# Appendix C Histopathology reporting proforma: radical resections of renal pelvis and/or ureter

Surname: Forenames:

Date of birth: Sex:

Hospital: Hospital no: NHS/CHI no:

Date of reciept: Date of reporting: Report no:

Pathologist: Surgeon:

## Relevant clinical information

…………………………………………………………………………………………………

### Nature of specimen/procedure

Right ureterectomy □ Left ureterectomy □

Right nephroureterectomy □ Left nephroureterectomy □

## Macroscopy

**Tumour location**………………………………………………… **Number of tumours**…….

**Maximum tumour diameter (mm)**…… *or* No obvious tumour visible macroscopically □

**Resection margins:** Not assessable □ Not involved □

Involved □ Site(s)…………………………………………

**Lymph nodes:** Present □ Absent □

Site of lymph nodes…………………………………

**Size of largest visible regional lymph node metastasis**……. *or* Not applicable □

## Microscopy

### Tumour type

Urothelial carcinoma □ Squamous cell carcinoma □ Adenocarcinoma □

Mullerian type tumour □ Small cell neuroendocrine carcinoma □

Large cell neuroendocrine carcinoma □ Other (specify) ……………………………

### Urothelial carcinoma subtype/variant (specify percentage if present)

Not identified □

Squamous □ ……% Glandular □ ……% Micropapillary □ ……%

Nested □ ……% Plasmacytoid □ ……% Sarcomatoid □ ……%

Other (specify with percentages) □ ……………………………………………………………

### Tumour grade

Not applicable □ Cannot be determined □

**Urothelial carcinoma**

WHO 1973: Grade 1 □ Grade 2 □ Grade 3 □

WHO 2004: Low grade □ High grade □

**Squamous cell carcinoma or adenocarcinoma**

Well differentiated □ Moderately differentiated □ Poorly differentiated □

### Associated CIS:

Yes (adjacent to tumour) □ Yes (elsewhere) □ No □ Not assessable □

|  |  |  |  |
| --- | --- | --- | --- |
| Lymphovascular invasion: |  | | |
| Yes □ | No □ |  | Not assessable □ |
| Resection margins: |  |  |  |
| Not assessable □ | Not involved □ | Involved □ | Site(s) ...…….…………… |
| Regional lymph nodes: |  |  |  |
| Not applicable □ | Total number.…. |  | Number +ve…………. |

Size of largest regional nodal metastasis………. *or* Not applicable □

Extracapsular spread: Yes □ No □ Not applicable □

Other disease process(es) present/comments  
……………………………………….............................................................................................

**pTNM classification:** pT…… pN……. pM\*………

\*pM should either be pM1 or entered as not applicable (N/A)

TNM edition number used: ……

**SNOMED codes:** T………………… M……………….

Further comments:

………………………………………..........................................................................................

**Pathologist………………………............ Date………………………**