**Appendix G Reporting proforma for liver resection: gallbladder cancer**

Surname: Forenames: Date of birth:

Sex: CHI/NHS no: Hospital:

Hospital no: Date of receipt: Date of reporting:

Report no: Pathologist: Surgeon:

**Gross description**

Type of specimen: Cholecystectomy (cancer not previously suspected) □

En bloc gall bladder and liver □ List liver segments resected :…….............….

Staged liver resection □ List liver segments resected :….............……….

Previous gall bladder report reviewed □ Slides reviewed □ pT stage ………

Previous report not available □

**Gall bladder**

Dimensions: Length:……mm Width:…………mm Maximum wall thickness:…………mm

Mucosal aspect of tumour: Papillary/exophytic □ Plaque/infiltrative □

Location of tumour: Peritoneal side □ Hepatic side □ Both or not assessable □

Maximum dimension of tumour ………….mm

Gall stones present? Yes □ No □

Length of cystic duct ……..mm Other bile ducts resected? Yes □ No □

**Liver resections**:

Specimen weight………………………g

Specimen dimensions: Antero-posterior ……mm Medio-lateral ……mm Supero-inferior……mm

Direct invasion of liver Yes □ No □

If yes: depth of liver invasion ............mm Distance from nearest hepatic resection margin ………………..mm

Hepatic metastases present Yes □ No □

Invasion of adherent or adjacent organ Yes □ No □ If yes, which organ ……………….............…..

Lymph node(s) received Yes □ No □

Includes non-regional nodes? Yes □ No □

**Histology**

**Tumour grade/differentiation** (adenocarcinoma): Well □ Moderate □ Poor □

Other histological type □ (specify)………..........….

**Depth of invasion**

Lamina propria □ Muscular layer □ Beyond muscle □

Perforates serosa □ Invades liver □

Invades other organs Yes □ No □ If yes, which…………........................

Cystic duct: Involved □ BilIN □ No BilIN □

Other ducts resected Yes □ No □ If yes: involved by dysplasia/BilIN: Yes □ No □

Tumour cells present at any resection margin: Yes □ No □

Indicate which margin: Hepatic □ Bile duct □ Other □ If other please state which …………………………….

If margins are clear: distance to resection margin L <1 mm □ 1–10 mm □ state distance: ……..mm   
>10 mm □

Microscopic vascular invasion identified: Present □ not identified □

Perineural invasion identified: Present □ not identified □

Best block of tumour for molecular testing: ……………..

Number of lymph nodes examined: ………….. Number of lymph nodes with metastases: ………….

**Comments/additional information**

**Pathological staging: gall bladder carcinoma** pT…….. pN………

PTis Carcinoma in situ*,* high gradeBiliN / ICPN

pT1a Tumour invades lamina propria

pT1b Tumour invades muscular layer

pT2a Tumour invades perimuscular connective tissue on the peritoneal side with no extension to the serosa

pT2b Tumour invades perimuscular connective tissue on the hepatic side with no extension into the liver

pT3 Tumour perforates the serosa (visceral peritoneum) and/or directly invades the liver and/or one other adjacent organ or structure, such as the stomach, duodenum, colon, pancreas, omentum or extra-hepatic bile ducts.

pT4 Tumour invades the main portal vein or hepatic artery or invades 2 or more extrahepatic organs or structures

pN0 No regional lymph node metastases

pN1 Metastasis to 1–3 regional lymph node pN2 metastasis to 4 or more regional nodes. (Record non-regional lymph node metastases as pM1)

**Signature of pathologist ………………......................... Date …./…./……..**

**SNOMED-CT codes**