# Appendix D Reporting proforma for penile tumours

Surname……………………… Forenames………………….… Date of birth…………….. Sex…….

Hospital………….……….…… Hospital no……………….……. NHS/CHI no…………

Date of receipt………….……. Date of reporting………..…….. Report no……………

Pathologist……….…………… Surgeon………………….……………………………….



**Relevant clinical information/associated or previous specimens (histology and/or cytology)**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Macroscopy** |  |  |  |  |
| **Nature of specimen/procedure** | |  |  |  |
| Small incision/punch biopsy |  | **Tumour location** (tick all that apply) | |  |
| Excision biopsy |  | Glans penis | Sulcus | Foreskin |
| Circumcision |  | Maximum tumour width…..... mm | | Not assessable |
| Glans resurfacing |  | Tumour thickness………….. mm | | Not assessable |
| Glansectomy |  | Number of tumours………. | |  |
| Partial penectomy |  | *or* |  |  |
| Radical penectomy |  | No obvious tumour visible macroscopically | | |
| Site not specified |  |  |  |  |
| Other (specify) | …………………………………………………………. | | | |

Other tissues/organs included………………………….............................................

**Microscopy**

**Tumour subtypes (specify all subtypes present if tumour is mixed)**

HPV-independent Squamous cell carcinoma 

HPV-independent Squamous cell carcinoma 

Squamous cell carcinoma NOS 

Adenosquamous carcinoma 

Mucinous carcinoma 

Specify subtype………………………………………………………………………

Other (specify) ………………………………………………………………………….

**Degree of differentiation (by worst area)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Well differentiated (Grade 1) |  |  |  |  |  |
| Moderately differentiated (Grade 2) | |  |  |  |  |
| Poorly differentiated (Grade 3) | |  |  |  |  |
| Sarcomatoid areas present | |  |  |  |  |
| Maximum tumour width……………..mm | | Not assessable | |  |  |
| Maximum tumour thickness………...mm | | Not assessable | |  |  |
| **Associated PeIN** | Present |  | Not identified | Cannot be assessed |  |
| Subtype of PeIN | HPV-independent  | | HPV-associated  | Not applicable  |  |
| **Lymphovascular invasion** | Present |  | Not identified |  |  |
| **Perineural invasion** | Present |  | Not identified |  |  |

**Tumour extent, penile and foreskin tumours (tick all that apply)**

|  |  |  |
| --- | --- | --- |
| Subepithelial invasion by tumour | Yes | No |
| Invasion of corpus spongiosum | Yes | No |
| Invasion of corpus cavernosum | Yes | No |
| Urethral invasion | Yes | No |
| Invasion of adjacent structures | Yes | No |

**Resection margins**

Indicate sites of positive margins and distance from margins when invasive tumour clearance is 5 mm or less.

|  |  |  |  |
| --- | --- | --- | --- |
| Urethral margin  Distance from margin……… mm | Involved | Not involved | Not assessable/applicable  |
| Peri-urethral tissues  Distance from margin……… mm | Involved | Not involved | Not assessable/applicable  |
| Corpus cavernosum  Distance from margin……… mm | Involved | Not involved | Not assessable/applicable  |
| Circumferential shaft margin  Distance from margin……… mm | Involved | Not involved | Not assessable/applicable  |
| Peripheral cutaneous margin  Distance from margin………. mm | Involved | Not involved | Not assessable/applicable  |
| Peripheral glans margin  Distance from margin……… mm | Involved | Not involved | Not assessable/applicable  |
| Deep margin (NOS)  Distance from margin……… mm | Involved | Not involved | Not assessable/applicable  |
| Other (specify) ………………  Distance from margin………. mm | Involved | Not involved | Not assessable/applicable  |

PeIN at margin Yes No Cannot be assessed

Site(s) of PeIN positive margins………………………………………………….

**Specimen TNM classification and SNOMED coding (foreskin and penile tumours)**

**pTNM classification (TNM 8, 2016) pT……**

**SNOMED codes** including procedure code (see Appendix C)

**T………………….** **M………………….** **P …………………..**

**Comments:**



**Pathologist………………………............** **Date………………………..**



**Notes on staging**

The use of TX is to be avoided if possible and the term ‘at least’ may be added to the stage where it is not possible to fully stage the tumour as in some biopsies and margin positive cases.

N stage differs between penile and urethral TNM staging systems (see Appendix B).