

Family/Last name

Date of birth

DD – MM – YYYY


Given name(s)

Patient identifiers

Date of request

DD – MM – YYYY


Accession/Laboratory number

Elements in **black text** are CORE. Elements in **grey text** are NON-CORE.  indicates multi-select values indicates single select valuesSCOPE OF THIS DATASET **CLINICAL INFORMATION** 

- Information not provided
- Information provided (select all that apply)
- Previous history of penile or urethral cancer, *specify*
-
- Previous therapy, *specify*
-
- Previous HPV infection, *specify*
-
- Other clinical information, *specify*
-

OPERATIVE PROCEDURE (select all that apply) 

- Not specified Glansectomy
- Partial penectomy Circumcision (partial or complete)
- Radical penectomy Incisional/punch biopsy
- Glans preserving Excisional biopsy
- Lymphadenectomy Urethrectomy
- Sentinel
- Left, number of site(s) Right, number of site(s)
-
- Inguinal
- Left Right
- Pelvic
- Left, *specify site(s)*
-
- Right, *specify site(s)*
-
- Other, *specify site(s)*
-
- Left, *specify site(s)*
-
- Right, *specify site(s)*
-
- Other, *specify laterality and site(s)*
-

TUMOUR SITE (select all that apply) 

- No macroscopically visible tumour Indeterminate
- Glans penis Distal penile urethra
- Coronal sulcus Body/shaft of penis
- Foreskin

TUMOUR FOCALITY 

- Unifocal
- Multifocal
- Specify number of tumours

TUMOUR DIMENSIONS 

- Cannot be assessed
- Maximum tumour dimension
- mm
- Additional dimensions
- mm x mm

BLOCK IDENTIFICATION KEY 

(List overleaf or separately with an indication of the nature and origin of all tissue blocks)

HISTOLOGICAL TUMOUR TYPE 

(Value list based on the World Health Organization (WHO) Classification of Urinary and Male Genital Tumours (2022))

- Squamous cell carcinoma, HPV-associated
- Basaloid squamous cell carcinoma
- Warty carcinoma
- Clear cell squamous cell carcinoma
- Lymphoepithelial carcinoma
- Mixed squamous cell carcinomas, *specify subtypes*
-
- Squamous cell carcinoma, HPV-independent
- Squamous cell carcinoma, usual type
- Verrucous carcinoma (including carcinoma cuniculatum)
- Papillary squamous cell carcinoma
- Sarcomatoid squamous cell carcinoma
- Mixed squamous cell carcinomas, *specify subtypes*
-
- Squamous cell carcinoma, NOS
- Other, *specify*
-

HISTOLOGICAL TUMOUR GRADE *(Applicable for resection specimens only)*

- G1: Well differentiated
 G2: Moderately differentiated
 G3: Poorly differentiated
 Sarcomatoid areas present

EXTENT OF INVASION (select all that apply) *(Applicable to biopsy specimens and resection specimens with tumours at the margins)***Primary tumours of the penis and foreskin**

- Cannot be assessed
 Subepithelial/lamina propria invasion by tumour
 Invasion of corpus spongiosum
 Invasion of corpus cavernosum
 Invasion of tunica albuginea
 Invasion of adjacent structures, *specify*

Primary tumours of the distal urethra

- Cannot be assessed
 Subepithelial/lamina propria invasion by tumour
 Invasion of corpus spongiosum
 Invasion of corpus cavernosum
 Invasion of adjacent structures, *specify*

Tumour thickness mm**Depth of invasion** mm**TUMOUR PATTERN OF INVASION** *(Applicable for partial or radical penectomy)*

- Pushing
 Infiltrative
 Other, *specify*

LYMPHOVASCULAR INVASION 

- Indeterminate
 Not identified
 Present

PERINEURAL INVASION 

- Indeterminate
 Not identified
 Present

ASSOCIATED PENILE INTRAEPITHELIAL NEOPLASIA (PeIN) 

- Not identified
 Present
 Warty and/or Basaloid
 Differentiated

MARGIN STATUS **Urethral margin***(Applicable to primary tumours of the penis and foreskin - resections and excision biopsy only)*

- Cannot be assessed
 Not involved

Distance to invasive tumour

 mm OR >5 mm

- Involved by PeIN only
 Involved by invasive carcinoma

Proximal urethral margin*(Applicable to primary tumours of the urethra)*

- Cannot be assessed
 Not involved

Distance to invasive tumour

 mm OR >5 mm

- Involved by PeIN only
 Involved by invasive carcinoma

Peri-urethral tissues

- Cannot be assessed
 Not involved

Distance to invasive tumour

 mm OR >5 mm

- Involved by invasive carcinoma

Corpus cavernosum

- Cannot be assessed
 Not involved

Distance to invasive tumour

 mm OR >5 mm

- Involved by invasive carcinoma

Circumferential shaft margin

- Cannot be assessed
 Not involved

Distance to invasive tumour

 mm OR >5 mm

- Involved by invasive carcinoma

Peripheral cutaneous margin

- Cannot be assessed
 Not involved

Distance to invasive tumour

 mm OR >5 mm

- Involved by PeIN only
 Involved by invasive carcinoma

MARGIN STATUS 

Peripheral glans margin

- Cannot be assessed
- Not involved

Distance to invasive tumour

mm OR >5 mm

- Involved by PeIN only
- Involved by invasive carcinoma

Deep soft tissue margins (NOS)

- Cannot be assessed
- Not involved

Distance to invasive tumour

mm OR >5 mm

- Involved by invasive carcinoma

Other margin, specify

- Not involved

Distance to invasive tumour

mm OR >5 mm

- Involved by PeIN only
- Involved by invasive carcinoma

LYMPH NODE STATUS 

Inguinal nodes - Sentinel

LEFT

- No nodes submitted or found

Number of lymph nodes examined

- Not involved
- Isolated tumour cells only
- Involved

Number of involved lymph nodes

- Number cannot be determined

Maximum dimension of largest deposit mm

Extranodal extension^a

- Indeterminate
- Not identified
- Present

^a Extranodal extension is synonymous with extracapsular extension/spread.

RIGHT

- No nodes submitted or found

Number of lymph nodes examined

- Not involved
- Isolated tumour cells only
- Involved

Number of involved lymph nodes

- Number cannot be determined

Maximum dimension of largest deposit mm

Extranodal extension^a

- Indeterminate
- Not identified
- Present

Inguinal nodes - Non sentinel

LEFT

- No nodes submitted or found

Number of lymph nodes examined

- Not involved
- Isolated tumour cells only
- Involved

Number of involved lymph nodes

- Number cannot be determined

Maximum dimension of largest deposit mm

Extranodal extension^a

- Indeterminate
- Not identified
- Present

RIGHT

- No nodes submitted or found

Number of lymph nodes examined

- Not involved
- Isolated tumour cells only
- Involved

Number of involved lymph nodes

- Number cannot be determined

Maximum dimension of largest deposit mm

Extranodal extension^a

- Indeterminate
- Not identified
- Present

LYMPH NODE STATUS continued 

Pelvic nodes

LEFT

No nodes submitted or found

Number of lymph nodes examined

Not involved

Isolated tumour cells only

Involved

Number of involved lymph nodes

Number cannot be determined

Maximum dimension of largest deposit mm

Extranodal extension^a

Indeterminate

Not identified

Present

RIGHT

No nodes submitted or found

Number of lymph nodes examined

Not involved

Isolated tumour cells only

Involved

Number of involved lymph nodes

Number cannot be determined

Maximum dimension of largest deposit mm

Extranodal extension^a

Indeterminate

Not identified

Present

Other node(s), specify laterality and site(s)

Number of lymph nodes examined

Not involved

Isolated tumour cells only

Involved

Number of involved lymph nodes

Number cannot be determined

Maximum dimension of largest deposit mm

Extranodal extension^a

Indeterminate

Not identified

Present

^a Extranodal extension is synonymous with extracapsular extension/spread.

COEXISTENT PATHOLOGY (select all that apply) 

None identified

Lichen sclerosis

Other, specify

ANCILLARY STUDIES 

Not performed

Performed (select all that apply)

p16, specify test(s) and result(s)

p53, specify test(s) and result(s)

Ki-67 proliferation index %

Cytokeratin and/or Epithelial Membrane Antigen (EMA), specify test(s) and result(s)

PDL1, specify test(s) and result(s)

Other, record test(s), methodology and result(s)

Representative blocks for ancillary studies, specify those blocks best representing tumour and/or normal tissue for further study

PATHOLOGICAL STAGING (UICC TNM 8th edition)^b **TNM Descriptors** (only if applicable) (select all that apply)

- m - multiple primary tumours
 r - recurrent
 y - post-therapy

PENIS AND FORESKIN**Primary tumour (pT)**

- TX^c Primary tumour cannot be assessed
 T0 No evidence of primary tumour
 Tis Carcinoma in situ (PeIN)
 Ta Non-invasive localised squamous cell carcinoma^d
 T1 Tumour invades subepithelial connective tissue^e
 T1a Tumour invades subepithelial connective tissue without lymphovascular invasion or perineural invasion and is not poorly differentiated
 T1b Tumour invades subepithelial connective tissue with lymphovascular invasion or perineural invasion or is poorly differentiated
 T2 Tumour invades corpus spongiosum with or without invasion of the urethra
 T3 Tumour invades corpus cavernosum with or without invasion of the urethra
 T4 Tumour invades other adjacent structures

Regional lymph nodes (pN)

- NX^c Regional lymph nodes cannot be assessed
 N0 No regional lymph node metastasis
 N1 Metastasis in one or two inguinal lymph nodes
 N2 Metastasis in more than two unilateral inguinal nodes or bilateral inguinal lymph nodes
 N3 Metastasis in pelvic lymph node(s), unilateral or bilateral or extranodal extension of regional lymph node metastasis

PENILE URETHRA**Primary tumour (pT)**

- TX^c Primary tumour cannot be assessed
 T0 No evidence of primary tumour
 Ta^f Non-invasive papillary, polypoid, or verrucous carcinoma
 Tis Carcinoma in situ
 T1 Tumour invades subepithelial connective tissue
 T2 Tumour invades any of the following: corpus spongiosum, periurethral muscle
 T3 Tumour invades any of the following: corpus cavernosum, beyond prostatic capsule, bladder neck (extraprostatic extension)
 T4 Tumour invades other adjacent organs (invasion of the bladder)

Regional lymph nodes (pN)

- NX^c Regional lymph nodes cannot be assessed
 N0 No regional lymph node metastasis
 N1 Metastasis in a single lymph node
 N2 Metastasis in multiple regional lymph nodes

^b Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley (incorporating any errata published up until 12th July 2024).

^c TX and NX should be used only if absolutely necessary.

^d Including verrucous carcinoma.

^e Glans: Tumour invades lamina propria.
Foreskin: Tumour invades dermis, lamina propria or dartos fascia.
Shaft: Tumour invades connective tissue between epidermis and corpora and regardless of location.

^f The consensus of the dataset authors is that the use of this category for verrucous carcinoma is to be avoided as it is not evidence based. This category includes non-invasive urothelial carcinomas but these are very rare in the distal urethra.