

# **Gallbladder**

**Protocol applies to all invasive carcinomas of the gallbladder, including those showing focal endocrine differentiation.**

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

## **Procedures**

- **Cholecystectomy**
- **Cholecystectomy with Partial Hepatectomy**
- **Cholecystectomy with Lymph Node Dissection**

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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)**

*Protocol revision date: January 2005  
 Applies to invasive carcinomas only  
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**GALLBLADDER: Resection/Cholecystectomy**

Patient name:

Surgical pathology number:

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

**MACROSCOPIC****Specimen Type**

- Cholecystectomy  
 Cholecystectomy with partial hepatectomy  
 Other (specify): \_\_\_\_\_  
 Not specified

**Tumor Site (check all that apply)**

- Fundus  
 Body  
 Neck  
 Indeterminate  
 Not specified

**Tumor Size**

Greatest dimension: \_\_\_ cm

\*Additional dimensions: \_\_\_ x \_\_\_ cm

 Cannot be determined (see Comment)

**MICROSCOPIC****Histologic Type**

- Adenocarcinoma
- Papillary adenocarcinoma
- Adenocarcinoma, intestinal type
- Adenocarcinoma, gastric foveolar type
- Mucinous adenocarcinoma
- Clear cell carcinoma
- Adenosquamous carcinoma
- Small cell carcinoma
- Large cell neuroendocrine carcinoma
- Undifferentiated carcinoma
- Other (specify): \_\_\_\_\_
- Carcinoma, type cannot be determined

**Histologic Grade**

- Not applicable
- GX: Cannot be assessed
- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated
- G4: Undifferentiated
- Other (specify): \_\_\_\_\_

**Pathologic Staging (pTNM)**Primary Tumor (pT)

- pTX: Cannot be assessed
- pT0: No evidence of primary tumor
- pTis: Carcinoma in situ
- pT1: Tumor invades lamina propria or muscle layer
  - pT1a: Tumor invades lamina propria
  - pT1b: Tumor invades muscle layer
- pT2: Tumor invades perimuscular connective tissue; no extension beyond serosa or into liver
- pT3: Tumor perforates serosa (visceral peritoneum) and/or directly invades the liver and/or other adjacent organ or structure, such as the stomach duodenum, colon, or pancreas, omentum or extrahepatic bile ducts
- pT4: Tumor invades main portal vein or hepatic artery or invades two or more extrahepatic organs or structures

\* 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.

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: \_\_\_\_\_

**Margins (check all that apply)**

- Cannot be assessed
- Margins uninvolved by invasive carcinoma
- Distance of invasive carcinoma from closest margin:  mm
- Specify margin: \_\_\_\_\_
- Margins involved by invasive carcinoma
- Specify margin: \_\_\_\_\_
- Cystic duct margin uninvolved by in situ carcinoma
- Cystic duct margin involved by in situ carcinoma

**\*Venous/Lymphatic (Large/Small Vessel) Invasion (V/L)**

- \*  Absent
- \*  Present
- \*  Indeterminate

**\*Perineural Invasion**

- \*  Absent
- \*  Present
- \*  Indeterminate

**\*Additional Pathologic Findings (check all that apply)**

- \*  None identified
- \*  Dysplasia/adenoma
- \*  Acute cholecystitis
- \*  Cholelithiasis
- \*  Chronic cholecystitis
- \*  Other (specify): \_\_\_\_\_

**\*Comment(s)**

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