifferentiated carcinomaCarcinoma, type cannot be determined	

Steatohepatitic Chromophobe Fibrolameliar Macrotrabecular massive Neutrophil-rich Scirrhous Lymphocyte-rich No special type Present macroscopically (large portal or hepatic veins) Present microscopically (small portal or hepatic veins or microvessels) TUMOUR GROWTH PATTERN Hepatocellular carcinoma Cannot be determined Single distinct nodule Cirrhotomimetic Multiple distinct nodule Steatosis Steatohepatitis Iron overload Billary disease, specify if known Intrahepatic and perihilar cholangiocarcinoma Cannot be determined Mass-forming Intraductal-growth Periductal infiltrating Mixed mass-forming and periductal infiltrating Mixed mass-forming and periductal infiltrating Mixed mass-forming Intrahepatic and perihilar cholangiocarcinoma Cannot be assessed Grade 1: Well differentiated Grade 3: Poorly differentiated Grade 3: Poorly differentiated Indeterminate Fibrosis EXTENT OF INVASION Macroscopic invasion Macroscopic invasion Tumour confined to liver Tumour confined to the extrahepatic bile ducts (carcinoma in situ/high grade dysplasia) (Applicable to perhihilar cholangiocarcinoma only) Tumour involves visceral peritoneum Applicable to perhihilar cholangiocarcinoma only) Tumour involves visceral peritoneum Applicable to perhihilar cholangiocarcinoma only Tumour involves visceral peritoneum Applicable to perhihilar cholangiocarcinoma only Applicable to perhihilar cholangioca
Cannot be determined Cannot be determined Early hepatocellular carcinoma Single distinct nodule Steatosis Steatobepatitis Iron overload Billary disease, specify if known
Cannot be determined Early hepatocellular carcinoma Single distinct nodule Large dominant nodule with multiple small satellite nodules Cirrhotomimetic Multiple distinct nodules Intrahepatic and perihilar cholangiocarcinoma Cannot be determined Mass-forming Intraductal-growth Periductal infiltrating Mixed mass-forming and periductal infiltrating HISTOLOGICAL TUMOUR GRADE Cannot be assessed Grade 1: Well differentiated Grade 2: Moderately differentiated Grade 3: Poorly differentiated Fibrosis Steatohepatitis Iron overload Biliary disease, specify if known Chronic hepatitis, specify type if known Chronic hepatitis, specify type if known Whistological infiltrating Fibrosis Not identified Indeterminate Present Fibrosis Not identified OR KLEINER stage /4 OR METAVIR stage /4 OR SAF system /4 OR SAF system /4
Cannot be determined Mass-forming Intraductal-growth Periductal infiltrating HISTOLOGICAL TUMOUR GRADE Not applicable Cannot be assessed Grade 1: Well differentiated Grade 2: Moderately differentiated Grade 3: Poorly differentiated Grade 3: Poorly differentiated Fibrosis Not identified Indeterminate Present Fibrosis Not identified ISHAK stage OR KLEINER stage /6 OR KLEINER stage /4 OR Tumour confined to liver Tumour confined to the extrahepatic bile ducts (carcinoma in situ/high grade dysplasia) (Applicable to perihilar cholangiocarcinoma only) Tumour involves visceral peritoneum
Mass-forming Intraductal-growth Periductal infiltrating Mixed mass-forming and periductal infiltrating HISTOLOGICAL TUMOUR GRADE Onote be assessed Grade 1: Well differentiated Grade 3: Poorly differentiated Grade 3: Poorly differentiated Cannot be assessed No evidence of primary tumour Macroscopic invasion Tumour confined to liver Tumour confined to the extrahepatic bile ducts (carcinoma in situ/high grade dysplasia) (Applicable to perihilar cholangiocarcinoma only) Tumour involves visceral peritoneum Tumour involves visceral peritoneum Tumour involves visceral peritoneum
Onto applicable
Cannot be assessed Grade 1: Well differentiated Grade 2: Moderately differentiated Grade 3: Poorly differentiated ISHAK stage OR Cannot be assessed No evidence of primary tumour Macroscopic invasion Tumour confined to liver Tumour confined to the extrahepatic bile ducts (carcinoma in situ/high grade dysplasia) (Applicable to perihilar cholangiocarcinoma only) Tumour involves visceral peritoneum Fibrosis Not identified Indeterminate OR KLEINER stage /4 OR BATTS-LUDWIG stage OR SAF system /4
Grade 3: Poorly differentiated ISHAK stage /6 OR Cannot be assessed KLEINER stage /4 No evidence of primary tumour OR Macroscopic invasion METAVIR stage /4 Tumour confined to liver OR Tumour confined to the extrahepatic bile ducts (carcinoma in situ/high grade dysplasia) (Applicable to perihilar cholangiocarcinoma only) Tumour involves visceral peritoneum
Cannot be assessed No evidence of primary tumour Macroscopic invasion Tumour confined to liver (carcinoma in situ/high grade dysplasia) (Applicable to perihilar cholangiocarcinoma only) Tumour involves visceral peritoneum OR METAVIR stage OR BATTS-LUDWIG stage OR OR SAF system /4
No evidence of primary tumour Macroscopic invasion Tumour confined to liver Tumour confined to the extrahepatic bile ducts (carcinoma in situ/high grade dysplasia) (Applicable to perihilar cholangiocarcinoma only) Tumour involves visceral peritoneum OR BATTS-LUDWIG stage OR OR SAF system /4
Macroscopic invasion Tumour confined to liver Tumour confined to the extrahepatic bile ducts (carcinoma in situ/high grade dysplasia) (Applicable to perihilar cholangiocarcinoma only) Tumour involves visceral peritoneum METAVIR stage OR BATTS-LUDWIG stage OR OR SAF system /4
Tumour confined to liver Tumour confined to the extrahepatic bile ducts (carcinoma in situ/high grade dysplasia) (Applicable to perihilar cholangiocarcinoma only) Tumour involves visceral peritoneum OR OR OR SAF system /4
(carcinoma in situ/high grade dysplasia) (Applicable to perihilar cholangiocarcinoma only) OR SAF system /4
Tumour directly invades gallbladder
Invasion of periductal tissue - either adipose or hepatic Dysplastic/pre-malignant lesions
tissue (Applicable to perihilar cholangiocarcinoma only)
Tumour directly invades other adjacent organs, specify None identified
Tumour confined to the bile duct mucosa histologically (carcinoma in situ/high grade dysplasia) (Applicable to perihilar cholangiocarcinoma only) Tumour involves visceral peritoneum Through display the involves and the set of the period of the perihability of the period of the pe
 ◯ Tumour directly invades gallbladder ◯ Invasion of periductal tissue - either adipose or hepatic tissue (Applicable to perihilar cholangiocarcinoma only) ◯ Low grade IPNB
Tumour directly invades other adjacent organs, specify LOW GRADE HEPATOCELLULAR DYSPLASTIC NODULE Absent Present
HIGH GRADE HEPATOCELLULAR DYSPLASTIC NODULE PERINEURAL INVASION (Applicable to intrahepatic and perihilar cholangiocarcinoma) Not identified Indeterminate Present

RESPONSE TO NEOADJUVANT THERAPY	HEPATOCELLULAR CARCINOMA
No neoadjuvant treatment	(Liver excluding intrahepatic and perihilar bile ducts)
Complete response – no viable cancer cells	TX Primary tumour cannot be assessed
Partial response – residual cancer with some tumour	0 TO No evidence of primary tumour
regression Percentage necrosis %	 T1a Solitary tumour 2 cm or less in greatest dimension with or without vascular invasion
No response – extensive residual cancer with no evident	T1b Solitary tumour more than 2 cm in greatest dimension without vascular invasion
tumour regression Cannot be assessed, specify	 T2 Solitary tumour more than 2 cm dimension with vascular invasion or multiple tumours none more than 5 cm in greatest dimension
	 T3 Multiple tumours any more then 5 cm in greatest dimension
MARGIN STATUS	T4 Tumour(s) involving a major branch of the portal or hepatic vein or with direct invasion of
Cannot be assessed Not involved by invasive carcinoma	adjacent organs (including the diaphragm), other than the gallbladder or with perforation of visceral peritoneum
Distance of tumour to closest margin OR	PERIHILAR CHOLANGIOCARCINOMA (Perihilar bile ducts)
Clearance is ≥10 mm	TX Primary tumour cannot be assessed
Involved by invasive carcinoma	TO No evidence of primary tumour
Specify margin(s),	Tis Carcinoma in situ
if possible Involved by BilIN	T1 Tumour confined to the bile duct, with extension up to the muscle layer or fibrous tissue
(Applicable to cholangiocarcinoma only)	T2a Tumour invades beyond the wall of the bile duct to surrounding adipose tissue
Specify margin(s), if possible	T2b Tumour invades adjacent hepatic parenchyma
	T3 Tumour invades unilateral branches of the portal vein or hepatic artery
LYMPH NODE STATUS	T4 Tumour invades main portal vein or its branches
Cannot be assessed	bilaterally; or the common hepatic artery; or unilateral second-order biliary radicals with
No nodes submitted or found	contralateral portal vein or hepatic artery
Number of lymph nodes examined	involvement
○ Not involved	Regional lymph nodes (pN)
O Involved	No nodes submitted or found
Number of involved lymph nodes	HEPATOCELLULAR CARCINOMA & INTRAHEPATIC
Number cannot be determined	CHOLANGIOCARCINOMA (Liver including intrahepatic bile ducts and excluding perhilar bile ducts)
ANCILLARY STUDIES	NX Regional lymph nodes cannot be assessed
Not performed	NX Regional lymph nodes cannot be assessedNO No regional lymph node metastasis
Performed, specify	N1 Regional lymph node metastasis
	PERIHILAR CHOLANGIOCARCINOMA
	(Perihilar bile ducts)
	NX Regional lymph nodes cannot be assessed
DATHOLOGICAL STAGING (LITCS TNM 9th adition)	No regional lymph node metastasis
PATHOLOGICAL STAGING (UICC TNM 8th edition) ^a	N1 Metastases to 1-3 regional lymph nodes
Primary tumour (pT)	N2 Metastases to 4 or more regional lymph nodes
INTRAHEPATIC CHOLANGIOCARCINOMA ^b (Intrahepatic bile ducts)	Distant metastasis (pM)
TX Primary tumour cannot be assessed	Not applicable
To No evidence of primary tumour	M1 Distant metastasis
Tis Carcinoma in situ (intraductal tumour)	
T1a Solitary tumour 5 cm or less in greatest dimension	TNM Descriptors (only if applicable) (select all that apply)
without vascular invasion	m - multiple primary tumours
T1b Solitary tumour more than 5 cm in greatest dimension without vascular invasion	r - recurrent y - post-therapy
 T2 Solitary tumour with intrahepatic vascular invasion or multiple tumours, with or without vascular invasion 	^a Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8th Edition, eds by James D. Brierley, Mary K.
T3 Tumour perforating the visceral peritoneum	Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley-Blackwell.
T4 Tumour involving local extrahepatic strcutures by	^b Combined Hepatocellular-Cholangiocarcinomas are staged as per Intrahepatic Cholangiocarcinoma.