**Standards and datasets for reporting cancers**

**Dataset for penile and distal urethral cancer histopathology reports**

**Appendix C 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………………………................................................

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**Microscopy**

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

Squamous carcinoma (usual type)

Basaloid squamous carcinoma

Warty/condylomatous carcinoma

Verrucous carcinoma

Papillary squamous carcinoma

Sarcomatoid carcinoma

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

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

Well differentiated (Grade 1)

Moderately differentiated (Grade 2)

Poorly differentiated (Grade 3)

Sarcomatoid areas present (Grade 4)

Maximum tumour width……………..mm Not assessable

Maximum tumour thickness………...mm Not assessable

**Associated PeIN**  Present Not identified Cannot be assessed

Subtype of PeIN Undifferentiated Differentiated

**Lymphovascular invasion** Present Not identified Cannot be assessed

**Perineural invasion** Present Not identified Cannot be assessed

**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 Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Peri-urethral tissues Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Corpus cavernosum Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Circumferential shaft margin Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Peripheral cutaneous margin Involved Not involved Not assessable/applicable   
Distance from margin………. mm

Peripheral glans margin Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Deep margin (NOS) Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Other (specify) ……………… Involved Not involved Not assessable/applicable   
Distance from margin………. mm

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 7, 2009) pT……**

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

**T…………………. M…………………. P …………………..**

**Comments:**

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

**Notes on staging**

The substaging of T2 penile tumours is recommended to distinguish between corpus spongiosum invasion (T2a) and corpus cavernosum invasion (T2b).

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 A).

**Appendix D 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………………………................................................

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**Microscopy**

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

Squamous carcinoma (usual type)

Basaloid squamous carcinoma

Warty/condylomatous carcinoma

Verrucous carcinoma

Papillary squamous carcinoma

Sarcomatoid carcinoma

Urothelial carcinoma

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 (Grade 4)

Maximum tumour width……………..mm Not assessable

Maximum tumour thickness………...mm Not assessable

**Associated PeIN**  Present Not identified Cannot be assessed

Subtype of PeIN Undifferentiated Differentiated

**Lymphovascular invasion** Present Not identified Cannot be assessed

**Perineural invasion** Present Not identified Cannot be assessed

**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 Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Distal urethral margin Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Peri-urethral tissues Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Corpus cavernosum Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Circumferential shaft margin Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Peripheral cutaneous margin Involved Not involved Not assessable/applicable   
Distance from margin………. mm

Peripheral glans margin Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Deep margin (NOS) Involved Not involved Not assessable/applicable   
Distance from margin……… mm

Other (specify) ……………… Involved Not involved Not assessable/applicable   
Distance from margin………. mm

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 7, 2009) 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 A).

**Appendix E Reporting proforma for lymph node specimens from patients with penile or urethral carcinoma**

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) including site of primary tumour (penile or urethral)**

**Macroscopy**

Sentinel lymph nodes present

Yes Left (number of sites)………………….

No Right (number of sites)………………….

Inguinal lymph nodes present

Yes Specify site(s) Left

No Right

Other lymph nodes (Pelvic or other)

Yes Specify site(s) Left

No Right

**Microscopy**

**Sentinel lymph nodes**: Present □ Not applicable □

Right Left

Total………………………………… Total………………………….…………..

Number involved…………………... Number involved……….…….………….

Size of largest deposit………….…. Size of largest deposit…………………..

Extracapsular spread: Extracapsular spread:

Present Not identified Present Not identified

Tumour present at margins: Tumour present at margins:

Present Not identified Present Not identified

**Inguinal lymph nodes**: Present □ Not applicable □

Right Total……………...… Left Total.………….….……..

Number involved…………………... Number involved……….…….………….

Size of largest deposit………….…. Size of largest deposit…………………..

Extracapsular spread: Extracapsular spread:

Present Not identified Present Not identified

Tumour present at margins: Tumour present at margins:

Present Not identified Present Not identified

**Other lymph nodes**: Present □ Not applicable □

Site(s)……………………………………………………………..……

Right Total……………...… Left Total.………….….……..

Number involved…………………... Number involved……….…….………….

Size of largest deposit………….…. Size of largest deposit…………………..

Extracapsular spread: Extracapsular spread:

Present Not identified Present Not identified

Tumour present at margins: Tumour present at margins:

Present Not identified Present Not identified

**pTNM classification (TNM 2009) pN**

Patient has primary penile tumour

primary urethral tumour

unknown primary site

**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 (Appendix A).