# Appendix E Reporting proforma for distal urethral 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** |  |  |
| Excision biopsy |  | Distal urethra | Mid urethra | Not assessable |
| Urethrectomy |  | Maximum tumour width.......... mm | | Not assessable |
| Glansectomy |  | Maximum tumour thickness..…mm | | Not assessable |
| Partial penectomy |  | Number of tumours……….*……..* | |  |
| Radical penectomy |  | **or** |  |  |
| Site not specified |  | No obvious tumour visible macroscopically | |  |
| Other (specify) | …………………………………………………… | | |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Microscopy**

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

HPV-independent Squamous cell carcinoma 

HPV-associated Squamous cell carcinoma 

Squamous cell carcinoma NOS 

Adenosquamous carcinoma 

Mucinous carcinoma 

Urothelial carcinoma 

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

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

**Degree of differentiation (squamous tumours) (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, urethral tumours (tick all that apply)**

|  |  |  |
| --- | --- | --- |
| Subepithelial invasion by tumour | Yes | No |
| Invasion of corpus spongiosum | Yes | No |
| Invasion of corpus cavernosum | 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Proximal urethral margin  Distance from margin……… mm | Involved | Not involved | Not assessable/applicable  |
| Distance 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 glass 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 (urethral tumours)**

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

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

**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).