

Gallbladder, Tumor

(4.15 Gallbladder_Tumor; Updated August 9th, 2019 by Robert J Propst, MD)

SAMPLE DICTATION

(Labeled: ____, ____; ____) Received ____ is a __ x __ x __ cm gallbladder.

Major pathologic finding(s): The mucosa shows a __ x __ x __ cm (color, exophytic/endophytic/ulcerated, single/multifocal) mass on the (fundus/neck/body/cystic duct) of the (hepatic/peritoneal side). The mass is __ cm from the cystic duct margin. The mass extends to a depth of __ cm within the up to __ cm thick wall and is __ cm from the adventitial margin **OR** The mass is grossly superficial and does not extend within the up to __ cm thick wall. There is/ is no macroscopic tumor perforation.

Other findings: The remaining mucosa is (color) and (velvety/trabeculated/ulcerated/flattened). The (intact/perforated/previously torn) serosa is (color and smooth **OR** with attached adhesions/purulent exudate). The cystic duct measures __ cm in diameter and is (patent/obstructed by a calculus/an aggregate of calculi). The lumen contains (color) viscous bile and (a single __ x __ x __ cm (color and shape) calculus **OR** no calculi are present within the lumen or the container). A cystic duct lymph node is/is not identified.

Specimen Handling: Ink key: ____ = adventitia; ____ = cystic duct. (RS / TE, 6 caps)

SUGGESTED SAMPLING

1-3: Tumor, full thickness showing the greatest depth of invasion including inked adventitial margin

4: Cystic duct margin, en face

5: Tumor and adjacent uninvolved

6: Uninvolved

> 7: Additional lesions/lymph node(s)

STAGING CRITERIA (AJCC 8TH EDITION)

- Depth of invasion and/or infiltration of adjacent structures is the primary criteria for pT staging.
- Noninvasive gallbladder tumors with a papillary growth pattern (intracystic papillary neoplasms) are classified as pTis and multiple sections should be examined to exclude invasive cancer.
- Tumors extending beyond the muscularis propria are subdivided based on involvement of the perimuscular tissue on the peritoneal side (T2a) or the hepatic side (T2b), with the latter associated with a worse outcome. If both sides are involved, the tumor is categorized as T2b.
- pN status is determined by the number of positive lymph nodes (<3 vs. 4 or more)
- pM status is determined by presence of metastatic disease *or non-regional lymph node metastases*

ADDITIONAL CONSIDERATIONS

- Evaluation of at least six lymph nodes is recommended.
- The adventitia represents an important surgical margin.
- Submit additional sections of lymph node, additional lesions, or liver parenchyma if present.