URETHRA

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 _____

DEFINITIONS

Clinical	*Pathologic*		
		Primary Tumor (T) *(male and female)*	
☐	☐	TX	Primary tumor cannot be assessed
☐	☐	T0	No evidence of primary tumor
☐	☐	Ta	Non-invasive papillary, polypoid, or verrucous carcinoma
☐	☐	Tis	Carcinoma *in situ*
☐	☐	T1	Tumor invades subepithelial connective tissue
☐	☐	T2	Tumor invades any of the following: corpus spongiosum, prostate, periurethral muscle
☐	☐	T3	Tumor invades any of the following: corpus cavernosum, beyond prostatic capsule, anterior vagina, bladder neck
☐	☐	T4	Tumor invades other adjacent organs
		Urothelial (Transitional Cell) Carcinoma of the Prostate	
☐	☐	Tis pu	Carcinoma *in situ*, involvement of the prostatic urethra
☐	☐	Tis pd	Carcinoma *in situ*, involvement of the prostatic ducts
☐	☐	TI	Tumor invades subepithelial connective tissue
☐	☐	T2	Tumor invades any of the following: prostatic stroma, corpus spongiosum, periurethral muscle
☐	☐	T3	Tumor invades any of the following: corpus cavernosum, beyond prostatic capsule, bladder neck (extraprostatic extension)
☐	☐	T4	Tumor invades other adjacent organs (invasion of the bladder)
		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 node more than 2 cm in greatest dimension, or in multiple nodes
		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
			Tis pu	N0 M0
			Tis pd	N0 M0
☐	☐	I	T1	N0 M0
☐	☐	II	T2	N0 M0
☐	☐	III	T1	N1 M0
			T2	N1 M0
			T3	N0 M0
			T3	N1 M0
☐	☐	IV	T4	N0 M0
			T4	N1 M0
			Any T	N2 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_____