


Cancer of the Exocrine Pancreas, Ampulla of Vater and Distal Common Bile Duct Histopathology Reporting Proforma



Includes the  International Collaboration on Cancer reporting dataset denoted by *

Family name

Given name(s)

Date of birth

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Date of request

S1.03 Accession number

Requesting doctor - name and contact details

Sex

- Male
 Female
 Intersex/indeterminate

Ethnicity

- Unknown
 Aboriginal/Torres Strait Islander (AU)
 Māori (NZ)
 Other ethnicity:

Mandatory questions (i.e. protocol standards) are in bold (e.g. **S1.03**).

Indicates multi-select Indicates single select

Clinical information

***S1.02/S2.02**

OR

***NEOADJUVANT THERAPY**

- Information not provided
 Not administered
 Administered (select all that apply)

- Chemotherapy
 Radiotherapy
 Other, *specify*

***OPERATIVE PROCEDURE** (select all that apply)

- Whipple pancreatoduodenectomy
 Pylorus-preserving pancreatoduodenectomy
 Distal pancreatectomy
 Total pancreatectomy
 Subtotal pancreatectomy
 Pancreatic resection (tick one of the options above) extended with one or more of the following additionally resected organs/structures:

- Vein
 Superior mesenteric vein
 Portal vein

- Artery(s)
 Superior mesenteric artery
 Common hepatic artery
 Coeliac trunk

Other, *specify*

Other, *specify*

SUPERIOR MESENTERIC VEIN/PORTAL VEIN RESECTION

- Not performed
 Performed, *specify vascular resection*

ADDITIONAL SPECIMENS (select all that apply)

- Liver biopsy
 Peritoneal nodules
 Omentum
 Gallbladder
 Spleen
 Other, *specify*

LOCAL RESIDUAL CANCER POSTSURGERY

INVOLVEMENT OF ADJACENT ORGANS

NEW PRIMARY CANCER OR RECURRENCE

- New primary
 Regional (local) recurrence
 Distant metastases, *describe*

RELEVANT PATIENT OR FAMILY HISTORY

G1.01 COPY TO DOCTORS

S1.04 PRINCIPAL CLINICIAN

G1.02 OTHER CLINICAL COMMENTS

Macroscopic findings

S2.01 SPECIMEN LABELLED AS

S2.02 *OPERATIVE PROCEDURE (select all that apply)

- Whipple pancreatoduodenectomy
 Pylorus-preserving pancreatoduodenectomy
 Distal pancreatectomy
 Total pancreatectomy
 Subtotal pancreatectomy
 Pancreatic resection (tick one of the options above) extended with one or more of the following additionally resected organs/structures:

- Vein
 Superior mesenteric vein
 Portal vein

- Artery(s)
 Superior mesenteric artery
 Common hepatic artery
 Coeliac trunk

Other, *specify*

Other, *specify*

S2.03 *TUMOUR FOCALITY

- Unifocal
 Multifocal, *specify number of tumours in specimen*

Cannot be assessed, *specify*

S2.04 *TUMOUR SITE (select all that apply)

- No macroscopically visible tumour
 Pancreatic head
 Pancreatic body
 Pancreatic tail
 Pancreatic neck
 Bile duct
 Ampulla of Vater
 Duodenum
 Other, *specify*

S2.05 *TUMOUR DIMENSIONS

- Cannot be assessed, *specify*

Maximum tumour dimension (largest tumour)

Additional dimensions (largest tumour)

 x

Dimensions of additional smaller tumour foci

 x x x x

Method of measurement (in case of neoadjuvant treatment)^a

- Approach 1 (largest overall dimensions)
 Approach 2 (summation of dimensions of each tumour focus)

^a See Note for an explanation of the approaches to the method of measurement following neoadjuvant treatment.

S2.06 MACROSCOPIC TUMOUR DESCRIPTION

TYPE OF AMPULLARY TUMOUR

Conditional on the tumour being located in the ampullary region.

- Intra-ampullary
 Mixed intra-ampullary and peri-ampullary
 Peri-ampullary

S2.07 MACROSCOPIC DISTANCE OF TUMOUR TO MARGINS/SURFACES

Pancreatic transection

Not applicable

Superior mesenteric artery

Not applicable

Posterior pancreatic

Not applicable

Superior mesenteric vein/vascular groove

Not applicable

Anterior pancreatic

Not applicable

Bile duct

Not applicable

Proximal intestinal/gastric

Not applicable

Distal intestinal

Not applicable

Other margin/surface

Not applicable

Margin/surface

G2.01 EVIDENCE OF OTHER ABNORMALITY OR COEXISTING PATHOLOGY

- Not present
- Present

G2.02 TISSUE BLOCK FOR RESEARCH OR TISSUE BANK

- Not taken
- Taken

G2.03 PHOTOGRAPHS

- Not taken
- Available

S2.08 BLOCK IDENTIFICATION KEY

G2.04 OTHER MACROSCOPIC COMMENTS

Microscopic findings

S3.01 *HISTOLOGICAL TUMOUR TYPE

(Value list from the World Health Organization Classification of Tumours of the Gastrointestinal Tract (2019))

Exocrine pancreas

- Ductal adenocarcinoma
 - Ductal adenocarcinoma not otherwise specified (NOS)
 - Colloid carcinoma
 - Poorly cohesive carcinoma
 - Signet-ring cell (poorly cohesive cell) carcinoma
 - Medullary carcinoma NOS
 - Adenosquamous carcinoma
 - Hepatoid carcinoma
 - Invasive micropapillary carcinoma
 - Large cell carcinoma with rhabdoid phenotype
 - Carcinoma, undifferentiated, NOS
 - Undifferentiated carcinoma with osteoclast-like giant cells
- Acinar cell carcinoma
 - Acinar cell cystadenocarcinoma
 - Mixed acinar-neuroendocrine carcinoma
 - Mixed acinar-endocrine-ductal carcinoma
 - Mixed acinar-ductal carcinoma
 - Acinar cell carcinoma, NOS
- Pancreatoblastoma
- Solid pseudopapillary neoplasm of the pancreas
 - Solid pseudopapillary neoplasm with high-grade carcinoma

Ampulla of Vater

- Adenocarcinoma, NOS
 - Mucinous adenocarcinoma
 - Signet-ring cell adenocarcinoma
 - Medullary carcinoma, NOS
 - Adenocarcinoma, intestinal-type
 - Pancreatobiliary-type carcinoma
 - Tubular adenocarcinoma

Distal common bile duct

- Adenocarcinoma, NOS
 - Adenocarcinoma, intestinal type
 - Clear cell adenocarcinoma NOS
 - Mucinous cystic neoplasm with associated invasive carcinoma
 - Poorly cohesive carcinoma
 - Intracystic papillary neoplasm with associated invasive carcinoma
- Squamous cell carcinoma NOS
- Carcinoma, undifferentiated NOS
- Adenosquamous carcinoma
- Cholangiocarcinoma
- Other, *specify*

S3.02 *HISTOLOGICAL TUMOUR GRADE

- Not applicable
- Grade 1: Well differentiated
- Grade 2: Moderately differentiated
- Grade 3: Poorly differentiated or undifferentiated
- Grade X: Cannot be assessed

S3.03 *EXTENT OF INVASION (select all that apply)

- Cannot be assessed
- No evidence of primary tumour
- No invasion (carcinoma in situ/high grade dysplasia)
- Tumour is confined to pancreas
- Invasion into ampulla of Vater
- Invasion into duodenum
- Invasion into common bile duct
- Invasion into peripancreatic soft tissues
- Invasion into spleen
- Invasion into splenic vein/artery
- Invasion into vascular resection
- Invasion into venous resection

Specify which vein

Specify maximum depth of invasion

- Tunica adventitia
- Tunica media
- Tunica intima
- Vascular lumen

- Invasion into arterial resection
- Specify which artery(s)

Specify maximum depth of invasion

- Tunica adventitia
- Tunica media
- Tunica intima
- Vascular lumen

- Invasion into coeliac axis
- Invasion into other adjacent structure(s)/organ(s), *specify*

S3.04 MICROSCOPIC TUMOUR SITE (select all that apply)

- Pancreas
 - Head of pancreas
 - Neck of pancreas
 - Body of pancreas
 - Tail of pancreas
- Uncinate process
- Ampulla of Vater
- Common bile duct (extrapancreatic or intrapancreatic)
- Duodenum
- Other, *specify*

S3.05 *MAXIMUM TUMOUR DIAMETER

(Record for each tumour identified)

<input type="text" value="mm"/>	<input type="text" value="tumour"/>
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S3.06 *LYMPHATIC AND VENOUS INVASION

- Not identified
- Present
 - Lymphatic invasion
 - Venous invasion

S3.07 *PERINEURAL INVASION

- Not identified
- Present

S3.08 *RESPONSE TO NEOADJUVANT THERAPY

- No neoadjuvant treatment
- Complete response – no viable cancer cells (score 0)
- Near complete response – single cells or rare groups of cancer cells (score 1)
- Partial response – residual cancer with evident tumour regression (score 2)
- Poor or no response – extensive residual cancer with no evident tumour regression (score 3)
- Cannot be assessed, *specify*

S3.08 *MARGIN STATUS^b

Pancreatic transection margin

- Not applicable
- Cannot be assessed
- Involved
 - Invasive carcinoma
 - High grade dysplasia

Not involved
Distance of tumour from closest margin

Bile duct transection margin

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin

Gastric/proximal duodenal transection margin

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin

Posterior dissection margin

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin

Superior mesenteric artery (SMA) dissection margin

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin

Superior mesenteric vein (SMV) dissection margin

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin

Anterior pancreatic surface

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin

Transection margins of venous resection

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin

Transection margins of arterial resection

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin

Other margin(s), *specify*

- Not applicable
- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin

^b See Note for the definition of margin involvement and for an explanation of the various specimen margins and surfaces.

S3.10 *LYMPH NODE STATUS

- Cannot be assessed
- No nodes submitted or found

Number of lymph nodes examined

- Not involved
- Involved

Number of involved lymph nodes

S3.11 *DISTANT METASTASES

- Not assessed
- Not identified
- Present, *specify site(s)*

G3.01 *COEXISTENT PATHOLOGICAL ABNORMALITIES

(select all that apply)

- Chronic pancreatitis
- Pancreatic intraepithelial neoplasia, *specify highest grade*

- Intraductal papillary mucinous neoplasia, *specify highest grade*

- Neuroendocrine tumour, *specify grade*

- Other, *specify*

G3.02 ADDITIONAL MICROSCOPIC COMMENT

Ancillary findings

G4.01 *ANCILLARY STUDIES

- Not performed
- Performed, *specify*

Synthesis and overview

S5.01 *PATHOLOGICAL STAGING (AJCC TNM 8th)

TNM Descriptors (only if applicable) (select all that apply)

- m - multiple primary tumours
- r - recurrent
- y - post-therapy

Primary tumour (pT)*

PANCREAS

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- Tis Carcinoma in situ. This includes high-grade pancreatic intraepithelial neoplasia (PanIn-3), intraductal papillary mucinous neoplasm with high-grade dysplasia, intraductal tubulopapillary neoplasm with high-grade dysplasia, and mucinous cystic neoplasm with high-grade dysplasia.
- T1 Tumour ≤2 cm in greatest dimension
 - T1a Tumour ≤0.5 cm in greatest dimension
 - T1b Tumour >0.5 cm and <1 cm in greatest dimension
 - T1c Tumour 1-2 cm in greatest dimension
- T2 Tumour >2 cm and ≤4 cm in greatest dimension
- T3 Tumour >4 cm in greatest dimension
- T4 Tumour involves coeliac axis, superior mesenteric artery, and/or common hepatic artery, regardless of size

AMPULLA OF VATER

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- Tis Carcinoma in situ.
- T1 Tumour limited to ampulla of Vater or sphincter of Oddi (perisphincteric invasion) and/or into the duodenal submucosa
 - T1a Tumour limited to ampulla of Vater of sphincter of Oddi
 - T1b Tumour invades beyond the sphincter of Oddi (perisphincteric invasion) and/or into the duodenal submucosa
- T2 Tumour invades into the muscularis propria of the duodenum
- T3 Tumour directly invades the pancreas (up to 0.5 cm or tumour extends more than 0.5 cm into the pancreas, or extends into the peripancreatic or periduodenal tissue or duodenal serosa without involvement of the coeliac axis or superior mesenteric artery
 - T3a Tumour directly invades pancreas (up to 0.5 cm)
 - T3b Tumour extends more than 0.5 cm into the pancreas, or extends into the peripancreatic tissue or periduodenal tissue or duodenal serosa without involvement of the coeliac axis or superior mesenteric artery
- T4 Tumour involves coeliac axis, superior mesenteric artery, and/or common hepatic artery, irrespective of size

DISTAL BILE DUCT

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- Tis Carcinoma in situ/high-grade dysplasia
- T1 Tumour invades the bile duct wall with a depth less than 5 mm
- T2 Tumour invades the bile duct wall with a depth of 5-12 mm
- T3 Tumour invades the bile duct wall with a depth greater than 12 mm
- T4 Tumour involves the coeliac axis, superior mesenteric artery, and/or common hepatic artery

Regional lymph node (pN)

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Metastasis in one to three regional lymph nodes
- N2 Metastasis in four or more regional lymph nodes

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S5.02 Year and edition of staging system

G5.01 DIAGNOSTIC SUMMARY
Include: Operative procedure, Tumour location(s), Tumour type, Tumour size, Tumour grade, Tumour stage, Lymph node status, Margin status.

S5.03 OVERARCHING COMMENT

G5.02 Edition/version number of the Cancer Structured Reporting Protocol.