# **Margin status**[1,2] (Required)

**Reason/Evidentiary Support:**

Penile preserving techniques have led to closer surgical tumour resection margins and there is evidence that this does not significantly compromise local recurrence rates if tumour cells are not present at the margin itself. Positive margins must be recorded by site and microscopic distance of tumour from close margins (5 mm or less) recorded in mm. Microscopic margin positivity may be identified unexpectedly in tumours that infiltrate widely without creating a mass effect. The presence of microscopic involvement of surgical margins, however, has implications for audit of pre-operative staging and/or surgical technique. Actual measurement of linear extent of individual involved margins is a non core item but is valued by surgeons in assessing their techniques.

Staging in the presence of positive margins needs to be undertaken but made clear to clinicians. The term 'at least', as in pT2 at least, may be used to indicate a positive margin. It is not helpful to clinicians not to stage if margins are positive.

The deep central soft tissue margin is defined as areas of intervening tissue not identified as periurethral tissue, corpus cavernosum or circumferential shaft margins or may be used if the specific site of the deep margin is indeterminate.

**Margins of resection for penile specimens (except circumcision)**

Urethral
Periurethral tissues including lamina propria and corpus spongiosum
Corpus cavernosum
Circumferential margins of bare penile shaft
Peripheral skin
Deep central soft tissue margin (other than periurethral tissue, corpus cavernosum or circumferential shaft)

**Margins of resection of circumcision specimens**

Coronal sulcus/glans margin
Peripheral cutaneous margin
Deep central soft tissue margin

**References**


1 Minhas S, Kayes O, Hegarty P, Kumar P, Freeman A and Ralph D (2005). What surgical resection margins are required to achieve oncological control in men with primary penile cancer? *BJU Int* 96(7):1040-1043.

2 Velazquez EF, Soskin A, Bock A, Codas R, Barreto JE and Cubilla AL (2004). Positive resection margins in partial penectomies: sites of involvement and proposal of local routes of spread of penile squamous cell carcinoma. *Am J Surg Pathol* 28(3):384-389.