

# Urinary Bladder, Ureter, and Renal Pelvis

**Protocol applies to all carcinomas of the urinary bladder, ureter, and renal pelvis.**

---

*Protocol revision date: January 2005  
Based on AJCC/UICC TNM, 6th edition*

## **Procedures**

- **Bladder Biopsy, Transurethral Resection of Bladder Tumor (TURBT) Specimen**
- **Cystectomy (Partial, Total)**
  - **Radical Cystoprostatectomy**
  - **Pelvic Exenteration**
- **Nephroureterectomy or Ureterectomy**

## **Authors**

Mahul B. Amin, MD

Department of Pathology, Emory University Hospital, Atlanta, Georgia

John R. Srigley, MD

Department of Laboratory Medicine, Credit Valley Hospital, Mississauga, Ontario, Canada

David J. Grignon, MD

Department of Pathology, Wayne State University School of Medicine, Detroit, Michigan

Victor E. Reuter, MD

Department of Pathology, Memorial Sloan-Kettering Cancer Center, New York

Peter A. Humphrey, MD, PhD

Department of Pathology, Barnes-Jewish Hospital, St. Louis, Missouri

Michael B. Cohen, MD

Department of Pathology, University of Iowa Health Care, Iowa City, Iowa

M. Elizabeth H. Hammond, MD

Department of Pathology, LDS Hospital and University of Utah School of Medicine, Salt Lake City, Utah

For the Members of the Cancer Committee, College of American Pathologists

**Previous contributors:** Donald Earl Henson, MD

© 2005. College of American Pathologists. All rights reserved.

The College does not permit reproduction of any substantial portion of these protocols without its written authorization. The College hereby authorizes use of these protocols by physicians and other health care providers in reporting on surgical specimens, in teaching, and in carrying out medical research for nonprofit purposes. This authorization does not extend to reproduction or other use of any substantial portion of these protocols for commercial purposes without the written consent of the College.

The College of American Pathologists offers these protocols to assist pathologists in providing clinically useful and relevant information when reporting results of surgical specimen examinations of surgical specimens. The College regards the reporting elements in the “Surgical Pathology Cancer Case Summary (Checklist)” portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

The College developed these protocols as an educational tool to assist pathologists in the useful reporting of relevant information. It did not issue the protocols for use in litigation, reimbursement, or other contexts. Nevertheless, the College recognizes that the protocols might be used by hospitals, attorneys, payers, and others. Indeed, effective January 1, 2004, the Commission on Cancer of the American College of Surgeons mandated the use of the checklist elements of the protocols as part of its Cancer Program Standards for Approved Cancer Programs. Therefore, it becomes even more important for pathologists to familiarize themselves with the document. At the same time, the College cautions that use of the protocols other than for their intended educational purpose may involve additional considerations that are beyond the scope of this document.

## **Summary of Changes to Checklist(s)**

*Protocol revision date: January 2005*

No changes have been made to the data elements of the checklist(s) since the January 2004 protocol revision.

**Surgical Pathology Cancer Case Summary (Checklist)***Protocol revision date: January 2005**Applies primarily to invasive carcinomas and/or associated epithelial lesions, including carcinoma in situ**Based on AJCC/UICC TNM, 6th edition***\*URINARY BLADDER, URETER, RENAL PELVIS: Biopsy****(Note: Use of checklist for biopsy specimens is optional)**

\*Patient name:

\*Surgical pathology number:

**Note: Check 1 response unless otherwise indicated.****\*MACROSCOPIC****\*Specimen Type**

- \*  Bladder biopsy
- \*  Renal pelvis biopsy
- \*  Ureter biopsy
- \*  Transurethral specimen
- \*  Other (specify): \_\_\_\_\_
- \*  Not specified

**\*Laterality (Renal Pelvis and Ureter)**

- \*  Left
- \*  Right
- \*  Not specified

**\*MICROSCOPIC****\*Histologic Type**

- \*  Urothelial (transitional cell) carcinoma
- \*  Urothelial (transitional cell) carcinoma with squamous differentiation
- \*  Urothelial (transitional cell) carcinoma with glandular differentiation
- \*  Urothelial (transitional cell) carcinoma with variant histology  
(specify): \_\_\_\_\_
- \*  Squamous cell carcinoma, typical
- \*  Squamous cell carcinoma, variant histology (specify): \_\_\_\_\_
- \*  Adenocarcinoma, typical
- \*  Adenocarcinoma, variant histology (specify): \_\_\_\_\_
- \*  Small cell carcinoma
- \*  Undifferentiated carcinoma (specify): \_\_\_\_\_

4

\* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

- \*  Mixed cell type (specify): \_\_\_\_\_
- \*  Other (specify): \_\_\_\_\_
- \*  Carcinoma, type cannot be determined

**\*Associated Epithelial Lesions (check all that apply)**

- \*  None identified
- \*  Urothelial (transitional cell) papilloma (World Health Organization [WHO] / International Society of Urologic Pathology [ISUP], 1998)
- \*  Urothelial (transitional cell) papilloma, inverted type
- \*  Papillary urothelial (transitional cell) neoplasm, low malignant potential (WHO/ISUP 1998)
- \*  Cannot be determined

**\*Histologic Grade**

- \*  Not applicable
- \*  Cannot be determined

**\*Urothelial Carcinoma (WHO/ISUP, 1998)**

- \*  Low-grade
- \*  High-grade
- \*  Other (specify): \_\_\_\_\_

**\*Adenocarcinoma and Squamous Carcinoma**

- \*  GX: Cannot be assessed
- \*  G1: Well differentiated
- \*  G2: Moderately differentiated
- \*  G3: Poorly differentiated
- \*  Other (specify): \_\_\_\_\_

**\*Tumor Configuration (check all that apply)**

- \*  Papillary
- \*  Solid/nodule
- \*  Flat
- \*  Ulcerated
- \*  Indeterminate
- \*  Other (specify): \_\_\_\_\_

**\*Adequacy of Material for Determining T Category**

- \*  Muscularis propria (detrusor muscle) absent
- \*  Muscularis propria (detrusor muscle) present
- \*  Indeterminate

\* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

**\*Pathologic Staging (pTNM)****\*Primary Tumor (pT)**

- \* \_\_\_ pTX: Cannot be assessed
- \* \_\_\_ pT0: No evidence of primary tumor
- \* \_\_\_ pTa: Noninvasive papillary carcinoma
- \* \_\_\_ pTis: Flat carcinoma in situ
- \* \_\_\_ pT1: Tumor invades subepithelial connective tissue (lamina propria)
- \* \_\_\_ pT2: Tumor invades muscularis propria (detrusor muscle)

**\*Additional Pathologic Findings (check all that apply)**

- \* \_\_\_ Urothelial dysplasia (low-grade intraurothelial neoplasia)
- \* \_\_\_ Inflammation/regenerative changes
- \* \_\_\_ Therapy-related changes
- \* \_\_\_ Cautery artifact
- \* \_\_\_ Cystitis cystica glandularis
- \* \_\_\_ Keratinizing squamous metaplasia
- \* \_\_\_ Intestinal metaplasia
- \* \_\_\_ Other (specify): \_\_\_\_\_

**\*Comment(s)**

**Surgical Pathology Cancer Case Summary (Checklist)***Protocol revision date: January 2005**Applies primarily to invasive carcinomas and/or associated epithelial lesions, including carcinoma in situ**Based on AJCC/UICC TNM, 6th edition***URINARY BLADDER: Cystectomy, Partial, Total, or Radical;  
Anterior Exenteration**

Patient name:

Surgical pathology number:

**Note: Check 1 response unless otherwise indicated.****MACROSCOPIC****Specimen Type**

- Partial cystectomy  
 Total cystectomy  
 Radical cystectomy  
 Radical cystoprostatectomy  
 Anterior exenteration  
 Other (specify): \_\_\_\_\_  
 Not specified

**\*Tumor Site (check all that apply)**

- \*  Trigone  
 \*  Right lateral wall  
 \*  Left lateral wall  
 \*  Anterior wall  
 \*  Posterior wall  
 \*  Dome  
 \*  Other (specify): \_\_\_\_\_  
 \*  Not specified

**Tumor Size**

Greatest dimension: \_\_\_ cm

\*Additional dimensions: \_\_\_x\_\_\_ cm

 Cannot be determined (see Comment)

\* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

**MICROSCOPIC****Histologic Type**

- Urothelial (transitional cell) carcinoma  
 Urothelial (transitional cell) carcinoma with squamous differentiation  
 Urothelial (transitional cell) carcinoma with glandular differentiation  
 Urothelial (transitional cell) carcinoma with variant histology  
 (specify): \_\_\_\_\_  
 Squamous cell carcinoma, typical  
 Squamous cell carcinoma, variant histology  
 (specify): \_\_\_\_\_  
 Adenocarcinoma, typical  
 Adenocarcinoma, variant histology (specify): \_\_\_\_\_  
 Small cell carcinoma  
 Undifferentiated carcinoma (specify): \_\_\_\_\_  
 Mixed cell type (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Carcinoma, type cannot be determined

**Associated Epithelial Lesions (check all that apply)**

- None identified  
 Urothelial (transitional cell) papilloma (World Health Organization [WHO] / International Society of Urologic Pathology [ISUP], 1998)  
 Urothelial (transitional cell) papilloma, inverted type  
 Papillary urothelial (transitional cell) neoplasm, low malignant potential (WHO/ISUP 1998)  
 Cannot be determined

**Histologic Grade**

- Not applicable  
 Cannot be determined

Urothelial Carcinoma (WHO/ISUP, 1998)

- Low-grade  
 High-grade  
 Other (specify): \_\_\_\_\_

Adenocarcinoma and Squamous Carcinoma

- GX: Cannot be assessed  
 G1: Well differentiated  
 G2: Moderately differentiated  
 G3: Poorly differentiated  
 Other (specify): \_\_\_\_\_

**\*Tumor Configuration (check all that apply)**

- \*  Papillary
- \*  Solid/nodule
- \*  Flat
- \*  Ulcerated
- \*  Indeterminate
- \*  Other (specify): \_\_\_\_\_

**Pathologic Staging (pTNM)**Primary Tumor (pT)

- pTX: Cannot be assessed
- pT0: No evidence of primary tumor
- pTa: Noninvasive papillary carcinoma
- pTis: Flat carcinoma in situ
- pT1: Tumor invades subepithelial connective tissue (lamina propria)
- pT2: Tumor invades muscularis propria (detrusor muscle)
- pT2a: Tumor invades superficial muscle (inner half)
- pT2b: Tumor invades deep muscle
- pT3: Tumor invades perivesical tissue
- pT3a: Microscopically
- pT3b: Macroscopically (extravesicular mass)
- pT4: Tumor invades any of the following: prostate, uterus, vagina, pelvic wall, abdominal wall
- pT4a: Tumor invades prostate or uterus or vagina
- pT4b: Tumor invades pelvic wall or abdominal wall

Regional Lymph Nodes (pN)

- pNX: Cannot be assessed
  - pN0: No regional lymph node metastasis
  - pN1: Metastasis in a single regional lymph node, 2 cm or less in greatest dimension
  - pN2: Metastasis in a single regional 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
  - pN3: Metastasis in a regional lymph node more than 5 cm in greatest dimension
- Specify: Number examined: \_\_\_\_\_  
Number involved (any size): \_\_\_\_\_

Distant Metastasis (pM)

- pMX: Cannot be assessed
- pM1: Distant metastasis  
\*Specify site(s), if known: \_\_\_\_\_

\* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

**Margins (check all that apply)**

- Cannot be assessed
- Margins uninvolved by invasive carcinoma  
     \*Distance of invasive carcinoma from closest margin: \_\_\_mm  
     \*Specify margin: \_\_\_\_\_
- Margin(s) involved by invasive carcinoma  
     Specify margin(s): \_\_\_\_\_
- Margin(s) uninvolved by carcinoma in situ
- Margin(s) involved by carcinoma in situ  
     Specify margin(s): \_\_\_\_\_

**\*Venous/Lymphatic (Large/Small Vessel) Invasion (V/L)**

- \*  Absent
- \*  Present
- \*  Indeterminate

**Direct Extension of Invasive Tumor (check all that apply)**

- None identified
- Perivesical fat
- Rectum
- Prostatic stroma
- Seminal vesicle (specify laterality): \_\_\_\_\_
- Vagina
- Uterus and adnexae
- Pelvic sidewall (specify laterality): \_\_\_\_\_
- Ureter (specify laterality): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**\*Additional Pathologic Findings (check all that apply)**

- \*  Urothelial dysplasia (low-grade intraurothelial neoplasia)
- \*  Inflammation/regenerative changes
- \*  Therapy-related changes
- \*  Cystitis cystica glandularis
- \*  Keratinizing squamous metaplasia
- \*  Intestinal metaplasia
- \*  Other (specify): \_\_\_\_\_

**\*Comment(s)**

## Surgical Pathology Cancer Case Summary (Checklist)

*Protocol revision date: January 2005*

*Applies primarily to invasive carcinomas and/or associated epithelial lesions, including carcinoma in situ*

*Based on AJCC/UICC TNM, 6th edition*

### **RENAL PELVIS: Resection/Nephroureterectomy, Partial or Complete**

Patient name:

Surgical pathology number:

**Note: Check 1 response unless otherwise indicated.**

#### **MACROSCOPIC**

##### **Specimen Type**

Nephroureterectomy, partial

Nephroureterectomy, complete

Other (specify): \_\_\_\_\_

Not specified

##### **Laterality**

Right

Left

Not specified

##### **Tumor Size**

Greatest dimension: \_\_\_ cm

\*Additional dimensions: \_\_\_ x \_\_\_ cm

Cannot be determined (see Comment)

\* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

**MICROSCOPIC****Histologic Type**

- Urothelial (transitional cell) carcinoma  
 Urothelial (transitional cell) carcinoma with squamous differentiation  
 Urothelial (transitional cell) carcinoma with glandular differentiation  
 Urothelial (transitional cell) carcinoma with variant histology  
     (specify): \_\_\_\_\_  
 Squamous cell carcinoma, typical  
 Squamous cell carcinoma, variant histology  
     (specify): \_\_\_\_\_  
 Adenocarcinoma, typical  
 Adenocarcinoma, variant histology (specify): \_\_\_\_\_  
 Small cell carcinoma  
 Undifferentiated carcinoma (specify): \_\_\_\_\_  
 Mixed cell type (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Carcinoma, type cannot be determined

**Associated Epithelial Lesions (check all that apply)**

- None identified  
 Urothelial (transitional cell) papilloma (World Health Organization [WHO] /  
 International Society of Urologic Pathology [ISUP], 1998)  
 Urothelial (transitional cell) papilloma, inverted type  
 Papillary urothelial (transitional cell) neoplasm, low malignant potential  
 (WHO/ISUP 1998)  
 Cannot be determined

**Histologic Grade**

- Not applicable  
 Cannot be determined

Urothelial Carcinoma (WHO/ISUP, 1998)

- Low-grade  
 High-grade  
 Other (specify): \_\_\_\_\_

Adenocarcinoma and Squamous Carcinoma

- GX: Cannot be assessed  
 G1: Well differentiated  
 G2: Moderately differentiated  
 G3: Poorly differentiated  
 Other (specify): \_\_\_\_\_

**Pathologic Staging (pTNM)**Primary Tumor (pT)

- pTX: Cannot be assessed  
 pT0: No evidence of primary tumor  
 pTa: Papillary noninvasive carcinoma  
 pTis: Flat carcinoma in situ  
 pT1: Tumor invades subepithelial connective tissue (lamina propria)  
 pT2: Tumor invades muscle  
 pT3: Tumor invades beyond muscularis into peripelvic fat or the renal parenchyma  
 pT4: Tumor invades adjacent organs, or through the kidney into the perinephric fat

Regional Lymph Nodes (pN)

- pNX: Cannot be assessed  
 pN0: No regional lymph node metastasis  
 pN1: Metastasis in a single regional lymph node, 2 cm or less in greatest dimension  
 pN2: Metastasis in a single regional 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  
 pN3: Metastasis in a regional lymph node more than 5 cm in greatest dimension  
 Specify: Number examined: \_\_\_\_  
 Number involved (any size): \_\_\_\_

Distant Metastasis (pM)

- pMX: Cannot be assessed  
 pM1: Distant metastasis  
 \*Specify site(s), if known: \_\_\_\_\_

**\*Tumor Configuration (check all that apply)**

- Papillary  
 Solid/nodule  
 Flat  
 Ulcerated  
 Indeterminate  
 Other (specify): \_\_\_\_\_

**Margins (check all that apply)**

- Cannot be assessed  
 Margins uninvolved by invasive carcinoma  
 \*Distance of invasive carcinoma from closest margin: \_\_\_\_ mm  
 \*Specify margin: \_\_\_\_\_  
 Margin(s) involved by invasive carcinoma  
 Specify margin(s): \_\_\_\_\_  
 Margin(s) uninvolved by carcinoma in situ  
 Margin(s) involved by carcinoma in situ  
 Specify margin(s): \_\_\_\_\_  
 Other(s) (specify): \_\_\_\_\_

\* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

**\*Venous/Lymphatic (Large/Small Vessel) Invasion (V/L)**

- \*  Absent
- \*  Present
- \*  Indeterminate

**\*Additional Pathologic Findings (check all that apply)**

- \*  Urothelial carcinoma in situ
- \*  Urothelial dysplasia (low-grade intraurothelial neoplasia)
- \*  Inflammation/regenerative changes
- \*  Therapy-related changes
- \*  Cystitis cystica glandularis
- \*  Keratinizing squamous metaplasia
- \*  Intestinal metaplasia
- \*  Other (specify): \_\_\_\_\_

**\*Comment(s)**

\* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

**Surgical Pathology Cancer Case Summary (Checklist)***Protocol revision date: January 2005**Applies primarily to invasive carcinomas and/or associated epithelial lesions, including carcinoma in situ**Based on AJCC/UICC TNM, 6th edition***URETER: Resection**

Patient name:

Surgical pathology number:

**Note: Check 1 response unless otherwise indicated.****MACROSCOPIC****Specimen Type** Ureterectomy Nephroureterectomy Other (specify): \_\_\_\_\_ Not specified**Laterality** Right Left Not specified**Tumor Size**

Greatest dimension: \_\_\_\_

\*Additional dimensions: \_\_\_\_ x \_\_\_\_

 Cannot be determined (see Comment)

\* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

**MICROSCOPIC****Histologic Type**

- Urothelial (transitional cell) carcinoma  
 Urothelial (transitional cell) carcinoma with squamous differentiation:  
 Urothelial (transitional cell) carcinoma with glandular differentiation  
 Urothelial (transitional cell) carcinoma with variant histology  
     (specify): \_\_\_\_\_  
 Squamous cell carcinoma, typical  
 Squamous cell carcinoma, variant histology  
     (specify): \_\_\_\_\_  
 Adenocarcinoma, typical  
 Adenocarcinoma, variant histology (specify): \_\_\_\_\_  
 Small cell carcinoma  
 Undifferentiated carcinoma (specify): \_\_\_\_\_  
 Mixed cell type (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Carcinoma, type cannot be determined

**Associated Epithelial Lesions (check all that apply)**

- None identified  
 Urothelial (transitional cell) papilloma (World Health Organization [WHO] /  
 International Society of Urologic Pathology [ISUP], 1998)  
 Urothelial (transitional cell) papilloma, inverted type  
 Papillary urothelial (transitional cell) neoplasm, low malignant potential  
 (WHO/ISUP 1998)  
 Cannot be determined

**Histologic Grade**

- Not applicable  
 Cannot be determined

Urothelial Carcinoma (WHO/ISUP, 1998)

- Low-grade  
 High-grade  
 Other (specify): \_\_\_\_\_

Adenocarcinoma and Squamous Carcinoma

- GX: Cannot be assessed  
 G1: Well differentiated  
 G2: Moderately differentiated  
 G3: Poorly differentiated  
 Other (specify): \_\_\_\_\_

**Pathologic Staging (pTNM)**Primary Tumor (pT)

- pTX: Cannot be assessed  
 pT0: No evidence of primary tumor  
 pTa: Papillary noninvasive carcinoma  
 pTis: Carcinoma in situ  
 pT1: Tumor invades subepithelial connective tissue (lamina propria)  
 pT2: Tumor invades the muscularis  
 pT3: Tumor invades beyond muscularis into periureteric fat  
 pT4: Tumor invades adjacent organs

Regional Lymph Nodes (pN)

- pNX: Cannot be assessed  
 pN0: No regional lymph node metastasis  
 pN1: Metastasis in a single regional lymph node, 2 cm or less in greatest dimension  
 pN2: Metastasis in a single regional 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  
 pN3: Metastasis in a regional lymph node more than 5 cm in greatest dimension  
 Specify: Number examined: \_\_\_\_  
 Number involved (any size): \_\_\_\_

Distant Metastasis (pM)

- pMX: Cannot be assessed  
 pM1: Distant metastasis  
 \*Specify site(s), if known: \_\_\_\_\_

**\*Tumor Configuration (check all that apply)**

- \*  Papillary  
 \*  Solid/nodule  
 \*  Ulcerated  
 \*  Flat  
 \*  Indeterminate  
 \*  Other (specify): \_\_\_\_\_

**Margins (check all that apply)**

- Cannot be assessed  
 Margins uninvolved by invasive carcinoma  
 \*Distance of invasive carcinoma from closest margin: \_\_\_\_ mm  
 \*Specify margin(s): \_\_\_\_\_  
 Margin(s) involved by invasive carcinoma  
 Specify margin(s): \_\_\_\_\_  
 Margins(s) involved by carcinoma in situ  
 Margin(s) uninvolved by carcinoma in situ  
 Other(s) (specify): \_\_\_\_\_

\* Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

**\*Venous/Lymphatic (Large/Small Vessel) Invasion (V/L)**

- \*  Absent
- \*  Present
- \*  Indeterminate

**\*Additional Pathologic Findings (check all that apply)**

- \*  Urothelial carcinoma in situ
- \*  Urothelial dysplasia (low-grade intraurothelial neoplasia)
- \*  Inflammation/regenerative changes
- \*  Therapy-related changes
- \*  Cystitis cystica glandularis
- \*  Keratinizing squamous metaplasia
- \*  Intestinal metaplasia
- \*  Other (specify): \_\_\_\_\_

**\*Comment(s)**