



BC Cancer Agency

# PENIS STAGING DIAGRAM

UNIT _____	
AGENCY CHART No. _____	
SURNAME _____	GIVEN NAME _____
DOB _____	HEALTH CARE PLAN No _____



SITE: PREPUCE       GLANS PENIS       SHAFT OF PENIS   
 HISTOLOGY: SQUAMOUS CELL CARCINOMA       OTHER \_\_\_\_\_  
 GRADE:      X      1      2      3

POSTOPERATIVE   
Penectomy, (partial or total)  
 RECURRENT DISEASE   
Definitive treatment already received. Referred at recurrence.  
 NEW   
Pre(No) Penectomy (partial or total)  
 REFERRED FOR FOLLOW-UP   
Previously treated and followed elsewhere before referral.

TNM 1987 CLINICAL	T	X	0	is	a	1	2	3	4
	N	X	0	1	2	3			
	M	X	0	1	Sites: _____				
TNM 1987 PATHOLOGICAL	T	X	0	is	a	1	2	3	4
	N	X	0	1					
	M	X	0	1	Sites: _____				

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DIAGNOSIS/STAGE AMENDED TO: \_\_\_\_\_  
 REASON: \_\_\_\_\_  
 BY: \_\_\_\_\_ DATE: \_\_\_\_\_