

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

URINARY BLADDER NEOPLASM

(Ver 1.1, 11/03)

Accession No.:

Part No(s).

Date:

Patient Name:

ORGAN,

SITE,

OPERATION

Urinary Bladder

Right

Cystectomy

Left

Partial Cystectomy

Urinary Bladder

Other _____

Cystectomy

and Prostate

and Prostatectomy

Uterus and Cervix

and Hysterectomy

Uterus, Cervix, Bilateral Ovaries and Fallopian Tubes

and Bilateral

Salpingo-oophorectomy

and Lymph Nodes _____

and Lymphadenectomy

-Primary Tumor Diagnosis Required

Urothelial (Transitional Cell) Carcinoma In-situ (Intraurothelial Neoplasia, high grade)

Papillary Transitional Cell Carcinoma

Urothelial (Transitional Cell) Carcinoma

Urothelial (Transitional Cell) Carcinoma with Focal _____

Differentiation (*specify- e.g., glandular, squamous, etc.*)

Urothelial (Transitional Cell) Carcinoma with Trophoblastic Giant Cells

Urothelial (Transitional Cell) Carcinoma, Nested Variant

Squamous Cell Carcinoma

Verrucous Carcinoma

Lymphoepithelioma-like Carcinoma

Adenocarcinoma

Adenocarcinoma, Signet Ring Cell Variant

Adenocarcinoma, Clear Cell Variant

Adenocarcinoma, Mucinous (Colloid) Variant

Adenocarcinoma Arising in Villous Adenoma

Small Cell (Undifferentiated) Carcinoma

Carcinosarcoma with _____

Differentiation (*specify- e.g., osseous, rhabdomyoblastic, cartilagenous, etc.*)

Other _____

Comment _____

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A. Size of Tumor: ^{Required} _____ x _____ x _____ cm

B. Histologic Grade: ^{Required}
(for non transitional cell types)

I	II	III
(for transitional cell type)		
Low Malignant Potential	Low Grade	High Grade

Note: Definitions:

Low Malignant Potential: papillary urothelial lesion with an orderly arrangement of cells within papillae with minimal architectural abnormalities and minimal nuclear atypia irrespective of cell thickness.

Low grade: papillary urothelial lesion with overall orderly appearance but with easily recognizable variation of architectural and/or cytologic features.

High grade: papillary urothelial lesion with predominantly or totally disordered architectural appearance and with moderate to marked cytologic atypia.

C. Extent of Tumor: ^{Required}

- Tumor is in-situ
- Tumor invades the lamina propria (subepithelial connective tissue)
- Tumor invades the superficial half of the muscularis propria
- Tumor invades the deep half of the muscularis propria
- Tumor invades into the perivesical soft tissue
- Tumor extends into periurethral prostatic ducts
- Tumor extends beyond the bladder and invades (*specify*)
 - prostatic stroma
 - uterus
 - cervix
 - vagina
 - right/left/right and left ureter/ureters
 - pelvic side wall
 - abdominal wall

Comment _____

-Margins of Excision: ^{Required}

Peripheral, ureteral and urethral margins are free of tumor

Tumor is present at the _____

(*specify urethral, ureteral, and peripheral*) margin/margins of excision,
_____ (*specify-microscopically, grossly*)

Other _____

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Note: All of the following lymph node groups will not be identified in most cases. However, appropriate designations are provided below. ^{Required}

-Lymph Nodes, right iliac:

- A. Number examined _____
 - B. Number positive _____
 - C. Comment (*specify size of metastasis in greatest dimension*)_
-

-Lymph Nodes, right internal iliac:

- A. Number examined _____
 - B. Number positive _____
 - C. Comment (*specify size of metastasis in greatest dimension*)_
-

-Lymph Nodes, right external iliac:

- A. Number examined _____
 - B. Number positive _____
 - C. Comment (*specify size of metastasis in greatest dimension*)_
-

-Lymph Nodes, left iliac:

- A. Number examined _____
 - B. Number positive _____
 - C. Comment (*specify size of metastasis in greatest dimension*)_
-

-Lymph Nodes, left internal iliac:

- A. Number examined _____
 - B. Number positive _____
 - C. Comment (*specify size of metastasis in greatest dimension*)_
-

-Lymph Nodes, left external iliac:

- A. Number examined _____
 - B. Number positive _____
 - C. Comment (*specify size of metastasis in greatest dimension*)_
-

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-Additional Tumor Features: *Optional*

A. Associated Tumor:

Not Identified

Urothelial (Transitional Cell) Carcinoma in-situ is also identified

Other: _____

B. Pattern of Growth:

Papillary

Flat

Nodular

Papillary and Flat

Papillary and Nodular

Other _____

C. Tumor Multicentricity:

No evidence of multicentric tumor is identified

Tumor is multicentric with in-situ/invasive/ _____ (*specify*) tumor identified _____

(*right ureter, left ureter, bilateral ureters, trigone, urethra, etc.*)

D. Lymphatic Invasion: Identified Not Identified

E. Blood Vessel Invasion: Identified Not Identified

F. Perineural Invasion: Identified Not Identified

G. Pattern of Invasion:

Tumor invades with a broad pushing margin

Tumor invades with singular, irregular tumor cell groups

Other: _____

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-Non-neoplastic Findings: *Optional*

Granulomatous Cystitis
Cystitis cystica et glandularis
Mucosal ulcer
Other _____

*Note: If the specimen contains additional **benign** male or female pelvic organs, proceed to the appropriate sections which follow. If the specimen contains additional **neoplastic** male or female pelvic organs, proceed to pTN stage for the bladder tumor and then continue with the appropriate checklist for the additional neoplastic organ.*

- Endometrium: *Optional*

Proliferative endometrium, _____ (*specify early, mid, or late*)
Secretory endometrium, _____ (*specify 2 day interval*)
Menstrual endometrium
Lytic endometrium
Atrophic endometrium
Predecidual stromal change, consistent with progestin effect
Chronic endometritis
Other _____

- Myometrium: *Optional*

No histopathologic change
Leiomyoma
Leiomyomata
Leiomyoma with _____ degeneration
(*specify: hyaline, hemorrhagic, hydropic, etc*)
Adenomyosis
Other _____

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-Cervix: *Optional*

No histopathologic change
Chronic cervicitis
Chronic cystic cervicitis
Chronic cystic cervicitis with tunnel cluster formation
Acute and chronic cervicitis
Endocervical microglandular hyperplasia
Other _____

-Ovaries: *Optional*

Right:

Carcinoma is present
No histopathologic change
Epithelial inclusion cysts
Surface fibrous adhesions
Cystic follicles
Follicular Cysts
Corpus luteum
Stromal hyperplasia
Stromal hyperthecosis
Other _____

Left:

Carcinoma is present
No histopathologic change
Epithelial inclusion cysts
Surface fibrous adhesions
Cystic follicles
Follicular Cysts
Corpus luteum
Stromal hyperplasia
Stromal hyperthecosis
Other _____

-Fallopian Tubes: *Optional*

Right:

Carcinoma is present
No histopathologic change
Acute salpingitis
Chronic salpingitis
Salpingitis isthmica nodosa
Hydrosalpinx
Hematosalpinx
Walthard nests
Paramesonephric cyst
Tubo-ovarian adhesions
Adenomatoid tumor
Other _____

Left

Carcinoma is present
No histopathologic change
Acute salpingitis
Chronic salpingitis
Salpingitis isthmica nodosa
Hydrosalpinx
Hematosalpinx
Walthard nests
Paramesonephric cyst
Tubo-ovarian adhesions
Adenomatoid tumor
Other _____

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- Prostate: *Optional*

Prostatic intraepithelial neoplasia, high grade
(PIN II-III, high grade glandular dysplasia)

Atypical adenomatous hyperplasia

Prostatic glandular hyperplasia

Prostatic glandular and stromal hyperplasia

Chronic prostatitis

Acute prostatitis

Acute and chronic prostatitis

Simple lobular atrophy

Sclerosing adenosis

Basal cell hyperplasia

Other _____

- Additional Findings and Comments: *Optional*

- Ancillary Studies: *Optional*

Special stains are performed, the results are as follows:

A. _____

B. _____

C. _____

D. _____

Interpretation _____

Immunohistochemical studies are performed, the results are as follows:

A. _____

B. _____

C. _____

D. _____

Interpretation _____

Molecular/Cytogenetic studies are performed, the results are as follows:

A. _____

B. _____

C. _____

D. _____

Interpretation _____

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-pTN Stage: *Required*

A. Primary Tumor:

pTX	Primary tumor cannot be assessed
pT0	No evidence of primary tumor
pTa	Non-invasive papillary transitional cell carcinoma
pTis	Transitional cell carcinoma <i>in-situ</i> ("flat tumor")
pT1	Tumor invades the lamina propria (subepithelial connective tissue)
pT2a	Tumor invades the superficial half of the muscularis propria
pT2b	Tumor invades the deep half of the muscularis propria
pT3a	Tumor invades into the perivesical soft tissue, microscopically
pT3b	Tumor invades into the perivesical soft tissue, macroscopically (extravesical mass)
pT4a	Tumor extends beyond the bladder and invades (<i>specify</i>) prostatic stroma uterus cervix vagina
pT4b	Tumor extends beyond the bladder and invades (<i>specify</i>) pelvic side wall abdominal wall

B. Regional Lymph Nodes:

pNX	Regional lymph nodes cannot be assessed
pN0	No regional lymph node metastasis
pN1	Metastasis in a single lymph node, 2 cm or less in greatest dimension
pN2	Metastasis in a single lymph node, greater than 2 cm but not more than 5 cm in greatest dimension <i>or</i> Metastasis to multiple lymph nodes
pN3	Metastasis in a lymph node more than 5 cm in greatest dimension

C. Distant Metastasis:

pMX	Distant metastasis cannot be assessed
pM0	No distant metastasis
pM1	Distant metastasis

Reference:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6th edition, 2002 (pg. 335-340).
2. Murphy WM, Beckwith JB, Farrow GM. Tumors of the Kidney, Bladder, and Related Urinary Structures, AFIP Fascicle No. 11, Third Series. American Registry of Pathology, Washington D.C. 1994.
3. Epstein JI et al. The World Health Organization/International Society of Urologic Pathology consensus classification of urothelial (transitional cell) neoplasms of the urinary bladder. Am J Surg Pathol 1998;22:1435-1448.