# Renal Pelvis and Ureter Staging Form

<table>
<thead>
<tr>
<th>CLINICAL</th>
<th>STAGE CATEGORY DEFINITIONS</th>
<th>PATHOLOGIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of disease before any treatment</td>
<td>Extent of disease through completion of definitive surgery</td>
<td>Extent of disease after neoadjuvant therapy AND subsequent surgery</td>
</tr>
</tbody>
</table>

- **Tumor Size:**
  - Primary tumor cannot be assessed
  - No evidence of primary tumor
  - Papillary noninvasive carcinoma
  - Carcinoma in situ
  - Tumor invades subepithelial connective tissue
  - Tumor invades the muscularis
  - Tumor invades beyond muscularis into peripelvic fat or the renal parenchyma T3. (For ureter only) Tumor invades beyond muscularis into periureteric fat
  - Tumor invades adjacent organs, or through the kidney into the perinephric fat

- **Laterality:**
  - Left
  - Right
  - Bilateral

- **Primary Tumor (T)**
  - T0: No evidence of primary tumor
  - Ta: Papillary noninvasive carcinoma
  - Tis: Carcinoma in situ
  - T1: Tumor invades subepithelial connective tissue
  - T2: Tumor invades the muscularis
  - T3: Tumor invades beyond muscularis into peripelvic fat or the renal parenchyma T3. (For ureter only) Tumor invades beyond muscularis into periureteric fat
  - T4: Tumor invades adjacent organs, or through the kidney into the perinephric fat

- **Regional Lymph Nodes (N)**
  - NX: Regional lymph nodes cannot be assessed
  - N0: No regional lymph node metastasis
  - N1: Metastasis in a single lymph node, 2 cm or less in greatest dimension
  - N2: Metastasis in a single lymph node, more than 2 cm but not more than 5 cm in greatest dimension; or multiple lymph nodes, none more than 5 cm in greatest dimension
  - N3: Metastasis in a lymph node, more than 5 cm in greatest dimension

- **Distant Metastasis (M)**
  - M0: No distant metastasis (no pathologic M0; use clinical M to complete stage group)
  - M1: Distant metastasis

### Anatomic Stage • Prognostic Groups

<table>
<thead>
<tr>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>0a</td>
<td>Ta</td>
<td>N0</td>
<td>M0</td>
<td>0a</td>
<td>Ta</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>0is</td>
<td>Tis</td>
<td>N0</td>
<td>M0</td>
<td>0is</td>
<td>Tis</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>I</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
<td>I</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>II</td>
<td>T2</td>
<td>N0</td>
<td>M0</td>
<td>II</td>
<td>T2</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>III</td>
<td>T3</td>
<td>N0</td>
<td>M0</td>
<td>III</td>
<td>T3</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IV</td>
<td>T4</td>
<td>N0</td>
<td>M0</td>
<td>IV</td>
<td>T4</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>Any T</td>
<td>N1</td>
<td>M0</td>
<td>Any T</td>
<td>N1</td>
<td>M0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any T</td>
<td>N2</td>
<td>M0</td>
<td>Any T</td>
<td>N2</td>
<td>M0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any T</td>
<td>N3</td>
<td>M0</td>
<td>Any T</td>
<td>N3</td>
<td>M0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any T</td>
<td>Any N</td>
<td>M1</td>
<td>Any T</td>
<td>Any N</td>
<td>M1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Stage unknown

(continued on next page)
**Renal Pelvis and Ureter Staging Form**

**Prognostic Factors (Site-Specific Factors)**

**Required for Staging:** None

**Clinically Significant:**
Renal parenchymal invasion: ____________________________

World Health Organization/International Society of Urologic Pathology (WHO/ISUP) grade: ___________

---

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

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

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

**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

---

**Clinical stage was used in treatment planning (describe):** ____________________________

**National guidelines were used in treatment planning**

- NCCN
- Other (describe): ____________________________

---

Physician signature ____________________________ Date/Time ____________________________

---

**Hospital Name/Address**

**Patient Name/Information**

(continued from previous page)