**INTRAHEPATIC BILE DUCT STAGING FORM**

<table>
<thead>
<tr>
<th>Clinical Extent of Disease before any treatment</th>
<th>Stage Category Definitions</th>
<th>Pathologic Extent of disease through completion of definitive surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ y clinical-staging completed after neoadjuvant therapy but before subsequent surgery</td>
<td>□ left □ right □ bilateral</td>
<td>□ y pathologic-staging completed after neoadjuvant therapy AND subsequent surgery</td>
</tr>
<tr>
<td>□ no clinical-staging completed after neoadjuvant therapy but before subsequent surgery</td>
<td>Tumor size: _________</td>
<td></td>
</tr>
</tbody>
</table>

**PRIMARY TUMOR (T)**

- T0: No evidence of primary tumor
- T1: Carcinoma in situ (intraductal tumor)
- T2a: Solitary tumor without vascular invasion
- T2b: Solitary tumor with vascular invasion
- T3: Multiple tumors, with or without vascular invasion
- T4: Tumor perforating the visceral peritoneum or involving the local extra hepatic structures by direct invasion

**REGIONAL LYMPH NODES (N)**

- N0: No regional lymph node metastasis
- N1: Regional lymph node metastasis present

**DISTANT METASTASIS (M)**

- M0: No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1: Distant metastasis

**ANATOMIC STAGE + PROGNOSTIC GROUPS**

<table>
<thead>
<tr>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Tis</td>
<td>N0</td>
<td>M0</td>
<td>0</td>
<td>Tis</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>I</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
<td>I</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>II</td>
<td>T2</td>
<td>N0</td>
<td>M0</td>
<td>II</td>
<td>T2</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>III</td>
<td>T3</td>
<td>N0</td>
<td>M0</td>
<td>III</td>
<td>T3</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IV</td>
<td>T4</td>
<td>N0</td>
<td>M0</td>
<td>IV</td>
<td>T4</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Any</td>
<td>T</td>
<td>N1</td>
<td>M0</td>
<td>Any</td>
<td>T</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td>IVB</td>
<td>Any</td>
<td>Any</td>
<td>N1</td>
<td>M1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)**

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**
- Tumor growth pattern
- Primary sclerosing cholangitis
- CA 19-9

**GENERAL NOTES:**
For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y", "v", and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

The "m" suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)/NM.
Data Form for Cancer Staging

INTRAHEPATIC BILE DUCT STAGING FORM

Histologic Grade (G) (also known as overall grade)

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

Grade
- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

Additional Descriptors

Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists’ (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results:

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

Residual Tumor (R)

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

General Notes (continued):

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.

surgical margins is a data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

neoadjuvant treatment is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

- Clinical stage was used in treatment planning (describe): 
- National guidelines were used in treatment planning
- Other (describe):

Physician signature

Date/Time
Data Form for Cancer Staging
INTRAHEPATIC BILE DUCT STAGING FORM

Illustration
Indicate on diagram primary tumor and regional nodes involved.