Session: Biliary & Pancreas Invited Lecture 4

Cystic duct cancer: is it GB cancer or bile duct cancer?

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Abstract

Cystic duct cancer is rare. “Cystic duct carcinoma” was defined by Farrar (1951) as 1) tumor restricted to cystic duct, 2) no evidence of neoplasm involving gall bladder, hepatic or common bile duct, 3) histological examination confirming the presence of cancer cells. On the other hand, since most of the biliary tract carcinomas are detected as an advanced stage of tumor, the modified criteria have been proposed from several Japanese researchers on practical viewpoint; it is defined as a tumor with its center located in the cystic duct (Yokoyama Y, 2008; Nakata T, 2009). Furthermore, Nakata et al. (2009) proposed four clinical types based on the extent of tumor spread: Type I, the tumor is restricted wholly within the cystic duct; Type II, the tumor extends into the lumen of the gallbladder; Type III, the tumor extends to the common hepatic duct or the common bile duct; Type IV, the tumor extends to both the gallbladder and bile duct. “Cystic duct carcinoma” is classified as gallbladder carcinoma by the “General Rules for Clinical and Pathological Studies on Cancer of the Biliary Tract” by Japanese Society of Hepato-Biliary-Pancreatic Surgery (2013). In the 7th edition of the American Joint Committee on Cancer (AJCC) manual, cystic duct cancer was moved from the extrahepatic bile duct cancer to the gallbladder cancer staging chapter. The 8th edition of the Union for International Cancer Control (UICC) TNM classification book is also classified as gallbladder carcinoma. According to the several reports, however, “cystic duct carcinoma” seems to be close to the nature of bile duct carcinoma compared to gallbladder carcinoma. There is still room to do research and discuss there. In addition, to determine the precise tumor location/ extension including intraepithelial spread, standardized pathological handling and sectioning of the specimens including serial histologic sampling is essential.