**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 *. 

**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 pancreateoduodenectomy
- Pylorus-preserving pancreateoduodenectomy
- 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**

**INVASION 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**

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**Page 1 of 6**
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

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)
  \[ \text{mm} \]
- Additional dimensions (largest tumour)
  \[ \text{mm} \times \text{mm} \]
- Dimensions of additional smaller tumour foci
  \[ \text{mm} \times \text{mm} \times \text{mm} \]
  \[ \text{mm} \times \text{mm} \times \text{mm} \]
- 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

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

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
  - 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)

<table>
<thead>
<tr>
<th>Tumour Site</th>
<th>Diameter (mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancreas</td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
</tr>
<tr>
<td>Body</td>
<td></td>
</tr>
<tr>
<td>Tail</td>
<td></td>
</tr>
<tr>
<td>Uncinate</td>
<td></td>
</tr>
<tr>
<td>Ampulla</td>
<td></td>
</tr>
<tr>
<td>Common bile duct</td>
<td></td>
</tr>
<tr>
<td>Duodenum</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### 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

#### Pancreatic transection margin
- Not applicable
- Cannot be assessed
- Involved
  - Invasive carcinoma
  - High grade dysplasia
- Not involved

#### Bile duct transection margin
- Not applicable
- Cannot be assessed
- Involved
- Not involved

#### Gastric/proximal duodenal transection margin
- Not applicable
- Cannot be assessed
- Involved
- Not involved

#### Posterior dissection margin
- Not applicable
- Cannot be assessed
- Involved
- Not involved

#### Superior mesenteric artery (SMA) dissection margin
- Not applicable
- Cannot be assessed
- Involved
- Not involved

#### Superior mesenteric vein (SMV) dissection margin
- Not applicable
- Cannot be assessed
- Involved
- Not involved

#### Anterior pancreatic surface
- Not applicable
- Cannot be assessed
- Involved
- Not involved

#### Transection margins of venous resection
- Not applicable
- Cannot be assessed
- Involved
- Not involved

#### Transection margins of arterial resection
- Not applicable
- Cannot be assessed
- Involved
- Not involved

#### Other margin(s), specify

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*See Note for the definition of margin involvement and for an explanation of the various specimen margins and surfaces.*
### Ancillary findings

**G4.01 *ANCILLARY STUDIES***

- Not performed
- Performed, specify

### Synthesis and overview

**SS.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)**

- 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 or 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

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G5.01 DIAGNOSTIC SUMMARY

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

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S5.03 OVERARCHING COMMENT

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

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