# Histopathology reporting proforma: urinary bladder (cystectomy or diverticulectomy)

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**

Radical cystectomy □ Partial cystectomy □ Diverticulectomy □

**MACROSCOPY**

**Specimen components**

Bladder □ Prostate □ Seminal vesicles □ Penile urethra □ Uterus □ Vaginal cuff □

Fallopian tubes: right □ left □ Laterality not specified □

Ovaries: right □ left □ Laterality not specified □

Ureters: right □ left □ Laterality not specified □

Regional lymph nodes: right □ left □ Laterality not specified □

Sites of regional lymph nodes (specify):…………………………………………………………….……

Non-regional lymph nodes (specify)…………………………………………………...………………….

**Macroscopic tumour assessment**

No macroscopically visible tumour □

*or*

**Tumour location(s)**……………………………..

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

**Macroscopic extent of invasion:**

Cannot be assessed □ Non-invasive tumour □

Invasion into bladder wall □ Invasion into perivesical tissue □

Invasion into peritoneal surface □

Involvement of other adjacent tissues (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 □

Common iliac 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………………………..**