

# Margin status (Required)

## Reason/Evidentiary Support

Positive surgical margins (generally the bladder cuff in nephroureterectomy series) have been correlated with increased risk of subsequent development of an intravesical tumour.<sup>1,2</sup> In the meta-analysis by Seisen et al<sup>3</sup> this was a statistically significant indicator of an increased risk of bladder recurrence.

Positive surgical margins (generally the bladder cuff in nephroureterectomy series) have also been correlated with increased risk of distant metastases and cancer specific survival.<sup>4</sup> This has not however been a consistent finding<sup>5</sup> and was not a significant predictor of cancer specific survival in the meta-analysis by Seisen et al (2015).<sup>3</sup> Of interest margin status was not tested in the development of the nomograms by Cha et al (2012)<sup>6</sup> or Seisen et al (2014).<sup>7</sup>

In choosing microscopic margin status, if both invasive carcinoma and carcinoma in situ are present, then invasive carcinoma should be selected. If low grade tumour or carcinoma in situ is present at the margin, this should be noted.

## References

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- 7 Seisen T, Colin P, Hupertan V, Yates DR, Xylinas E, Nison L, Cussenot O, Neuzillet Y, Bensalah K, Novara G, Montorsi F, Zigeuner R, Remzi M, Shariat SF and Roupret M (2014). Postoperative nomogram to predict cancer-specific survival after radical nephroureterectomy in patients with localised and/or locally advanced upper tract urothelial carcinoma without metastasis. *BJU Int* 114(5):733-740.