

PENIS 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	TUMOR SIZE: _____ LATERALITY: <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"/> Tis <input type="checkbox"/> Ta <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	<p style="text-align: center;">PRIMARY TUMOR (T)</p> Primary tumor cannot be assessed No evidence of primary tumor Carcinoma <i>in situ</i> Noninvasive verrucous carcinoma* Tumor invades subepithelial connective tissue without lymph vascular invasion and is not poorly differentiated (i.e., grade 3-4) Tumor invades subepithelial connective tissue with LVI or is poorly differentiated Tumor invades corpus spongiosum or cavernosum Tumor invades urethra Tumor invades other adjacent structures *Note: Broad pushing penetration (invasion) is permitted - destructive invasion is against this diagnosis	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> Ta <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4
<input type="checkbox"/> NX <input type="checkbox"/> pNX <input type="checkbox"/> N0 <input type="checkbox"/> pN0 <input type="checkbox"/> N1 <input type="checkbox"/> pN1 <input type="checkbox"/> N2 <input type="checkbox"/> pN2 <input type="checkbox"/> N3 <input type="checkbox"/> pN3	<p style="text-align: center;">REGIONAL LYMPH NODES (N)</p> Regional lymph nodes cannot be assessed* Regional lymph nodes cannot be assessed** No palpable or visibly enlarged inguinal lymph nodes* No regional lymph node metastasis** Palpable mobile unilateral inguinal lymph node* Metastasis in a single inguinal lymph node** Palpable mobile multiple or bilateral inguinal lymph nodes* Metastasis in multiple or bilateral inguinal lymph nodes** Palpable fixed inguinal nodal mass or pelvic lymphadenopathy unilateral or bilateral* Extranodal extension of lymph node metastasis or pelvic lymph node(s) unilateral or bilateral** *Based upon palpation, imaging **Based upon biopsy, or surgical excision	<input type="checkbox"/> pNX <input type="checkbox"/> pN0 <input type="checkbox"/> pN1 <input type="checkbox"/> pN2 <input type="checkbox"/> pN3
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p style="text-align: center;">DISTANT METASTASIS (M)</p> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis* *Note: Lymph node metastasis outside of the true pelvis in addition to visceral or bone sites.	<input type="checkbox"/> M1

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ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
	Ta	N0	M0		Ta	N0	M0
<input type="checkbox"/> I	T1a	N0	M0	<input type="checkbox"/> I	T1a	N0	M0
<input type="checkbox"/> II	T1b	N0	M0	<input type="checkbox"/> II	T1b	N0	M0
	T2	N0	M0		T2	N0	M0
	T3	N0	M0		T3	N0	M0
<input type="checkbox"/> IIIa	T1-3	N1	M0	<input type="checkbox"/> IIIa	T1-3	N1	M0
<input type="checkbox"/> IIIb	T1-3	N2	M0	<input type="checkbox"/> IIIb	T1-3	N2	M0
<input type="checkbox"/> IV	T4	Any N	M0	<input type="checkbox"/> IV	T4	Any N	M0
	Any T	N3	M0		Any T	N3	M0
	Any T	Any N	M1		Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

- Involvement of corpus spongiosum _____
- Involvement of corpus cavernosum _____
- Percent of tumor that is poorly differentiated _____
- Verrucous carcinoma depth of invasion _____
- Size of largest lymph node metastasis _____
- Extranodal/extracapsular extension _____
- HPV Status _____

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.

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.

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

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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

General Notes (continued):

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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