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 N indicates multi-select values indicates single select va	SCOPE OF THIS DATASET	
SPECIMEN(S) SUBMITTED (select all that apply)	TUMOUR SITE AND NUMBER	
Not specified	No macroscopic residual tumour	
○ Indeterminate	Tumour ID Specify No./site, if possible	
Liver		
Total hepatectomy		
Segmental resection, specify segment(s) or type of segmentectomy	\Rightarrow	
,		
	\Rightarrow	
Wedge resection, specify site/segment		
	$ \rightarrow $	
Extrahepatic bile duct		
Gallbladder	MAXIMUM TUMOUR DIMENSION	
☐ Diaphragm☐ Lymph nodes, specify site(s), distinguishing between	Cannot be assessed	
portal and extra-portal nodes	Tumour ID Maximum dimension	
	⇒ mm	
	mm	
Other, specify	nm	
	→ mm	
SPECIMEN DIMENSIONS	⇒ mm	
(Indicate greatest measurement for each parameter in an irregularly shaped specimen)		
	For a large number of tumours include a range mm to mm	
mm x mm x mm	Linear extent of tumour along the bile duct	
Length of extrahepatic bile duct (Applicable to perihilar mm	(Applicable to perihilar cholangiocarcinoma mm only, where possible)	
cholangiocarcinoma only)	,	
	HISTOLOGICAL TUMOUR TYPE (Value list from the World Health Organization Classification	
SPECIMEN WEIGHT g	of Tumours of the Digestive System (2019))	
	Hepatocellular carcinoma	
SATELLITOSIS	✓ Intrahepatic cholangiocarcinoma✓ Large duct✓ Small duct✓ Other	
(Applicable to hepatocellular carcinoma only)	Perihilar cholangiocarcinoma	
○ Cannot be assessed ○ Not identified ○ Present	Combined hepatocellular – cholangiocarcinoma	
	Intraductal papillary neoplasm with an associated invasive cassingma	
MACROSCOPIC TUMOUR RUPTURE invasive carcinoma (Applicable to be particular carcinoma and perihilar (Applicable to be particular carcinoma and perihilar (Applicable to be particular carcinoma and perihilar		
(Applicable to hepatocellular carcinoma and perihilar cholangiocarcinoma only)	carcinoma	
Fragmented specimen Ruptured Intact	Undifferentiated carcinomaCarcinoma, type cannot be determined	

Steatohlepaditic Charmoglobe Reutrophil rich Sorrhous No special type No determined No special type No s	HEPATOCELLULAR CARCINOMA SUBTYPE	VASCULAR INVASION	
Other histopathological features (select all that apply) Cannot be determined Early hepstoceillular carrioma Single distinct nodule Large dominant nodule with multiple small satellite nodules Cirrhotomimetic Curinotomimetic Cannot be determined 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 3: Poorly differentiated Grade 3: Poorly differentiated Grade 3: Poorly differentiated Grade 3: Poorly differentiated Fibrosis Cannot be assessed No a widence of primary tumour Macroscopic invasion Tumour confined to liver Tumour onfined to liver Tumour involves wisceral pertoneum Tumour directly invades galibladder Invasion of periductal issue - either adipose or hepatic tissue (Applicable to perihilar cholangiocarcinoma only) Tumour confined to liver Tumour confined to liver Tumour confined to liver Tumour confined to liver Tumour onfined to liver Tumour involves wisceral pertoneum Tumour directly invades other adjacent organs, specify Tumour involves wisceral pertoneum Tumour directly invades galibladder Tumour directly invades other adjacent organs, specify Tumour directly invades other a	○ Clear cell○ Macrotrabecular massive○ Scirrhous○ Fibrolamellar○ Neutrophil-rich○ Lymphocyte-rich	 Not identified Indeterminate Present macroscopically (large portal or hepatic veins) Present microscopically (small portal or hepatic veins or 	
Cannot be determined	TUMOUR GROWTH PATTERN	COEXISTENT PATHOLOGY	
Early hepatocellular carcinoma Single distinct nodule Statosis Steatosis Steatos		Other histopathological features (select a	all that apply)
Cannot be determined Mass-forming Intraductal-growth Periductal infiltrating Mixed mass-forming and periductal infiltrating infiltrating infiltrating infiltrating infiltrating infiltrating infiltration infiltrating infiltrating infiltration	Early hepatocellular carcinoma Single distinct nodule Large dominant nodule with multiple small satellite nodules Cirrhotomimetic	SteatosisSteatohepatitisIron overload	
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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	T0 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		
Cannot be assessed Not involved by invasive carcinoma	portal or hepatic vein or with direct invasion of 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	T0 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)		
	No nodes submitted or found		
Number of involved lymph nodes	HEPATOCELLULAR CARCINOMA & INTRAHEPATIC		
	CHOLANGIOCARCINOMA		
Number cannot be determined	(Liver including intrahepatic bile ducts and excluding perhilar bile ducts)		
ANCILLARY STUDIES	NX Regional lymph nodes cannot be assessed		
○ Not performed	N0 No regional lymph node metastasis		
Performed, specify	N1 Regional lymph node metastasis		
	PERIHILAR CHOLANGIOCARCINOMA (Perihilar bile ducts)		
	NX Regional lymph nodes cannot be assessed		
	N0 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 CHOLANGIOCARCINOMAb			
(Intrahepatic bile ducts)	Distant metastasis (pM)		
TX Primary tumour cannot be assessed	○ Not applicable		
○ T0 No evidence of primary tumour	M1 Distant metastasis		
Tis Carcinoma in situ (intraductal tumour)	TNM Descriptors (only if applicable) (select all that apply)		
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, 8 th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley-Blackwell.		
 ☐ T3 Tumour perforating the visceral peritoneum ☐ T4 Tumour involving local extrahepatic streutures by 	b Combined Hepatocellular-Cholangiocarcinomas are staged as per Intrahepatic Cholangiocarcinoma.		