Form ID: CCA-02.1

CASCAP: Cholangiocarcinoma Screening and Care Program		CCA-02.1
HOSPCODE: ☐☐☐☐☐ (Code assigned by the MOPH)	**PID:** ☐☐☐☐☐ (Code obtained from www.cascap.in.th)	

Confirmatory Diagnosis Form

1. Exam Date ☐☐ / ☐☐ / ☐☐☐☐ (Example 15/12/2513)

2. Confirmatory Diagnosis based on:
❑ 1. CT ❑ 2. MRI ❑ 3. Others, specify…….

3. Finding and location of tumor in the bile duct
- ❑ 0. Normal
- ❑ 1. Intrahepatic → ❑1.1 Right lobe ❑1.2 Left lobe
- ❑ 2. Perihilar → ❑2.1 BC 1 ❑2.2 BC 2 ❑2.3 BC 3a ❑2.4 BC 3b ❑2.5 BC 4
- ❑ 3. Distal
- ❑ 4. Not CCA, please specify …… ➡ Stop data collection

4. Tumor morphology
❑ 1. Mass forming (nodular) size…….cm
❑ 2. Periductal infiltrating type
❑ 3. Intraductal type size…….cm
❑ 4. Mixed type

5. Hepatic artery ❑ 1. Normal ❑ 2. Encasement

6. Hepatic vein ❑ 1. Normal ❑ 2. Encasement

7. Portal vein ❑ 1. Normal ❑ 2. Encasement

8. Lymph node
❑1.Normal ❑2.Positive node along hepatoduodenal ligament ❑3.Positive at others nodes

9. Adjacent organ involvement / Distant metastases
❑ 0. No
❑ 1. Yes →
- ❑ 1. Lymph node ❑ 2. Lungs and pleura ❑ 3. Bone ❑ 4. Brain
- ❑ 5. Peritoneum ❑6. Others, specify;……..……..

10. Remarks:

Diagnosed by…… ☐☐☐☐☐ ❑ 1. Non-MD ❑ 2. MD
Doctor name (License code)

Version 5 Date: 31 January 2014