**Dataset for tumours of the urinary collecting system (renal pelvis, ureter, urinary bladder and urethra) (2nd edition)**

**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 receipt………….……. Date of reporting………..…….. Report no………………...

Pathologist……….…………… Surgeon………………….…….

**Relevant clinical information/associated or previous specimens (histology and/or cytology)**

**Macroscopy**

**Nature of specimen/procedure**

Ureter: left □ Nephroureterectomy: left □

 right □ right □

Tumour location………………………………………………

Number of tumours…….

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

Resection margins: Not assessable □

(Macroscopically visible lesions) 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 Urothelial carcinoma □

subtypes Squamous carcinoma □ **WHO 1973 WHO 2004**

(1 or more) Adenocarcinoma □ PUNLMP □

 Micropapillary carcinoma □

 Small cell carcinoma □ For urothelial carcinoma:

Sarcomatoid carcinoma □

Other (specify) □ Grade 1 □ Low grade □

 ………………………. Grade 2 □

 Grade 3 □ High grade □

Comment: ………………………………………..

Associated CIS: Yes □ No □ For squamous or adenocarcinoma:

 Not assessable □ Well differentiated □

For CIS: Adjacent to tumour □ Moderately differentiated □

 Elsewhere □ Poorly differentiated □

 Not applicable □

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………………………..**