Recording and Reporting of Urothelial Tumours of the Urinary Tract

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European Network of Cancer Registries

European Commission

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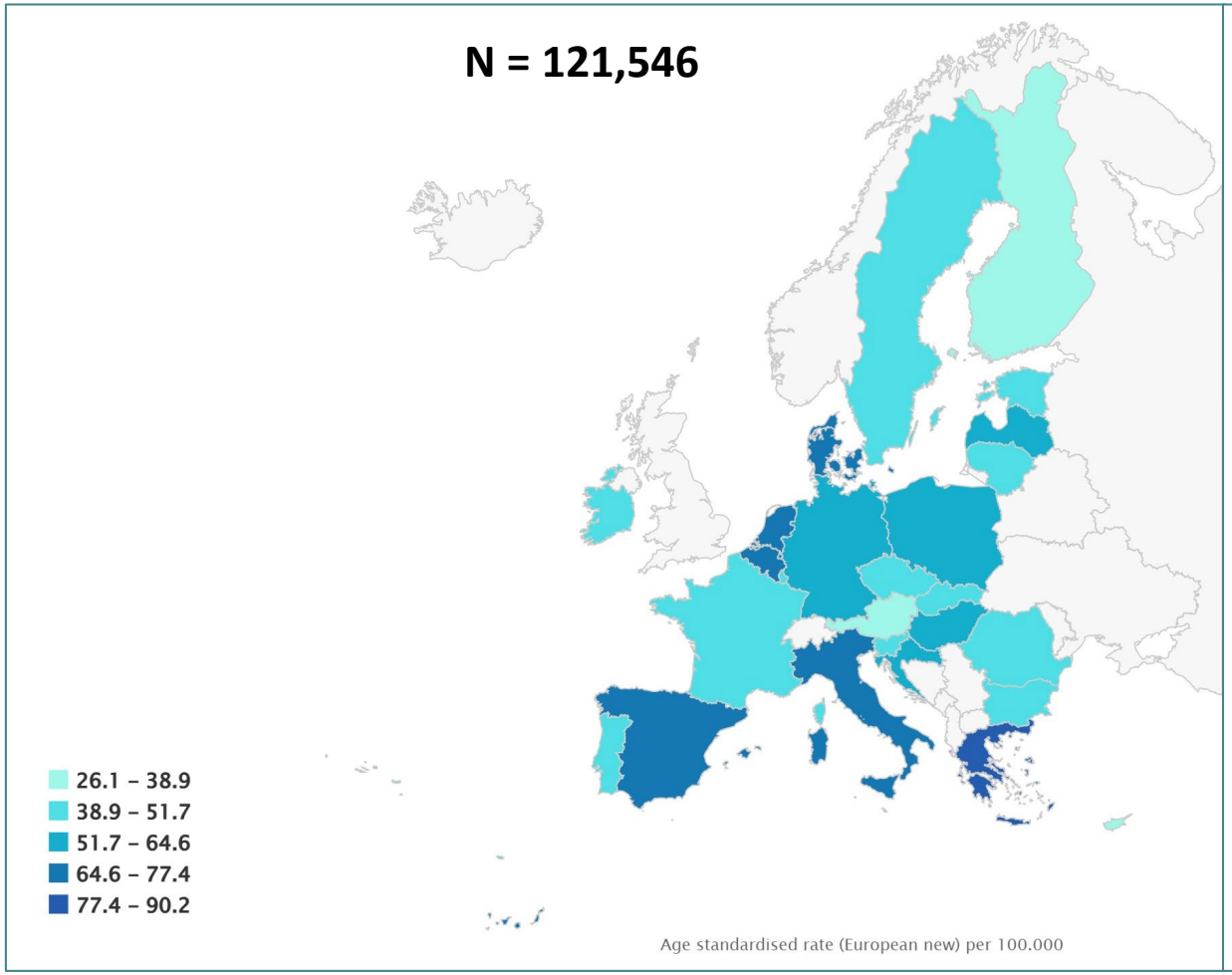
Introduction

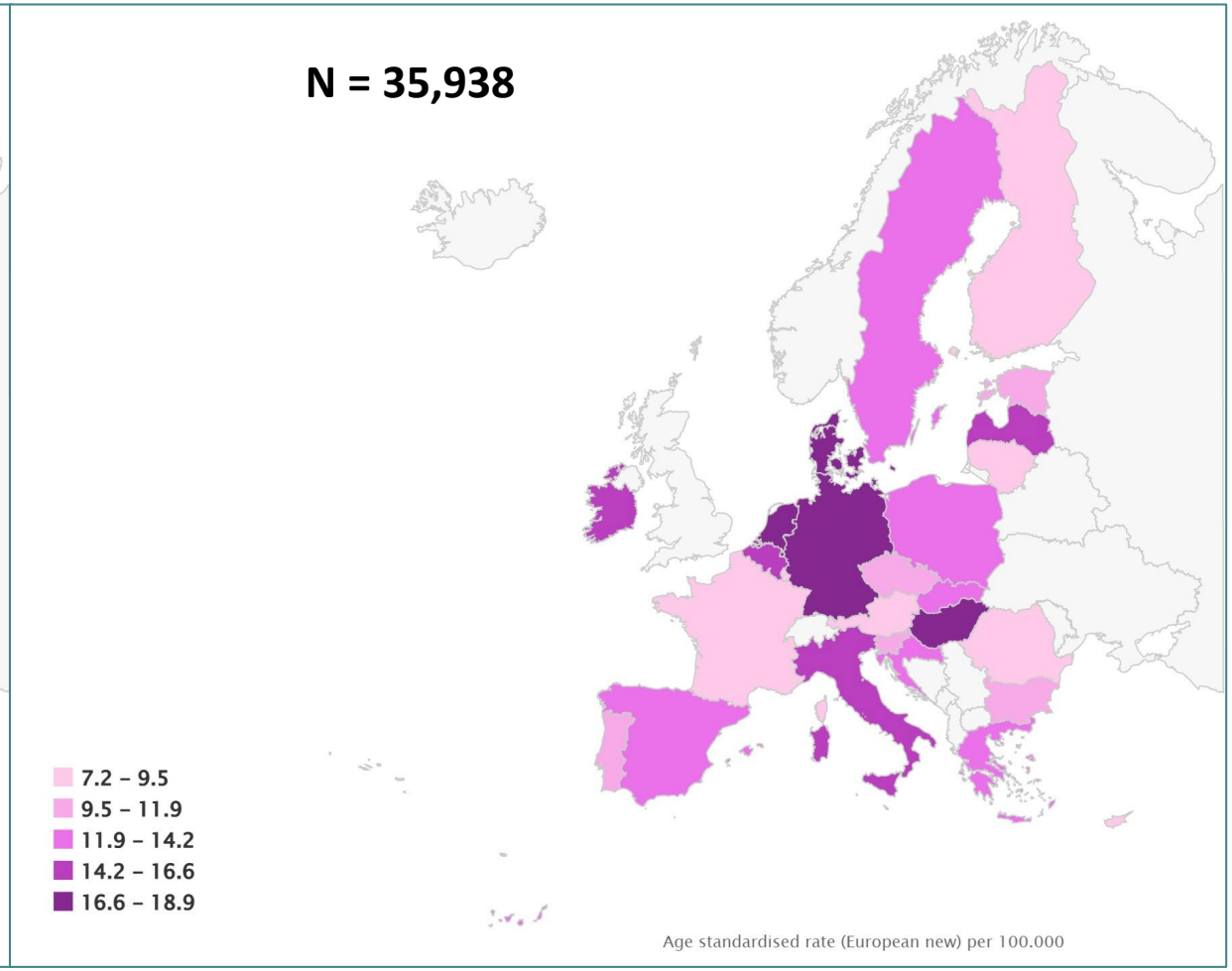
Urinary bladder cancer incidence in Europe, 2020

Fifth most incident cancer in Europe (EU27)

N = 121,546



N = 35,938



N = 157,484

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Introduction

1995: ENCR Recommendations for coding bladder cancers,
but

- great variability among registries in the criteria for recording and reporting urinary tract tumours.
- knowledge about the biology and pathology of urinary tract tumours and their classification has increased substantially.

Working Group members:
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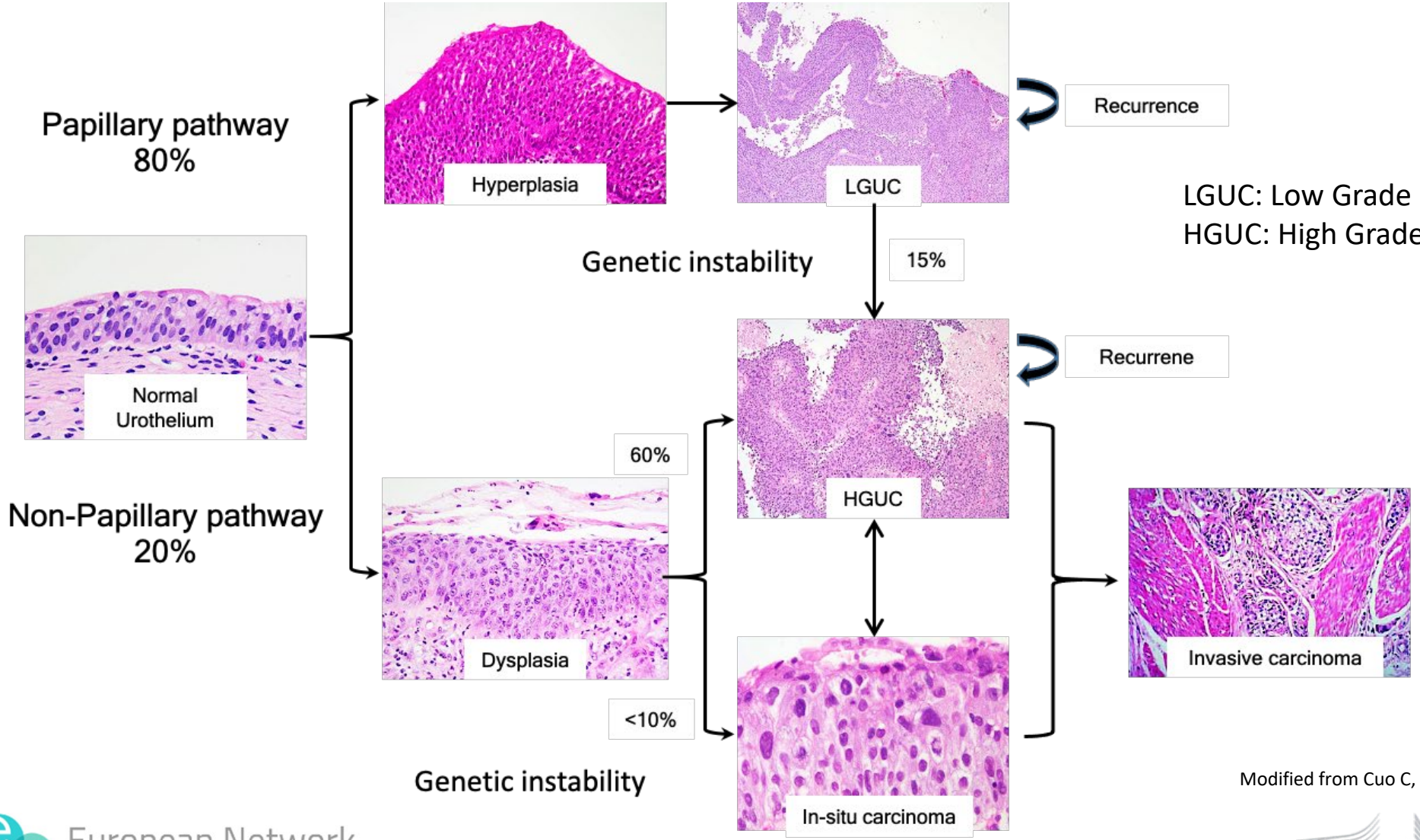
Relevant aspects for the recommendations

- Primary site
- Histological type
- Grade
- Extent of invasion / stage (TNM)
- Multi-centricity
- Recurrences/progressions and the time interval between tumours
- Difficulties in the obtaining of the result of biopsies
- Existence of tumours diagnosed before the registry's period of recording
- The residence of patients at the time of diagnosis of each tumour
- Criteria for multiplicity

Dual-track concept of bladder carcinogenesis



LGUC: Low Grade Urothelial Carcinoma
HGUC: High Grade Urothelial Carcinoma

Modified from Cuo C, Czerniak B. Arch Pathol Lab Med. 2019.

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WHO classification: non-invasive urothelial neoplasms

WHO classification, 5th edition
• Urothelial papilloma
• Urothelial papilloma, inverted
• Papillary urothelial neoplasm of low malignant potential • Inverted papillary urothelial neoplasm of low malignant potential
• Non-invasive papillary urothelial carcinoma, low grade • Low-grade papillary urothelial carcinoma with an inverted growth pattern
• Non-invasive papillary urothelial carcinoma, high grade • Non-invasive high-grade papillary urothelial carcinoma with an inverted growth pattern
• Urothelial carcinoma in situ

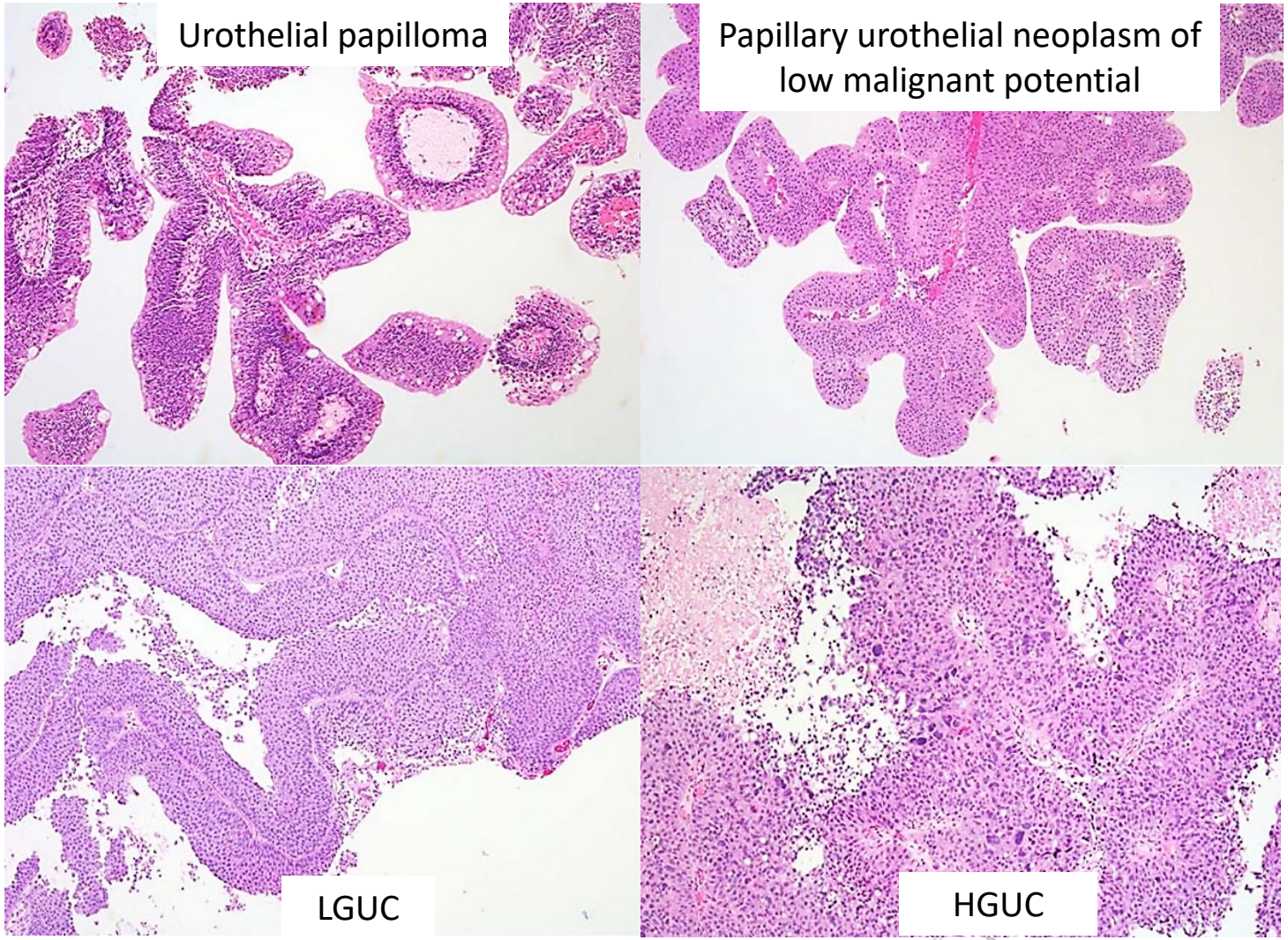
WHO 2022 classifications
of urothelial tumours of the urinary tract

Adapted from Netto GJ, et al. Eur Urol. 2022

WHO classification: non-invasive urothelial neoplasms

WHO 2022 classifications of urothelial tumours of the urinary tract

(Examples)



WHO classification: invasive urothelial carcinoma

WHO 5th edition
Histologic subtypes of urothelial carcinoma
• Nested
• Large nested
• Tubular
• Microcystic
• Micropapillary
• Lymphoepithelioma like
• Plasmacytoid
• Sarcomatoid
• Giant cell
• Poorly differentiated
• Lipid rich
• Clear cell (glycogen rich)

WHO 5th edition
Urothelial carcinoma with divergent differentiation
• UC with squamous differentiation
• UC with glandular differentiation
• UC with trophoblastic differentiation
• UC with Müllerian differentiation (clear cell differentiation)

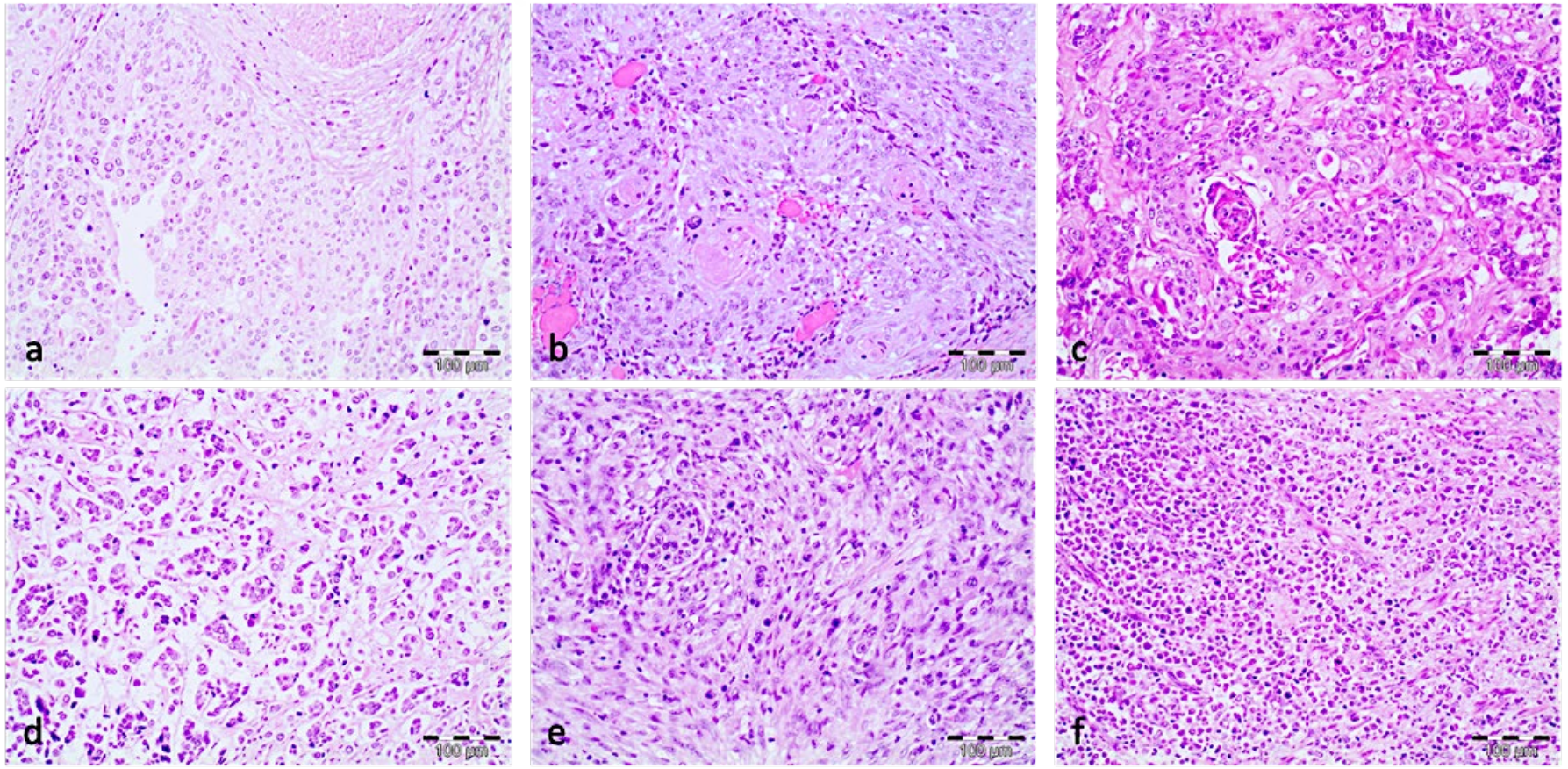
WHO 2022 classifications
of urothelial tumours of the urinary tract

Adapted from Netto GJ, et al. Eur Urol. 2022

WHO classification: invasive urothelial carcinoma

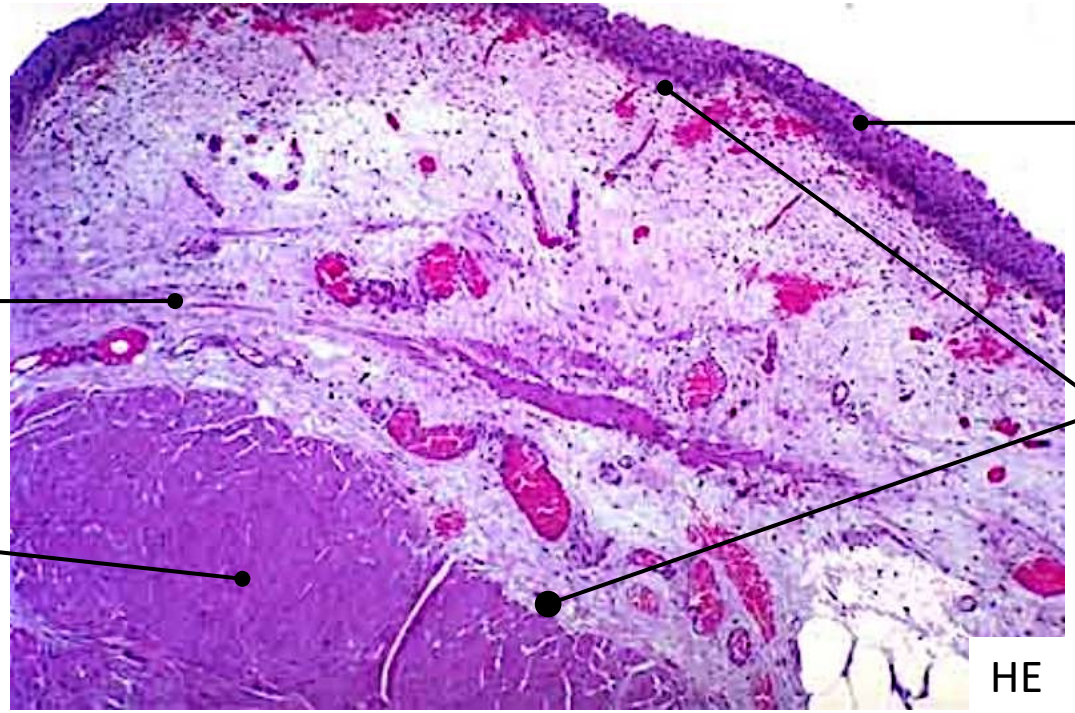
WHO 2022 classifications of urothelial tumours of the urinary tract

(Examples)



a) Urothelial invasive carcinoma
b) Urothelial carcinoma with squamous differentiation
c) Pure squamous cell carcinoma
d) Micropapillary carcinoma
e) Sarcomatoid carcinoma
f) Plasmacytoid carcinoma

Extent of invasion



Urinary bladder

Stage: pT category

pTa: Non-invasive papillary carcinoma
pTis: Urothelial carcinoma in situ

Lamina propria

pT1: Tumor invades lamina propria

Muscularis propria

pT2: Tumour invades muscularis propria
pT2a: Tumour invades superficial muscularis propria (inner half)
pT2b: Tumour invades deep muscularis propria (outer half)
pT2 (subcategory cannot be determined)

pT3: Tumour invades perivesical soft tissue
pT3a: Tumour invades perivesical soft tissue microscopically
pT3b: Tumour invades perivesical soft tissue macroscopically
pT3 (subcategory cannot be determined)

pT4: Extravesical tumour directly invades any of the following: prostatic stroma, seminal vesicles, uterus, vagina, pelvic wall, abdominal wall
pT4a: Extravesical tumour invades directly into prostatic stroma, uterus, or vagina
pT4b: Extravesical tumour invades pelvic wall, abdominal wall
pT4 (subcategory cannot be determined)

It is essential to differentiate between:

the **recording** (registration) and **reporting** (counting) of tumors.

Objective of these recommendations

- Harmonize the recording of urothelial tumours in European registries with respect to the updated knowledge.
- Record robust data to describe well the incidence and survival of these tumours with known progression.

Recommendations for recording urothelial tumours

Principles

1. These principles apply to all urothelial tumours (transitional cell tumours) (**8120-8131, 8020, 8031, 8082**) regardless of the site of the tumour (renal pelvis, ureter, urinary bladder or urethra; C65 to C68).
2. Sarcomas, adenocarcinomas, squamous carcinomas, neuroendocrine tumours and others are **not** included in these recommendations although they appear in the urinary tract and must also be recorded by the registries.
3. **Essential to have access to the pathological examinations (reports)** for the recording of date of incidence, topography, morphology, behaviour and grade.
4. **Synchronous tumours:** those that are diagnosed **within four months of each other**. Metachronous tumours are those that are diagnosed more than four months apart.

Rule 1. Types to be included

The following types of tumours arising in the urinary tract must be recorded:

1. Non-invasive papillary urothelial carcinoma, low-grade
2. Non-invasive papillary urothelial carcinoma, high-grade
3. Urothelial carcinoma in situ (Carcinoma in situ)
4. All invasive carcinomas
5. Tumour with histologic examination but invasion cannot be assessed
6. Tumour with cytological examination only
7. Tumour without microscopic confirmation

Note

Papillary urothelial neoplasms of low malignant potential (PUNLMP) (tumour with minimal atypia - 8130/1), urothelial papillomas, inverted urothelial papillomas, urothelial proliferation of uncertain malignant potential and urothelial dysplasia, are **not** malignant → **not recommended to register.**
If registered, they should **not** be counted in the cancer incidence.

Rule 2. Multiple sites

If a patient presents with several (synchronous or metachronous) urothelial tumours in different sites, record all tumours of different three-digit sites (C65-C68) and laterality (if renal pelvis or ureter). If a metachronous tumour is diagnosed in the ureter or urethra after cystectomy, it should not be recorded if it has arisen at the surgical margin because it should be considered as a local recurrence of the removed tumour in the urinary bladder except if it is a progression.

A patient with a *"Non-invasive high-grade carcinoma" of bladder (1)* followed by an *"In situ carcinoma" of right renal pelvis (2)* followed by an *"Invasive carcinoma" of urethra (3)*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Right renal pelvis			2	
Left renal pelvis				
Right ureter				
Left ureter				
Bladder		1		
Urethra				3

Action: All cases should be recorded.

Rule 3. Progressions

- If a patient presents with several urothelial tumours in the same three-digit topographical site that includes some progression of the disease, **register the first tumour** and then subsequently only those tumours that represent a chronological progression. The following series shows the order that represent a progression:

Non-invasive, low grade (TaG1) → ***Non-invasive, high grade (TaG3)*** → ***In situ (Tis)*** →

→ ***Invasive, superficial (T1)*** → ***Muscle-invasive (T2+)***

- Due to the special characteristics of urothelial tumours, the recording of the different stages should be done for these tumours in order to know their progression. Remember that **all known steps of this progression should be recorded**. Therefore, for example, the recording of a T2+ invasive tumour does not replace the recording of a T1 invasive tumour if the latter is known.

Rule 3. Progressions

A patient with a "*Non-invasive high-grade carcinoma" of bladder (1)* followed by an *"Invasive carcinoma" of bladder (2)*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Bladder		1		2

Action: All cases should be recorded.

A patient with a "*Non-invasive High-grade carcinoma" of bladder (1)* followed by an *"Invasive urothelial carcinoma" of bladder (2)* followed by an *"In situ carcinoma" of bladder (3)*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Bladder		1		2

Action: Only the first and the second (progression) should be recorded. The third one (CIS) is not a progression of the second one (invasive carcinoma).

A patient with a "*Non-invasive low-grade carcinoma" of bladder (1)* followed by a *"Non-invasive high-grade carcinoma" of bladder (2)*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Bladder	1	2		

Action: All cases should be recorded because the second one is a progression of the first one.

Rule 3. Progressions

A patient with a *"Non-invasive Low-grade carcinoma" of bladder (1)* followed by an *"In situ carcinoma" of right renal pelvis (2)* followed by an *"Non-Invasive High grade carcinoma" of right renal pelvis (3)* followed by an *"Invasive carcinoma" of bladder (4)* followed by a *"Non-Invasive high-grade carcinoma" of urethra (5)*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Right renal pelvis			2	
Left renal pelvis				
Right ureter				
Left ureter				
Bladder	1			4
Urethra		5		

Action:

- The 1st should be recorded.
- The 2nd should be recorded because it has a different site than the 1st.
- The 4th should be registered because it is a progression of the 1st
- The 5th should be recorded because it has a different site than the first and the 2nd.
- The 3rd should not be recorded because it is not a progression of the 2nd.

Rule 4. Recurrences

- Tumours that represent recurrences (not progressions) with the same or lower level of invasion and degree do **not** have to be recorded

A patient with an *"In situ carcinoma" of bladder (1) followed by a "Non-invasive high-grade carcinoma" of bladder (2)* followed by a *"Non-Invasive high-grade carcinoma" of bladder (3)* followed by an *"In situ carcinoma" of bladder (4) and* followed by a *"Non-Invasive high-grade carcinoma" of bladder (5)*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Bladder			1	

Action: Only the first should be recorded. All other are recurrences, no progressions.

Rule 5. Synchronous urothelial tumours at the same site and laterality

- If a patient presents with more than one urothelial tumour in the same three-digit topographical site and laterality (if renal pelvis or ureter) in a short period of time (≤4 months – i.e. synchronous–), **record only the most aggressive of them** (based on the progression table in point 3 above) but with the date of diagnosis taken from the first tumour.
- This criterion also applies to tumours whose resection is performed in two phases. In these cases, the temporal course of clinical investigation should also be considered because sometimes initial resections are not complete or the second look is sometimes delayed, particularly in old patients.

A patient with an *"Invasive urothelial carcinoma" of anterior wall bladder (C67.3) (1)* followed by a synchronous *"Invasive urothelial carcinoma" of bladder dome (C67.1) (2).*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Bladder				1 (with the date of the "First-*invasive carcinoma" -1-)*

Action: Record as an invasive urothelial carcinoma with the date of the first invasive carcinoma and with the code C67.8 (Overlapping lesion of bladder).

Rule 5. Synchronous urothelial tumours at the same site and laterality

A patient with a *"Non-invasive low-grade carcinoma" of bladder NOS (1)* followed by a synchronous *"Invasive carcinoma" of bladder NOS (2).*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Bladder				2 (with the date of the *"Non-invasive Low-grade carcinoma" -1-)*

Action: Record the invasive carcinoma with the date of the non-invasive low-grade carcinoma.

A patient with an *"Invasive urothelial carcinoma" of anterior wall bladder (C67.3) (1)* followed by a synchronous *"Invasive urothelial carcinoma" of bladder dome (C67.1) (2).*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Bladder				1 (with the date of the "First-*invasive carcinoma" -1-)*

Action: Record as an invasive urothelial carcinoma with the date of the first invasive carcinoma and with the code C67.8 (Overlapping lesion of bladder).

Rule 6. Codes of site in synchronous bladder tumours

- Record synchronous tumours of the bladder using the synchronous tumour rule (rule 5).
- If the highest level of progression is present in more than one tumour and in more than one subsite (four-digit topography), code the site as C67.8 even if the tumours are not contiguous.
- If they appear in the same subsite, codify the corresponding subsite

Rule 7. Synchronous tumours at different sites

- If a patient presents with more than one urothelial tumour in different three-digit topographical sites in a short period of time (≤4 months –synchronous–), record each tumour separately, each one with its corresponding topography, morphology, behaviour codes and incidence date
- No **not** use grouping code C68.9 for registration purpose.

Rule 8. Bilateral tumours

- If a patient presents with several (synchronous or metachronous) urothelial tumours in both sides of the same paired organ (e.g. right and left pelvis or right and left ureter), record all the tumours of each side of each three digit site following rules 3 to 6 (e.g. 1st urothelial carcinoma in right ureter and its progressions, and 1st urothelial carcinoma in left ureter and its progressions).

A patient with a *"Non-invasive Low-grade carcinoma" of left ureter (1a)* with a synchronous *"Invasive carcinoma" of right ureter (1b)* followed by an *"In situ carcinoma" of left ureter (2)* followed by a *"Non-Invasive high-grade carcinoma" of right ureter (3).*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Left ureter	1a		2	
Right ureter				1b

Action: Record tumours 1a, 1b and 2. Tumours 1a and 1b are synchronous and they appeared in two different ureters. The tumour 2 must be registered because it is a progression of tumour 1a. The third tumour should not be registered because it represents a simple recurrence of the tumour 1b.

Rule 9. Mixed situations of multiplicity, progressions and synchronicity/metachronicity

- If a patient presents with a combination of synchronous and metachronous multiple urothelial tumours in the same and/or different three-digit sites, record them according to rules 2 to 8.

A patient with a *"Non-invasive low-grade carcinoma" of bladder (1)* followed by a synchronous *"Invasive carcinoma" of bladder (2)* followed by an *"In situ carcinoma" of right renal pelvis (3)* followed by a *"Non-Invasive high-grade carcinoma" of right renal pelvis (4)* followed by an *"Invasive carcinoma" of bladder (5).*

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Right renal pelvis			3	
Bladder				2 (with the date of the "*Non-invasive Low-grade carcinoma" -1-*)

Action: Tumour 1 and tumour 2 are synchronous at the same site but only the invasive should be recorded (with the date of diagnosis of the first tumour). Record tumour 3 because it appeared in a different site. Do not register tumour 4 (recurrence of tumour 3) or tumour 5 (recurrence of tumour 2).

Rule 10. First tumour occurring outside the registration area

A patient can move from one residence to another, so place of residence should be related to the tumours and not to the patient.

- If information is available showing a patient resident in the coverage area of the registry has been previously diagnosed with a urothelial tumour(s) when resident outside the registration area, record all of them (the ones occurring outside the area of registration and the ones diagnosed being resident in the area of the registry) according to rules 2 to 8 (that enables the tumours to be flagged as 'Extra-regional' for reporting purposes).

The recording of a first tumour diagnosed outside the area of registration allows the registry to know if a subsequent tumour is a recurrence or progression (recorded but not reported as incident).

- The recording of this information prevents over-reporting: urothelial tumours tend to recur and progress. If a person had a first tumour whilst resident outside the registration area and the tumour is not recorded, any subsequent recurrences or progressions would be mistakenly considered as the first (reportable) cancer because we do not know that they had a previous cancer.

Rule 10. First tumour occurring outside the registration area

A patient with a *"Non-Invasive high-grade carcinoma" of bladder (1)* diagnosed outside the area of registration followed by an *"In situ carcinoma" of left renal pelvis (2)* and an *"Invasive carcinoma" of bladder (3),* both of them diagnosed within the area of registration.

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Left renal pelvis			2	
Bladder		1		3

Action: Record tumour 1 to know that the first tumour of this patient was diagnosed when the patient was not yet resident in the registration area. Record tumour 2 (it appeared in another site) and tumour 3 (it represents a progression of tumour 1).

A patient with an *"Invasive carcinoma" of bladder (1)* diagnosed outside the area of registration followed by an *"In situ carcinoma" of right renal pelvis (2)* and a *"Non-invasive high grade carcinoma" of bladder (3),* both of them diagnosed within the area of registration.

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Right renal pelvis			2	
Bladder				1

Action: Record tumour 1 to know that the first tumour of this patient was diagnosed when the patient was not yet resident in the registration area and tumour 2 (it appeared at another site). Do not register tumour 3 (it is a recurrence of tumour (1).

Rule 11. First tumour occurring before the operation period of the registry

If information is available showing a patient resident in the coverage area of the registry has been diagnosed with one or more urothelial tumours before the operation period of the registry, record all their tumours (the ones diagnosed before and the one diagnosed after first date of operation of the registry) according to rules 2 to 8.

> ***The recording of tumours diagnosed before the period of operation of the registry allows the registry to know whether subsequent tumours should be recorded as progression or recurrence (recorded but not reported as incident).***

The recording of this information also prevents over-reporting in cases of recurrence.

A patient with a *"Non-Invasive high-grade carcinoma" of bladder (1)* diagnosed before the operation period of the registry followed by an *"In situ carcinoma" of left renal pelvis (2)* and an *"Invasive carcinoma" of bladder (3),* both of them diagnosed within the operating period of the registry.

	Non-invasive Low grade	Non-invasive High grade	In situ	Invasive
Left renal pelvis			2	
Bladder		1		3

Action: Record tumour 1 to know that the first tumour of this patient was diagnosed before the operation period of the registry. Record also tumour 2 (it appeared at another site) and tumour 3 (it is a progression of tumour (1).

Rules for classification and coding

Rule 1. Classification

All urothelial tumours must be coded according to the most recent version of the *International Classification of Diseases for Oncology (ICD-O)*

(this classification is almost equivalent to the WHO classification)

Rule 2. Morphology when histology is available

Tumour type	Morphology/ Behaviour	Grade
Non-invasive (papillary) urothelial carcinoma, low-grade	8130/2	1
Non-invasive (papillary) urothelial carcinoma, high-grade	8130/2	3
Non-invasive (papillary) urothelial carcinoma, grade unknown	8130/2	9
Urothelial carcinoma (with histologic examination), *but invasion cannot be assessed*		
- Papillary term mentioned or papillary appearance (exophytic lesion)	8130/2	1/3/9
- Papillary term not mentioned or no information about appearance	8120/2	1/3/9
- The clinical impression is of invasive disease	8120/3	3
Urothelial carcinoma in situ (carcinoma in situ)	8120/2	3
Invasive carcinoma, NOS	8010/3	3
Invasive urothelial carcinoma	8120/3	3

Rule 2. Morphology when only cytology is available

Cytology results	Morphology* /Behaviour**	Grade
High grade urothelial carcinoma	8130/2 or 8120/2	3

or “suspicious for high-grade urothelial carcinoma” (SHGUC Paris classification).

(See ANNEX 2, section “Paris System reporting for urine cytology”, paragraph “Behaviour of high grade tumours diagnosed by cytology only”).

(*) If you only have cytological examination, try to find out if the tumour has a papillary appearance (8130) or not (8120) by reviewing the imaging.

(**) If the clinical impression (e.g. scans) is of invasive disease, then code with /3 behaviour code.

Note: Non-urothelial malignant cells seen on cytology should be coded according to the pathology report and clinical information

*Note : Regarding the **date of incidence**, when a tumour is diagnosed after a cytology suspicious of a high grade tumor (Paris 4), use the incidence **date of the histology** that provides the **definitive confirmation of the malignancy.***

Rule 2. Morphology without microscopic conformation

When histo/cytopathological evidence is unavailable but clinical appearance is confirmed by the clinician, use the following codes.

Tumour type	Morphology/Behaviour	Grade
No microscopic confirmation: Tumour clinically malignant	8000/3	9
No microscopic confirmation: Tumour NOS	Do not record*	

(*) If recorded, code: 8000/1 Grade 9

Rule 2. Behaviour

Codes of behaviour for unknown level of invasion.

"Sub-epithelial connective tissue" is not present in resection.

- First of all, ask for pathologist assessment. If it is not possible or the pathologist can't give an answer:
  - If "Urothelial papilloma": **/0** (there is no recommendation to record this tumour).
  - If "Papillary urothelial neoplasm of low malignant potential (PUNLMP)": **/1** (there is no recommendation to record this tumour but if it is recorded, code 8130/1 without grade and pT) (some pathologists can erroneously code pTa in PUNLMP. pTa should be used only in carcinomas).
  - If "Urothelial proliferation of uncertain malignant potential": **/1** (there is no recommendation to record this entity).
  - If "Non-invasive papillary urothelial carcinoma" or "Carcinoma in situ": **/2**
  - If morphological characteristics are not specified: **/2** (Codify morphology 8120 [no papillary appearance] or 8130 [papillary appearance] depending on the appearance at endoscopy).

Rule 2. Behaviour

“Muscularis propria” is not present in resection.

First of all, ask for pathologist assessment. If it is not possible or the pathologist can’t give an answer:

- If sub-epithelial connective tissue is invaded: **/3**.
- Otherwise, code behaviour **/2** (according to the morphological characteristics).

Rule 2. Grade

Important for the non-invasive papillary urothelial carcinomas to distinguish between the high-grade (3) and the low-grade (1) tumours. Codes according to the description in the pathological report:

Description in the pathology report	Code
Grade 1	Low grade (1)
Grade 1/2 (low/intermediate grade)	Low grade (1)
Grade 2 low grade	Low grade (1)
Grade 2 high grade	High grade (3)
Grade 2/3 (high/intermediate grade)	High grade (3)
Grade 3	High grade (3)

As a result, **code 2 will no longer be used to code the grade**.

All invasive urothelial tumours: 'Grade 3'.
The overwhelming majority of invasive urothelial carcinomas are high grade. However, some variants (large nested variant of urothelial carcinoma) may present a "pseudo-benign" (deceptively bland) appearance, but this appearance is misleading, since this form has a poor outcome.

Rule 3. Urothelial carcinomas with other morphological terms

Urothelial cell carcinoma with epidermoid component (squamous divergent differentiation): 8120

- Code **squamous carcinoma** only if it is a **pure** squamous carcinoma: **8070**
- "Pure squamous carcinomas" should be registered separately from urothelial carcinomas because they are a different tumour type from urothelial carcinomas and are treated differently ([1,2]), even if the *2004 International Rules for Multiple Primary Cancers* include this two tumours in the same morphology group.

Urothelial cell carcinoma with adenocarcinomatous component (glandular divergent differentiation): 8120

- Code **adenocarcinoma** only if it is a **pure** adenocarcinoma: **8140**
- "Pure adenocarcinomas" should be registered separately from urothelial carcinomas because they are a different tumour type from urothelial carcinomas

Rule 3. Urothelial carcinomas with other morphological terms

Urothelial cell carcinoma subtypes and ICD-O-3 specific code (new specific codes may appear in subsequent versions of ICD-O/WHO Classification)**:**

- Micropapillary: **8131**
- Lymphoepithelioma-like: **8082**
- Sarcomatoid: **8122**
- Giant cell: **8031**
- Undifferentiated: **8020**

Urothelial cell carcinoma without specific subtype in ICD-O-3 classification (e.g. nested, microcystic, plasmacytoid, signet ring cell, diffuse, lipid-rich, clear-cell) (some of these may have specific codes in subsequent versions of ICD-O/WHO Classification)**: 8120**

Rule 3. Urothelial carcinomas with other morphological terms

Urothelial cell carcinoma with neuroendocrine component (neuroendocrine differentiation)

Always encode neuroendocrine carcinoma **independently of the amount of the neuroendocrine component**.

- Small cell neuroendocrine carcinoma: **8041**
- Large cell neuroendocrine carcinoma: **8013**
- Composite small and large cell neuroendocrine carcinoma: **8045**
- Neuroendocrine carcinoma well-differentiated or low-grade NET: **8240**
- Neuroendocrine carcinoma moderately-differentiated or high-grade NET: **8249**
- Neuroendocrine carcinoma, NOS: **8246**

Rule 4. Non-urothelial carcinomas

Non-urothelial tumours of the urinary tract such as

(pure) adenocarcinomas,
(pure) squamous carcinomas,
neuroendocrine,
melanocytic,
mesenchymal
or lymphoid tumours

must be recorded separately from urothelial tumours following the general criteria for other tumours.

Summary table

STEPS of PROGRESSION →

1. Non-invasive low grade/grade unknown	2. Non-invasive high-grade or invasion cannot be assessed	3. In situ	4. Invasive (T1)	5. Invasive (T2+)
8130/2 G1 or 8130/2 G9	**8130/2 G3 or 8120 or 8130/2 G3 or 8120/2 G3**	**8120/2 G3**	**8010/3 G3 or 8120/2 G3 or 8000/3 G9**	**8010/3 G3 or 8120/3 G3 or 8000/3 G9**
Non-invasive Papillary Carcinoma, Low Grade or Non-invasive Papillary Carcinoma, Grade unknown	Non-invasive Papillary Carcinoma, High Grade or High grade urothelial carcinoma on cytology or Suspicious for high grade urothelial carcinoma on cytology	Urothelial Carcinoma In Situ or Urothelial carcinoma with histologic examination but invasion cannot be assessed	Invasive carcinoma NOS or Invasive urothelial carcinoma or No microscopic confirmation: Tumour clinically malignant	Invasive carcinoma NOS or Invasive urothelial carcinoma or No microscopic confirmation: Tumour clinically malignant

Rules for classification and coding

Coding the Basis of Diagnosis

- 7 = Histology (Biopsy or surgical resection or autopsy specimen)
- 5 = Cytology only (urine)
- 2 = Only imaging or cystoscopy without biopsy or autopsy without a tissue diagnosis
- 0 = Death certificate only

In case of doubt, see the ENCR Recommendations on Basis of Diagnosis.

Coding TNM

Record TNM whenever possible and, at least the “T-category”.
This is important to allow Tis tumours (behaviour /2) to be easily distinguished from Ta tumours (behaviour /2) .

Recommendations for reporting urothelial tumour

Recommendations for reporting urothelial tumours

1. **Recommendations for recording (registration) provide the data which can be subsequently analysed.**
2. **ENCR recommends following IARC/IACR rules to calculate incidence:** only the 1st urothelial tumour regardless of the behaviour code (/2 or /3) at each site (according to the "International Rules for Multiple Primary Cancers").
3. **Data from cancer registry databases can be used to perform multiple analyses** as part of local cancer surveillance and service assessment or can be transmitted for national, European or international projects.

   Any "data call protocol" from international projects should define very accurately the criteria for inclusion of the data to be submitted and should also explain in detail how the data will be analysed for incidence and survival estimations.

Entering into force

- The new recommendation was published on the ENCR website on June 6th, 2022.

  https://encr.eu/sites/default/files/Recommendations/ENCR%20Recommendation_UT_Jun2022_EN.pdf

  https://encr.eu/sites/default/files/inline-files/2022-06-22_ENCR%20Recommendation_UT_Jun2022_ES.pdf

  https://encr.eu/sites/default/files/inline-files/ENCR%20Recommendation_UT_Jun2022_FR.pdf

- These recommendations must be applied to all tumours with an incidence date as of **January 1st ,2022**

Questions?

Please be aware that any question on coding can be submit at the website of the ENCR:
https://www.encr.eu/ask-an-expert