# Histopathology reporting proforma: urethrectomy or urethral diverticulectomy

*(For squamous tumours of distal penile urethra refer to RCPath penile dataset, 2nd edition.27)*

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**

**…………………………………………………………………………………………………………………..**

**NATURE OF SPECIMEN/PROCEDURE**

Urethrectomy □ Urethral diverticulectomy □ Other (specify)……………………….......................

**MACROSCOPY**

Other tissues/organs included (specify)……………………………………............................................

**Macroscopic tumour assessment**

No macroscopically visible tumour □

*or*

**Tumour location(s)** ………………………………………………………………………………..

**Maximum tumour diameter**........ (mm) **Number of tumours**……….

**Macroscopic extent of invasion:**

No invasion identified □

Tumour invades: Muscular wall □ Corpus spongiosum □ Corpus cavernosum □

 Vagina □ Prostate □ Periprostatic tissue □

 Other adjacent structure (specify)…………………………………………...……….

**Resection margins:**

Not assessable □ Not involved □ Involved □ Site(s)……………………

**Comments**…………………………………………………………………………………………………….

**MICROSCOPY**

**Tumour type**

Urothelial carcinoma □ Squamous cell carcinoma □ Adenocarcinoma □

Mullerian type tumour □ Small cell neuroendocrine carcinoma □

Large cell neuroendocrine carcinoma □ Other (specify)……………………………………...

**Urothelial carcinoma subtype/variant (specify percentage if present)**

Not identified □

Squamous □……% Glandular □ ……% Micropapillary □……%

Nested □……% Plasmacytoid □……% Sarcomatoid □……%

Other (specify with percentages) □……………………………………

**Tumour grade**

Not applicable □ Cannot be determined □

Urothelial carcinoma

 WHO 1973: Grade 1 □ Grade 2 □ Grade 3 □

 WHO 2004: Low grade □ High grade □

Squamous cell carcinoma or adenocarcinoma

 Well differentiated □ Moderately differentiated □ Poorly differentiated □

**Associated CIS:**

Yes (adjacent to tumour) □ Yes (elsewhere) □ No □ Not assessable □

**Lymphovascular invasion:**

Yes □ No □ Not assessable □

**Resection margins:**

Not assessable □ Not involved □ Involved □ Site(s)…………...………

**Regional lymph nodes:**

Not applicable □ Total number..……..... Number +ve…….

Extracapsular spread: Yes □ No □ Not applicable □

**Non-regional nodal metastasis:** Yes □ No □ Not assessable □

**pTNM classification:** pT…… pN…….. pM\*………

\*pM should either be pM1 or not applicable (N/A)

**TNM edition number used:**……..

**SNOMED codes:**  T………………… M………………..

**Further comments:**

……………………………………….......................................................................................................

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