

## URINARY BLADDER STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____ <b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Ta <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> pT2a <input type="checkbox"/> pT2b <input type="checkbox"/> T3 <input type="checkbox"/> pT3a <input type="checkbox"/> pT3b <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<b>PRIMARY TUMOR (T)</b> Primary tumor cannot be assessed No evidence of primary tumor Non-invasive papillary carcinoma Carcinoma <i>in situ</i> : “flat tumor” Tumor invades subepithelial connective tissue Tumor invades muscularis propria Tumor invades superficial muscularis propria (inner half) Tumor invades deep muscularis propria (outer half) Tumor invades perivesical tissue microscopically macroscopically (extravesical mass) Tumor invades any of the following: prostatic stroma, seminal vesicles, uterus, vagina, pelvic wall, abdominal wall Tumor invades prostatic stroma, uterus, vagina Tumor invades pelvic wall, abdominal wall	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Ta <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> pT2a <input type="checkbox"/> pT2b <input type="checkbox"/> T3 <input type="checkbox"/> pT3a <input type="checkbox"/> pT3b <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3	<b>REGIONAL LYMPH NODES (N)</b> Regional lymph nodes include both primary and secondary drainage regions. All other nodes above the aortic bifurcation are considered distant lymph nodes. Lymph nodes cannot be assessed No lymph node metastasis Single regional lymph node metastasis in the true pelvis (hypogastric, obturator, external iliac or presacral lymph node) Multiple regional lymph node metastasis in the true pelvis (hypogastric, obturator, external iliac or presacral lymph node metastasis) Lymph node metastasis to the common iliac lymph nodes	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	<input type="checkbox"/> M1

### ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0a	Ta	N0	M0	<input type="checkbox"/> 0a	Ta	N0	M0
<input type="checkbox"/> 0is	Tis	N0	M0	<input type="checkbox"/> 0is	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2a	N0	M0	<input type="checkbox"/> II	T2a	N0	M0
	T2b	N0	M0		T2b	N0	M0
<input type="checkbox"/> III	T3a	N0	M0	<input type="checkbox"/> III	T3a	N0	M0
	T3b	N0	M0		T3b	N0	M0
	T4a	N0	M0		T4a	N0	M0
	T4b	N0	M0		T4b	N0	M0
<input type="checkbox"/> IV	Any T	N1-3	M0	<input type="checkbox"/> IV	Any T	N1-3	M0
	Any T	Any N	M1		Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

Presence or absence of extranodal extension: \_\_\_\_\_

Size of the largest tumor deposit in the lymph nodes: \_\_\_\_\_

World Health Organization/International Society of Urologic Pathology (WHO/ISUP) grade : \_\_\_\_\_

**General Notes:**

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.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

**Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

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

**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.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

National guidelines were used in treatment planning     NCCN     Other (describe): \_\_\_\_\_

Physician signature \_\_\_\_\_

Date/Time \_\_\_\_\_

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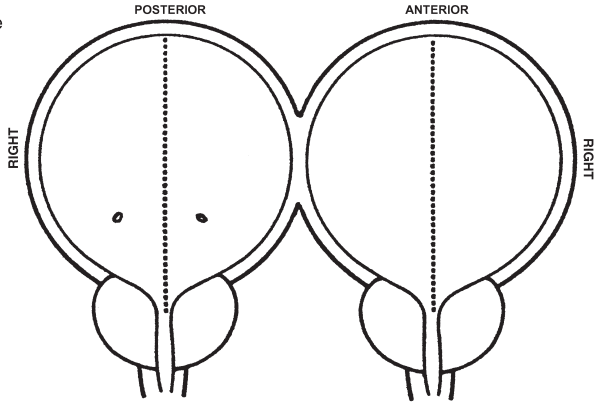
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# URINARY BLADDER STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.

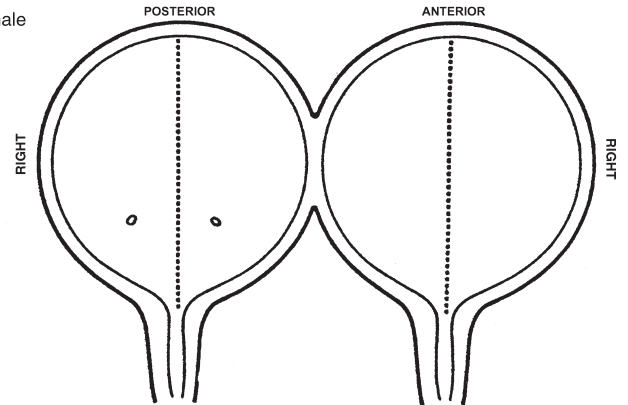
Male



PW Posterior wall  
 RW Right wall  
 LW Left wall  
 RU Right ureteral orifice  
 LU Left ureteral orifice

AW Anterior wall  
 TR Trigone  
 D Dome  
 N Neck  
 PU Prostatic urethra  
 PS Prostatic substance

Female



PW Posterior wall  
 RW Right wall  
 LW Left wall  
 RU Right ureteral orifice  
 LU Left ureteral orifice

AW Anterior wall  
 TR Trigone  
 D Dome  
 N Neck  
 U Urethra

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