Liver (Including Intrahepatic Bile Ducts)

Protocol applies to hepatocellular carcinoma and cholangiocarcinoma.

Protocol revision date: January 2005
Based on AJCC/UICC TNM, 6th edition

Procedures
- Cytology (No Accompanying Checklist)
- Incisional Biopsy (No Accompanying Checklist)
- Hepatectomy, Partial or Complete

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The College of American Pathologists offers these protocols to assist pathologists in providing clinically useful and relevant information when reporting results of surgical specimen examinations of surgical specimens. The College regards the reporting elements in the “Surgical Pathology Cancer Case Summary (Checklist)” portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

The College developed these protocols as an educational tool to assist pathologists in the useful reporting of relevant information. It did not issue the protocols for use in litigation, reimbursement, or other contexts. Nevertheless, the College recognizes that the protocols might be used by hospitals, attorneys, payers, and others. Indeed, effective January 1, 2004, the Commission on Cancer of the American College of Surgeons mandated the use of the checklist elements of the protocols as part of its Cancer Program Standards for Approved Cancer Programs. Therefore, it becomes even more important for pathologists to familiarize themselves with the document. At the same time, the College cautions that use of the protocols other than for their intended educational purpose may involve additional considerations that are beyond the scope of this document.
Summary of Changes to Checklist(s)

Protocol revision date: January 2005

No changes have been made to the data elements of the checklist(s) since the January 2004 protocol revision.
Surgical Pathology Cancer Case Summary (Checklist)

**Liver**

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**Digestive System**

**CAP Approved**

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**Protocol revision date:** January 2005

**Applies to invasive carcinomas only**

**Based on AJCC/UICC TNM, 6th edition**

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**LIVER: Resection**

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**Patient name:**

**Surgical pathology number:**

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**Note: Check 1 response unless otherwise indicated.**

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**MACROSCOPIC**

**Specimen Type**

- [ ] Right lobectomy
- [ ] Extended right lobectomy
- [ ] Medial segmentectomy
- [ ] Left lateral segmentectomy
- [ ] Total left lobectomy
- [ ] Explanted liver
- [ ] Other (specify): ____________________________
- [ ] Not specified

**Focality**

- [ ] Solitary (specify location): ____________________________
- [ ] Multiple (specify location): ____________________________

**Tumor Size**

Greatest dimension: ___ cm

*Additional dimensions: ___ x ___ cm

____ Cannot be determined (see Comment)

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**MICROSCOPIC**

**Histologic Type**

- [ ] Hepatocellular carcinoma
- [ ] Fibrolamellar hepatocellular carcinoma variant (specify): ____________________________
- [ ] Combined hepatocellular and cholangiocarcinoma
- [ ] Cholangiocarcinoma, intrahepatic
- [ ] Bile duct cystadenocarcinoma
- [ ] Undifferentiated carcinoma
- [ ] Other (specify): ____________________________
- [ ] Carcinoma, type cannot be determined

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* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
**Histologic Grade**
- Not applicable
- GX: Cannot be assessed
- GI: Well differentiated
- GII: Moderately differentiated
- GIII: Poorly differentiated
- GIV: Undifferentiated/anaplastic
- Other (specify): ____________________________

**Pathologic Staging (pTNM)**

**Primary Tumor (pT)**
- pTX: Cannot be assessed
- pT0: No evidence of primary tumor
- pT1: Solitary tumor with no vascular invasion
- pT2: Solitary tumor with vascular invasion or multiple tumors none more than 5 cm
- pT3: Multiple tumors more than 5 cm or tumor involving a major branch of the portal or hepatic vein(s)
- pT4: Tumor(s) with direct invasion of adjacent organs other than the gallbladder or perforation of visceral peritoneum

**Regional Lymph Nodes (pN)**
- pNX: Cannot be assessed
- pN0: No regional lymph node metastasis
- pN1: Regional lymph node metastasis

Specify: Number examined: ___
Number involved: ___

**Distant Metastasis (pM)**
- pMX: Cannot be assessed
- pM1: Distant metastasis
  *Specify site(s), if known: ____________________________

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Margins (check all that apply)

Parenchymal Margin
___ Cannot be assessed
___ Uninvolved by invasive carcinoma
   Distance of invasive carcinoma from closest margin: ___ mm
   Specify margin: ______________________________
___ Involved by invasive carcinoma

Bile Duct Margin (Cholangiocarcinoma Only)
___ Cannot be assessed
___ Uninvolved by invasive carcinoma
   *___ Carcinoma in situ absent
   *___ Carcinoma in situ present
___ Involved by invasive carcinoma

Other Margin
Specify margin: ______________________________
___ Cannot be assessed
___ Uninvolved by invasive carcinoma
___ Involved by invasive carcinoma

*Venous (Large Vessel) Invasion (V)
*___ Absent
*___ Present
*___ Indeterminate

*Additional Pathologic Findings (check all that apply)
*___ None identified
*___ Hepatocellular dysplasia
*___ Ductal dysplasia
*___ Cirrhosis/fibrosis
*___ Iron overload
*___ Hepatitis (specify type): ______________________________
*___ Other (specify): ______________________________

*Comment(s)

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