URETHRA STAGING FORM

CLINICAL Extent of disease before any treatment		STAGE CATEGOR	PATHOLOGIC Extent of disease through completion of definitive surgery			
after neoad	staging completed juvant therapy but equent surgery	Tumor Size:	LATERALITY: □ left □ right □ bilateral	 y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery 		
	TX T0 Ta Tis T1 T2 T3 T4 Tis pu Tis pd T1 T2 T3 T4	Primary Tumor (T) (male and female) Primary Tumor cannot be assessed No evidence of primary tumor Non-invasive papillary, polypoid, or verruce Carcinoma in situ Tumor invades subepithelial connective tis Tumor invades any of the following: corpus muscle Tumor invades any of the following: corpus capsule, anterior vagina, bladder neck Tumor invades other adjacent organs Urothelial (Transitional Cell) Carcinoma Carcinoma in situ, involvement of the pros Carcinoma in situ, involvement of the pros Tumor invades urethral subepithelial conn Tumor invades any of the following: prosta periurethral muscle Tumor invades any of the following: corpus capsule, bladder neck (extraprostatic ex	Primary tumor cannot be assessed No evidence of primary tumor Non-invasive papillary, polypoid, or verrucous carcinoma Carcinoma in situ Tumor invades subepithelial connective tissue Tumor invades any of the following: corpus spongiosum, prostate, periurethral muscle Tumor invades any of the following: corpus cavernosum, beyond prostatic capsule, anterior vagina, bladder neck Tumor invades other adjacent organs Urothelial (Transitional Cell) Carcinoma of the Prostate Carcinoma in situ, involvement of the prostatic urethra Carcinoma in situ, involvement of the prostatic ducts Tumor invades urethral subepithelial connective tissue Tumor invades any of the following: prostatic stroma, corpus spongiosum,			
	NX N0 N1 N2	REGIONAL LYMP Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis in a single lymph node 2 cm or Metastasis in a single node more than 2 co nodes	d less in greatest dimension m in greatest dimension, or in multiple	□ NX □ N0 □ N1 □ N2		
	M0 M1	No distant metastasis (no pathologic M0; us Distant metastasis	□ M1			

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

(continued on next page)

URETHRA STAGING FORM

				ANATO	MIC S	STAGE • PRO	GNO	OSTIC C	ROUPS		
			Cı	INICAL						Ратно	DLOGIC
G	ROUP	Т	N	M			GI	ROUP	Т	N	M
	0a	Ta	N0	MO				0a	Ta	N0	MO
10	0is	Tis	N0	M0				0is	Tis	NO	M0
_	Olo	Tis pu	N0	M0			_	Olo	Tis pu	N0	M0
		Tis pd	N0	M0					Tis pd	N0	M0
	1	T1	N0	M0				1	T1	N0	M0
	i II	T2	N0	M0				i	T2	N0	M0
	iii	T1	N1	MO				iii	T1	N1	M0
		T2	N1	MO					T2	N1	MO
		T3	N0	MO					T3	N0	MO
		T3	N1	MO					T3	N1	MO
	IV	T4	N0	M0				IV	T4	N0	M0
		T4	N1	MO					T4	N1	M0
		Any T	N2	M0					Any T	N2	M0
		Any T	Any N	M1					Any T	Any N	M1
	Stage un	known									
_	Stage un	KIIOWII						Stage un	known		
			PROGN	IOSTIC FACTORS	S (SITI	E-SPECIFIC FAC	TOR	S)			General Notes:
RF(OHIBED I	FOR STAC			(0	- 000		•,			For identification of special cases of
		SIGNIFIC									TNM or pTNM classifications, the "m"
				estional Society of	Irolog	ic Pathology (ML	10/IC	LID) grade	,		suffix and "y," "r," and "a" prefixes are
World Health Organization/International Society of Urologic Pathology (WHO/ISUP) grade							used. Although they do not affect the stage grouping, they indicate cases				
							needing separate analysis.				
		(0)									
His				n as overall grade)	,	N d .					m suffix indicates the presence of multiple primary tumors in a single
Grading system Grade						site and is recorded in parentheses:					
	2 grade system Grade I or 1					pT(m)NM.					
☐ 3 grade system ☐ Grade II or 2							w profix indicates these cases in				
☐ 4 grade system ☐ Grade III or 3							y prefix indicates those cases in which classification is performed				
□ No 2, 3, or 4 grade system is available □ Grade IV or 4							during or following initial multimodality				
ADDITIONAL DESCRIPTORS the cTNM or p						category is identified by a "y" prefix.					
Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been combined into Lymph-Vascular					The ycTNM or ypTNM categorizes						
	Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist the extent of tumor actually present at										
should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority					the time of that examination. The "y"						
is given to positive results.					categorization is not an estimate of						
	☐ Lymph-Vascular Invasion Not Present (absent)/Not Identified										
☐ Lymph-Vascular Invasion Present/Identified						r prefix indicates a recurrent tumor					
M Nist Assellation					when staged after a disease-free						
☐ Unknown/Indeterminate						interval, and is identified by the "r" prefix: rTNM.					
— Similarity prefix. There's											

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION				

(continued from previous page)

URETHRA STAGING FORM

Residual Tumor (R) The absence or presence of residual tumor after treatment. In some cases with neoadjuvant therapy there will be residual tumor at the primary site at incomplete resection or local and regional disease that extends beyond the RX Presence of residual tumor cannot be assessed R0 No residual tumor R1 Microscopic residual tumor R2 Macroscopic residual tumor	fter treatment because of determined at autopsy: aTNM.
☐ Clinical stage was used in treatment planning (describe):	
□ National guidelines were used in treatment planning □ NCCN	☐ Other (describe): —
Physician signature	Date/Time
HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION