# RENAL PELVIS AND URETER

**Hospital Name/Address**

Presbyterian Hospital of Dallas
Texas Health Resources

**8200 Walnut Hill Lane**
**Dallas, Texas 75231**

**Patient Name/Information**

**Patient name** _____

**Medical Record #** _____

**Date of Classification** _____

Type of Specimen _____ Histopathologic Type _____

Tumor Size _____ Laterality: ☐ Bilateral ☐ Left ☐ Right

## DEFINITIONS

| *Clinical* | *Pathologic* | | |
|---|---|---|---|
| | | **Primary Tumor (T)** | |
| ☐ | ☐ | TX | Primary tumor cannot be assessed |
| ☐ | ☐ | T0 | No evidence of primary tumor |
| ☐ | ☐ | Ta | Papillary non-invasive carcinoma |
| ☐ | ☐ | Tis | Carcinoma *in situ* |
| ☐ | ☐ | T1 | Tumor invades subepithelial connective tissue |
| ☐ | ☐ | T2 | Tumor invades the muscularis |
| ☐ | ☐ | T3 | (For renal pelvis only) Tumor invades beyond muscularis into peripelvic fat or the renal parenchyma |
| ☐ | ☐ | T3 | (For ureter only) Tumor invades beyond muscularis into peri-ureteric fat |
| ☐ | ☐ | T4 | Tumor invades adjacent organs, or through the kidney into the perinephric fat |
| | | **Regional Lymph Nodes (N)** | |
| ☐ | ☐ | NX | Regional lymph nodes cannot be assessed |
| ☐ | ☐ | N0 | No regional lymph node metastasis |
| ☐ | ☐ | N1 | Metastasis in a single lymph node, 2 cm or less in greatest dimension |
| ☐ | ☐ | N2 | Metastasis in a single lymph node, more than 2 cm but not more than 5 cm in greatest dimension; or multiple lymph nodes, none more than 5 cm in greatest dimension |
| ☐ | ☐ | N3 | Metastasis in a lymph node, more than 5 cm in greatest dimension |
| | | **Distant Metastasis (M)** | |
| ☐ | ☐ | MX | Distant metastasis cannot be assessed |
| ☐ | ☐ | M0 | No distant metastasis |
| ☐ | ☐ | M1 | Distant metastasis |
| | | | Biopsy of metastatic site performed ..... ☐Y ..... ☐N |
| | | | Source of pathologic metastatic specimen _____ |

**Stage Grouping**

| | | | | |
|---|---|---|---|---|
| ☐ | ☐ | 0a | Ta | N0 M0 |
| ☐ | ☐ | 0is | Tis | N0 M0 |
| ☐ | ☐ | I | T1 | N0 M0 |
| ☐ | ☐ | II | T2 | N0 M0 |
| ☐ | ☐ | III | T3 | N0 M0 |
| ☐ | ☐ | IV | T4 | N0 M0 |
| | | | Any T | N1 M0 |
| | | | Any T | N2 M0 |
| | | | Any T | N3 M0 |
| | | | Any T | Any N M1 |

**Histologic Grade (G)**

☐ GX Grade cannot be assessed
☐ G1 Well differentiated
☐ G2 Moderately differentiated
☐ G3–4 Poorly differentiated or undifferentiated

**Residual Tumor (R)**

☐ RX Presence of residual tumor cannot be assessed
☐ R0 No residual tumor
☐ R1 Microscopic residual tumor
☐ R2 Macroscopic residual tumor

**Additional Descriptors**

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

☐ **m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.
☐ **y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.
☐ **r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.
☐ **a prefix** designates the stage determined at autopsy: aTNM.

**Prognostic Indicators (if applicable)**

**Notes**

***Additional Descriptors***

**Lymphatic Vessel Invasion (L)**
LX Lymphatic vessel invasion cannot be assessed
L0 No lymphatic vessel invasion
L1 Lymphatic vessel invasion

**Venous Invasion (V)**
VX Venous invasion cannot be assessed
V0 No venous invasion
V1 Microscopic venous invasion
V2 Macroscopic venous invasion

**Staging Support Request:** ☐
**___ Please fax staging form to my office for completion at fax #_____** ☐
**___ Please assign staging form to Dr. _____** ☐
**___ I am unable to stage at this time because workup is incomplete. Please return chart to me in 60 days.** ☐
**Physician initials _____ Date _____**

☐
**Staging Summary: T_____ N_____M_____ Stage Group _____**

Physician's Signature _____ Date_____