

## Carcinoma of the Penis and Distal Urethra Histopathology Reporting Guide



This to patholog	y reporting datac
Family/Last name	Date of birth DD - MM - YYYY
Given name(s)	
Patient identifiers	Date of request Accession/Laboratory number
	DD - MM - YYYY
Elements in <b>black text</b> are CORE. Elements in <b>grey text</b> are N	ON-COPE
☐ indicates multi-select values ☐ indicates single select val	SCOPE OF THIS DATASET
CLINICAL INFORMATION	TUMOUR SITE (select all that apply)
<ul> <li>Information not provided</li> <li>Information provided (select all that apply)</li> </ul>	<ul><li>○ No macroscopically visible tumour ○ Indeterminate</li><li>☐ Glans penis ☐ Distal penile urethra</li></ul>
Previous history of penile or urethral cancer, specify	Coronal sulcus Body/shaft of penis
	Foreskin
☐ Previous therapy, <i>specify</i>	TUMOUR FOCALITY
	Unifocal
	Multifocal
Previous HPV infection, specify	Specify number of tumours
	TUMOUS STATEMENT ON SEE
Other clinical information, specify	Cannot be assessed
	Maximum tumour dimension
	mm
OPERATIVE PROCEDURE (select all that apply)	
<ul><li>○ Not specified</li><li>□ Glansectomy</li><li>□ Partial penectomy</li><li>□ Circumcision (partial or complet</li></ul>	Additional dimensions
☐ Partial penectomy ☐ Circumcision (partial or complet☐ Radical penectomy ☐ Incisional/punch biopsy	mm x mm
☐ Glans preserving ☐ Excisional biopsy	
Lymphadenectomy Urethrectomy	(List overleaf or separately with an indication of the nature
Sentinel  Left, number of site(s) Right, number of site(s)	and origin of all tissue blocks)
<b>V</b>	HISTOLOGICAL TUMOUR TYPE
☐ Inguinal	(Value list based on the World Health Organization (WHO)
Left Right	Classification of Urinary and Male Genital Tumours (2022))
Pelvic	Squamous cell carcinoma, HPV-associated  Basaloid squamous cell carcinoma
Left, specify site(s)	Warty carcinoma
	Clear cell squamous cell carcinoma
Right, specify site(s)	Lymphoepithelial carcinoma
<b>V</b>	Mixed squamous cell carcinomas, specify subtypes
Other, specify site(s)	
Willing Specify Steeley	Squamous cell carcinoma, HPV-independent  Squamous cell carcinoma, usual type
	<ul> <li>Verrucous carcinoma (including carcinoma cuniculatum)</li> </ul>
Left, specify site(s)	Papillary squamous cell carcinoma
	Sarcomatoid squamous cell carcinoma
Right, specify site(s)	Mixed squamous cell carcinomas, specify subtypes
•	
Other, specify laterality and site(s)	<ul><li>Squamous cell carcinoma, NOS</li><li>Other, specify</li></ul>
School, Specify laterality and Site(3)	¥

HISTOLOGICAL TUMOUR GRADE  (Applicable for resection specimens only)  G1: Well differentiated G2: Moderately differentiated G3: Poorly differentiated Sarcomatoid areas present  EXTENT OF INVASION (select all that apply)  (Applicable to biopsy specimens and resection specimens with tumours at the margins)  Primary tumours of the penis and foreskin Cannot be assessed Subepithelial/lamina propria invasion by tumour	Urethral margin (Applicable to primary tumours of the penis and foreskin - resections and excision biopsy only)  Cannot be assessed Not involved Distance to invasive tumour  mm OR  Involved by PeIN only Involved by invasive carcinoma  Proximal urethral margin (Applicable to primary tumours of the urethra)
☐ Invasion of corpus spongiosum ☐ Invasion of corpus cavernosum ☐ Invasion of tunica albuginea ☐ Invasion of adjacent structures, specify	Cannot be assessed  Not involved  Distance to invasive tumour  mm  OR  >5 mm
Primary tumours of the distal urethra  Cannot be assessed  Subepithelial/lamina propria invasion by tumour  Invasion of corpus spongiosum  Invasion of corpus cavernosum  Invasion of adjacent structures, specify	☐ Involved by PeIN only ☐ Involved by invasive carcinoma  Peri-urethral tissues ☐ Cannot be assessed ☐ Not involved ☐ Distance to invasive tumour  mm OR ○ > 5 mm
Tumour thickness  mm  Depth of invasion  mm  TUMOUR PATTERN OF INVASION  (Applicable for partial or radical penectomy)  Pushing	Involved by invasive carcinoma  Corpus cavernosum Cannot be assessed Not involved Distance to invasive tumour  mm OR > 5 mm  Involved by invasive carcinoma
Other, specify  LYMPHOVASCULAR INVASION	Circumferential shaft margin  Cannot be assessed  Not involved  Distance to invasive tumour
<ul><li>☐ Indeterminate</li><li>☐ Not identified</li><li>☐ Present</li></ul>	mm OR >5 mm  On Involved by invasive carcinoma
PERINEURAL INVASION  Indeterminate  Not identified  Present  ASSOCIATED PENILE INTRAEPITHELIAL NEOPLASIA (PeIN)  Not identified  Present  Warty and/or Basaloid	Peripheral cutaneous margin  Cannot be assessed  Not involved  Distance to invasive tumour  mm  OR  > 5 mm  Involved by PeIN only  Involved by invasive carcinoma
<ul><li>Differentiated</li></ul>	

MARGIN STATUS continued	RIGHT
Peripheral glans margin	No nodes submitted or found
Cannot be assessed	Number of lymph nodes examined
Not involved	Number of lymph flodes examined
Distance to invasive tumour	Not involved
mm OR >5 mm	Isolated tumour cells only Involved
	Number of involved lymph nodes
○ Involved by PeIN only	
Involved by invasive carcinoma	<ul> <li>Number cannot be determined</li> </ul>
Deep soft tissue margins (NOS)	Maximum dimension of largest
Cannot be assessed	deposit
Not involved	Extranodal extension <sup>a</sup>
Distance to invasive tumour	○ Indeterminate
	○ Not identified
mm OR () >5 mm	Present
Involved by invasive carcinoma	Inguinal nodes - Non sentinel
Other margin, specify	LEFT
	No nodes submitted or found
	Number of lymph nodes examined
	Not involved
○ Not involved	Isolated tumour cells only
Distance to invasive tumour	
mm OR >5 mm	Number of involved lymph nodes
☐ Involved by PeIN only	Number cannot be determined
Involved by Pelly Only     Involved by invasive carcinoma	Number cannot be determined
	Maximum dimension of largest deposit mm
LYMPH NODE STATUS	Extranodal extension <sup>a</sup>
Inguinal nodes - Sentinel	○ Indeterminate
LEFT	Not identified
No nodes submitted or found	Present
Number of lymph nodes examined	RIGHT
Not involved	<ul> <li>No nodes submitted or found</li> </ul>
Isolated tumour cells only     Involved	Number of lymph nodes examined
•	O Not involved
Number of involved lymph nodes	Isolated tumour cells only
Number cannot be determined	Involved
Maximum dimension of largest mm	Number of involved lymph nodes
deposit	Number cannot be determined
Extranodal extension <sup>a</sup>	Maximum dimension of largest
<ul><li>Indeterminate</li><li>Not identified</li></ul>	deposit
Present	Extranodal extension <sup>a</sup>
	Indeterminate
<sup>a</sup> Extranodal extension is synonymous with extracapsular extension/ spread.	Not identified
	○ Present

LYMPH NODE STATUS continued	COEXISTENT PATHOLOGY (select all that apply)
Pelvic nodes	None identified
LEFT	Lichen sclerosus
No nodes submitted or found	Other, specify
Number of lymph nodes examined	
Not involved Isolated tumour cells only Involved	
Number of involved lymph nodes	ANCILLARY STUDIES
Number cannot be determined	<ul><li>Not performed</li><li>Performed (select all that apply)</li></ul>
Maximum dimension of largest deposit mm	p16, specify test(s) and result(s)
Extranodal extension <sup>a</sup> Indeterminate  Not identified  Present	
RIGHT	p53, specify test(s) and result(s)
No nodes submitted or found	
Number of lymph nodes examined	
<ul><li>Not involved</li><li>Isolated tumour cells only</li><li>Involved</li></ul>	Ki-67 proliferation index
Number of involved lymph nodes	Cytokeratin and/or Epithelial Membrane Antigen (EMA), specify test(s) and result(s)
Number cannot be determined	
Maximum dimension of largest mm	
Extranodal extension <sup>a</sup> Indeterminate  Not identified  Present	PDL1, specify test(s) and result(s)
Other node(s), specify laterality and site(s)	
	Other, record test(s), methodology and result(s)
Number of lymph nodes examined  Not involved  Isolated tumour cells only  Involved	Representative blocks for ancillary studies, specify those blocks best representing tumour and/or normal tissue for further study
Number of involved lymph nodes	
Number cannot be determined	
Maximum dimension of largest mm	
Extranodal extension <sup>a</sup> Indeterminate  Not identified  Present	
<sup>a</sup> Extranodal extension is synonymous with extracapsular extension/ spread.	

PATHOLOG	ICAL STAGING (UICC TNM 8th edition) [
TNM Des	criptors (only if applicable) (select all that apply)
□ m -	multiple primary tumours
☐ r -	recurrent
y -	post-therapy
PENIS AND	FORESKIN
	tumour (pT)
	Primary tumour cannot be assessed
○ T0	No evidence of primary tumour
○ Tis	Carcinoma in situ (PeIN)
○ Ta	Non-invasive localised squamous cell carcinoma <sup>d</sup>
○ T1	Tumour invades subepithelial connective tissue <sup>e</sup>
T1a	Tumour invades subepithelial connective tissue without lymphovascular invasion or perineural invasion and is not poorly differentiated
◯ T1b	Tumour invades subepithelial connective tissue with lymphovascular invasion or perineural invasion or is poorly differentiated
	Tumour invades corpus spongiosum with or without invasion of the urethra
	Tumour invades corpus cavernosum with or without invasion of the urethra
	Tumour invades other adjacent structures
Regional	lymph nodes (pN)
$\bigcirc$ NX <sup>c</sup>	Regional lymph nodes cannot be assessed
◯ N0	No regional lymph node metastasis
○ N1	Metastasis in one or two inguinal lymph nodes
○ N2	Metastasis in more than two unilateral inguinal nodes or bilateral inguinal lymph nodes
○ N3	Metastasis in pelvic lymph node(s), unilateral or bilateral or extranodal extension of regional lymph node metastasis
PENILE UR	ETHRA
Primary t	tumour (pT)
$\bigcirc$ TX $^{c}$	Primary tumour cannot be assessed
○ T0	No evidence of primary tumour
○ Ta <sup>f</sup>	Non-invasive papillary, polypoid, or verrucous carcinoma
O Tis	Carcinoma in situ
~	Tumour invades subepithelial connective tissue
	Tumour invades any of the following: corpus spongiosum, periurethral muscle
	Tumour invades any of the following: corpus cavernosum, beyond prostatic capsule, bladder neck (extraprostatic extension)
○ T4	Tumour invades other adjacent organs (invasion of the bladder)
Regional	lymph nodes (pN)
$\bigcirc$ NX $^{c}$	Regional lymph nodes cannot be assessed
○ N0	No regional lymph node metastasis
O N1	Metastasis in a single lymph node
○ N2	Metastasis in multiple regional lymph nodes

- <sup>b</sup> Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8<sup>th</sup> Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley (incorporating any errata published up until 12<sup>th</sup> July 2024).
- <sup>c</sup> TX and NX should be used only if absolutely necessary.
- <sup>d</sup> Including verrucous carcinoma.
- <sup>e</sup> Glans: Tumour invades lamina propria. Foreskin: Tumour invades dermis, lamina propria or dartos fascia. Shaft: Tumour invades connective tissue between epidermis and corpora and regardless of location.
- f The consensus of the dataset authors is that the use of this category for verrucous carcinoma is to be avoided as it is not evidence based. This category includes non-invasive urothelial carcinomas but these are very rare in the distal urethra.