# PENIS STAGING FORM

<table>
<thead>
<tr>
<th>Clinical Extent of Disease before any treatment</th>
<th>Stage Category Definitions</th>
<th>Pathologic Extent of disease through completion of definitive surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ y clinical-staging completed after neoadjuvant therapy but before subsequent surgery</td>
<td></td>
<td>☐ y pathologic-staging completed after neoadjuvant therapy AND subsequent surgery</td>
</tr>
<tr>
<td>Tumor size: ___________</td>
<td>□ Left □ Right □ Bilateral</td>
<td></td>
</tr>
</tbody>
</table>

### PRIMARY TUMOR (T)
- □ T0: No evidence of primary tumor
- □ Tis: Carcinoma in situ
- □ T1a: Noninvasive verrucous carcinoma
- □ T1b: Tumor invades subepithelial connective tissue without lymph vascular invasion and is not poorly differentiated (i.e., grade 3-4)
- □ T2: Tumor invades corpus spongiosum or cavernosum
- □ T3: Tumor invades urethra
- □ T4: Tumor invades other adjacent structures

*Note: Broad pushing penetration (invasion) is permitted - destructive invasion is against this diagnosis.*

### REGIONAL LYMPH NODES (N)
- □ pNX: Regional lymph nodes cannot be assessed
- □ pN0: No palpable or visibly enlarged inguinal lymph nodes
- □ pN1: Palpable unilateral inguinal lymph node
- □ pN2: Palpable mobile bilateral inguinal lymph nodes
- □ pN3: Palpable fixed inguinal lymph node mass or pelvic lymphadenopathy unilateral or bilateral

- □ pN1: Metastasis in a single inguinal lymph node
- □ pN2: Metastasis in multiple or bilateral inguinal lymph nodes
- □ pN3: Extraperitoneal extension of lymph node metastasis or pelvic lymph node(s)

* *Based upon palpation, imaging
**Based upon biopsy, or surgical excision

### DISTANT METASTASIS (M)
- □ M0: No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- □ M1: Distant metastasis

*Note: Lymph node metastasis outside of the true pelvis in addition to visceral or bone sites.*
## Data Form for Cancer Staging

### PENIS STAGING FORM

#### ANATOMIC STAGE • PROGNOSTIC GROUPS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Ta</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>I</td>
<td>T1a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>II</td>
<td>T1b</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIIa</td>
<td>T1-3</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td>IIIb</td>
<td>T1-3</td>
<td>N2</td>
<td>M0</td>
</tr>
<tr>
<td>IV</td>
<td>T4</td>
<td>Any N</td>
<td>M0</td>
</tr>
<tr>
<td>Any T</td>
<td>N0</td>
<td>M0</td>
<td></td>
</tr>
<tr>
<td>Any T</td>
<td>N0</td>
<td>M1</td>
<td></td>
</tr>
<tr>
<td>Stage unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUAURED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**
- Involvement of corpus spongiosum
- Involvement of corpus cavernosum
- Percent of tumor that is poorly differentiated
- Venous carcinoma depth of invasion
- Size of largest lymph node metastasis
- Extramodal/extracapsular extension
- HPV Status

**Histologic Grade (G) (also known as overall grade)**

<table>
<thead>
<tr>
<th>Grade system</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 grade system</td>
<td>Grade I or 1</td>
</tr>
<tr>
<td>3 grade system</td>
<td>Grade II or 2</td>
</tr>
<tr>
<td>4 grade system</td>
<td>Grade III or 3</td>
</tr>
<tr>
<td>No 2, 3, or 4 grade system available</td>
<td>Grade IV or 4</td>
</tr>
</tbody>
</table>

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registries. The College of American Pathologists (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymphatic Vessel Invasion Not Present [absent]/Not Identified
- Lymphatic Vessel Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**General Notes:**
For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y" prefix are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

- m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pTmN1M0.
- y prefix indicates those cases in which the classification is performed during or following initial multimodality therapy. The pTmN1M0 category is identified by a "y" prefix. The ypTNm or pTmn category designates the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

- r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: pTmN1M0.

- a prefix designates the stage determined at autopsy: pTNm0.

- Surgical margins are data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.
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**Residual Tumor (R)**
The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- [ ] RX Presence of residual tumor cannot be assessed
- [ ] R0 No residual tumor
- [ ] R1 Microscopic residual tumor
- [ ] R2 Macroscopic residual tumor

**General Notes (continued):**
Neoadjuvant treatment is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

- [ ] Clinical stage was used in treatment planning (describe): ________________________________

- [ ] National guidelines were used in treatment planning  [ ] NCCN  [ ] Other (describe): ________________________________

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Physician signature: ________________________________  Date/Time: ________________________________

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