

# MACROSCOPYE COURSE

## BSP

2 DECEMBRE 2023- KUL

Dr Maria-Dolores Martin Martinez



Institut de Pathologie et de Génétique  
25, avenue Georges Lemaître B6041 Gosselies  
Tél : +32 (0)71 47 30 47  
accueil@ipg.be



# SOMMAIRE

- REFERENCES  
ANATOMY
- TRIAGE, MARGINS, FIXATION  
(Cystectomy, Diverticula)
- GROSSE EXAMINATION & SAMPLE  
(Cystectomy, Diverticula, TURBT)




# REFERENCES

The screenshot shows a web browser window with the URL [iccr-cancer.org/datasets/published-datasets/urinary-male-genital/bladder/](http://iccr-cancer.org/datasets/published-datasets/urinary-male-genital/bladder/). The page header features the ICCR logo (International Collaboration on Cancer Reporting) and navigation links: About, Datasets, News, Membership, Contact us, and a Donate button. The main title is "Carcinomas of the Bladder – Cystectomy, Cystoprostatectomy and Diverticulectomy Specimen".

Breadcrumbs: [Datasets](#) > [Published Datasets](#) > [Urinary / Male Genital](#) > [Carcinomas of the Bladder - Cystectomy, Cystoprostatectomy and Diverticulectomy Specimen](#)

## Scope

The dataset has been developed for the reporting of cystectomy, cystoprostatectomy or diverticulectomy specimens from patients with carcinoma of the bladder. The protocol applies to primary carcinomas (non-invasive and invasive), with or without associated epithelial lesions. Urothelial tumours diagnosed as papilloma or papillary urothelial neoplasm of low malignant potential are not carcinomas and this dataset does not apply to those diagnoses. Biopsy and transurethral resection specimens are dealt with in a separate dataset.

-  ICCR Carcinoma of the Bladder - Cystectomy, Cystoprostatectomy and Diverticulectomy Specimen Bookmarked guide - 1 MB
-  ICCR Carcinoma of the Bladder - Cystectomy, Cystoprostatectomy and Diverticulectomy Specimen Hyperlinked guide - 6608 KB
-  ICCR Carcinoma of the Bladder - Cystectomy, Cystoprostatectomy and Diverticulectomy Specimen Dataset in Word - 834 KB

Published Datasets

- Breast
- Central Nervous System
- Digestive Tract
- Endocrine Organs
- Female Reproductive Organs
- Haemopoietic
- Head & Neck
- Ophthalmic
- Paediatrics
- Skin
- Soft Tissue & Bone
- Thorax
- Urinary / Male Genital**

Datasets Under Consultation

# REFERENCES

<https://www.iccr-cancer.org/datasets/published-datasets/urinary-male-genital/bladder/>

<https://www.iccr-cancer.org/wp-content/uploads/2022/02/ICCR-Urinary-Tract-Bladder-bookmarked-guide.pdf>

<https://www.iccr-cancer.org/wp-content/uploads/2022/02/ICCR-Urinary-tract-Bladder-word.docx>

Uropathology macroscopy: a pragmatic approach. [Diagnostic Histopathology](#)  
[Volume 26, Issue 7](#), July 2020, Pages 312-319

Bladder Cancer Sample Handling and Reporting: Pathologist's Point of View  
Front. Surg., 02 December 2021

Sec. Genitourinary Surgery Volume 8-2021

<https://doi.org/10.3389/fsurg.2021.754741>

# Carcinoma of the Bladder Histopathology Reporting Guide

## Cystectomy, Cystoprostatectomy and Diverticulectomy Specimen



Family/Last name  Date of birth

Given name(s)

Patient identifiers  Date of request  Accession/Laboratory number

Elements in black text are REQUIRED. Elements in grey text are RECOMMENDED. [SCOPE OF THIS DATABASE](#)

### CLINICAL INFORMATION [\(Note 1\)](#)

Previous history of urinary tract disease or distant metastasis (select all that apply)

- Information not provided  No previous history
- Non-invasive papillary  Carcinoma in situ, flat
- Invasion into lamina propria  Muscle invasive disease
- Other, specify  Distant metastasis

Previous therapy (select all that apply)

- Information not provided  No previous therapy
- Transurethral resection (TURBT)
- Bacillus Calmette-Guerin (BCG)
- Chemotherapy, intravesical, specify
- Chemotherapy, systemic
- Radiation therapy
- Other, specify

Other clinical information, specify

### OPERATIVE PROCEDURE [\(Note 2\)](#)

- Not specified
- Cystectomy, partial
- Cystectomy, simple
- Cystectomy, radical (female)
- Cystoprostatectomy (male)
- Diverticulectomy
- Anterior extenteration (female)
- Urethrectomy
- Lymphadenectomy
- Other, specify

ADDITIONAL SPECIMENS SUBMITTED (select all that apply) [\(Note 3\)](#)

- Not submitted
- Uterus  Prostate gland
- Vaginal cuff  Seminal vesicles
- Fallopian tubes  Penile urethra
- Left  Right  Laterality not specified
- Ovaries
- Left  Right  Laterality not specified
- Ureter
- Left  Right  Laterality not specified
- Other, specify

### TUMOUR FOCALITY [\(Note 4\)](#)

- Unifocal
- Multifocal
- Cannot be assessed, specify

### MAXIMUM TUMOUR DIMENSION [\(Note 5\)](#)

- Cannot be assessed
- No macroscopically visible tumour

Maximum tumour dimension (largest tumour)

Additional dimensions (largest tumour)

x

### MACROSCOPIC TUMOUR SITE (select all that apply) [\(Note 6\)](#)

- Indeterminate
- No macroscopically visible tumour
- Trigone
- Right lateral wall
- Left lateral wall
- Anterior wall
- Posterior wall
- Dome
- Other, specify

### MACROSCOPIC EXTENT OF INVASION (select all that apply) [\(Note 7\)](#)

- Cannot be assessed
- No macroscopically visible tumour
- Non-invasive tumour visible
- Invasion into bladder wall
- Invasion into perivesical tissue
- Involvement of peritoneal surface
- Involvement of other adjacent structures, specify

### BLOCK IDENTIFICATION KEY [\(Note 8\)](#)

(List overleaf or separately with an indication of the nature and origin of all tissue blocks)

### HISTOLOGICAL TUMOUR TYPE [\(Note 9\)](#)

(Value list from the WHO Classification of Tumours of the Urinary System and Male Genital Organs (2016))

- Urothelial carcinoma
- Squamous cell carcinoma
- Adenocarcinoma
- Tumours of Müllerian type
  - Clear cell carcinoma
  - Endometrioid carcinoma
- Neuroendocrine tumour
  - Small cell neuroendocrine carcinoma
  - Large cell neuroendocrine carcinoma
- Other, specify

Histological sub-type/variant (urothelial carcinoma)

- Not identified
- Present, specify sub-type/variant and percentage (select all that apply)

- Squamous ⇒  %  Micropapillary ⇒  %
- Glandular ⇒  %  Plasmacytoid ⇒  %
- Nested ⇒  %  Sarcomatoid ⇒  %
- Other, specify ⇒  %

### NON-INVASIVE CARCINOMA (select all that apply) [\(Note 10\)](#)

- Not identified  Indeterminate
- Carcinoma in situ, flat
  - Focal  Multifocal
- Papillary carcinoma, non-invasive
- Other, specify

### ASSOCIATED EPITHELIAL LESIONS [\(Note 11\)](#)

- Present, specify  Not identified

### HISTOLOGICAL TUMOUR GRADE [\(Note 12\)](#)

- Not applicable  Cannot be determined
- Urothelial carcinoma
  - Low-grade
  - High-grade
  - Other, specify

Squamous cell carcinoma or adenocarcinoma

- GX: Cannot be assessed
- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated
- Other, specify

### MICROSCOPIC EXTENT OF INVASION (select all that apply) [\(Note 13\)](#)

- Cannot be assessed
- No evidence of primary tumour
- Non-invasive tumour present
- Tumour invades lamina propria
- Tumour invades muscularis propria
  - Tumour invades superficial muscularis propria (inner half)
  - Tumour invades deep muscularis propria (outer half)
- Tumour invades perivesical tissue
  - Microscopically
  - Macroscopically (extravesical mass)
- Tumour involves adjacent structures
  - Prostatic stroma
  - Seminal vesicles
  - Uterus
  - Vagina
  - Adnexae
  - Pelvis wall
  - Abdominal wall
  - Rectum
- Other, specify

### RESPONSE TO PRE-OPERATIVE THERAPY [\(Note 14\)](#)

- Complete response (ypT0)
- Incomplete response
- No response
- No prior treatment
- Cannot be assessed, explain reasons

### LYMPHOVASCULAR INVASION [\(Note 15\)](#)

- Not identified  Present  Indeterminate

### MARGIN STATUS [\(Note 16\)](#)

- Cannot be assessed
- Not involved
- Involved
  - Macroscopic, specify
  - Microscopic
    - Invasive carcinoma (select all that apply)
      - Urethral
      - Ureteral, specify side
    - Soft tissue
    - Other, specify
  - Carcinoma in situ/non-invasive high-grade urothelial carcinoma (select all that apply)
    - Urethral
    - Ureteral, specify side
  - Other, specify

REGIONAL LYMPH NODE STATUS (Note 17)

No regional nodes submitted  
 Not involved  
 Number of lymph nodes examined

Involved  
 Number of lymph nodes examined   
 Number of positive lymph nodes   
 Number cannot be determined

Extranodal spread  
 Present  Not identified

Size of largest metastasis  mm

Location of involved lymph nodes, specify

COEXISTENT PATHOLOGY (select all that apply) (Note 18)

None identified  
 Adenocarcinoma of prostate  
 Urothelial carcinoma involving urethra, prostatic ducts and acini with or without stromal invasion  
 Inflammation/regenerative changes  
 Therapy-related changes  
 Cystitis cystica et glandularis  
 Keratinizing squamous metaplasia  
 Intestinal metaplasia  
 Other, specify

ANCILLARY STUDIES (Note 19)

Not performed  
 Performed, specify

HISTOLOGICALLY CONFIRMED DISTANT METASTASES (Note 20)

Not identified  
 Indeterminate  
 Present, specify site(s)

PATHOLOGICAL STAGING (AJCC TNM 8th edition)\*\* (Note 21)

TNM Descriptors (only if applicable) (select all that apply)  
 m - multiple primary tumours  
 r - recurrent  
 y - post-therapy

Primary tumour (pT)  
 TX Primary tumour cannot be assessed  
 T0 No evidence of primary tumour  
 T<sub>a</sub> Non-invasive papillary carcinoma  
 T<sub>is</sub> Urothelial carcinoma in situ: "flat tumour"  
 T1 Tumour invades lamina propria (subepithelial connective tissue)  
 T2 Tumour invades muscularis propria  
 T2<sub>a</sub> Tumour invades superficial muscularis propria (inner half)  
 T2<sub>b</sub> Tumour invades deep muscularis propria (outer half)  
 T3 Tumour invades perivesical soft tissue  
 T3<sub>a</sub> Tumour invades perivesical soft tissue microscopically  
 T3<sub>b</sub> Tumour invades perivesical soft tissue macroscopically (extravesical mass)  
 T4 Extravesical tumour directly invades any of the following: prostatic stroma, seminal vesicles, uterus, vagina, pelvic wall, abdominal wall  
 T4<sub>a</sub> Extravesical tumour invades directly into prostatic stroma, uterus, vagina  
 T4<sub>b</sub> Extravesical tumour invades pelvic wall, abdominal wall

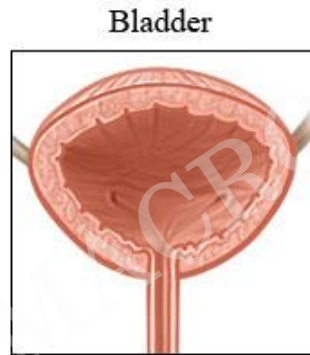
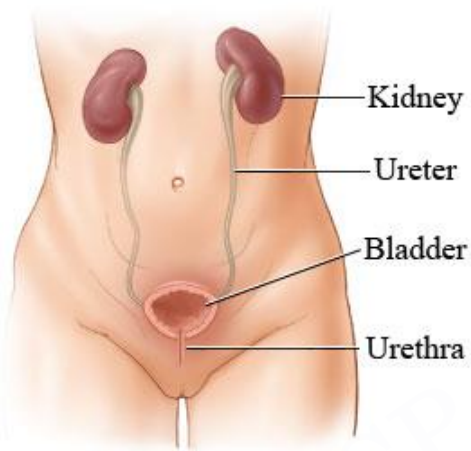
Regional lymph nodes (pN)  
 NX Lymph nodes cannot be assessed  
 N0 No lymph node metastasis  
 N1 Single regional lymph node metastasis in the true pelvis (perivesical, obturator, internal and external iliac, or sacral lymph node)  
 N2 Multiple regional lymph node metastasis in the true pelvis (perivesical, obturator, internal and external iliac, or sacral lymph node metastasis)  
 N3 Lymph node metastasis to the common iliac lymph nodes

\*\* Used with the permission of the American College of Surgeons, Chicago, Illinois. The original source for this information is the AJCC Cancer Staging Manual, Eighth Edition (2016) published by Springer Science+Business Media.

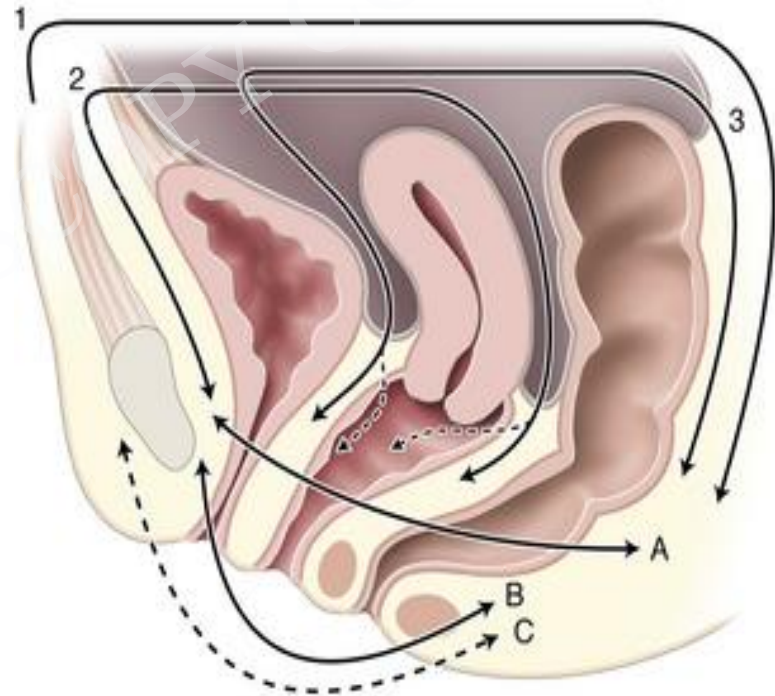


# ANATOMY OF THE BLADDER

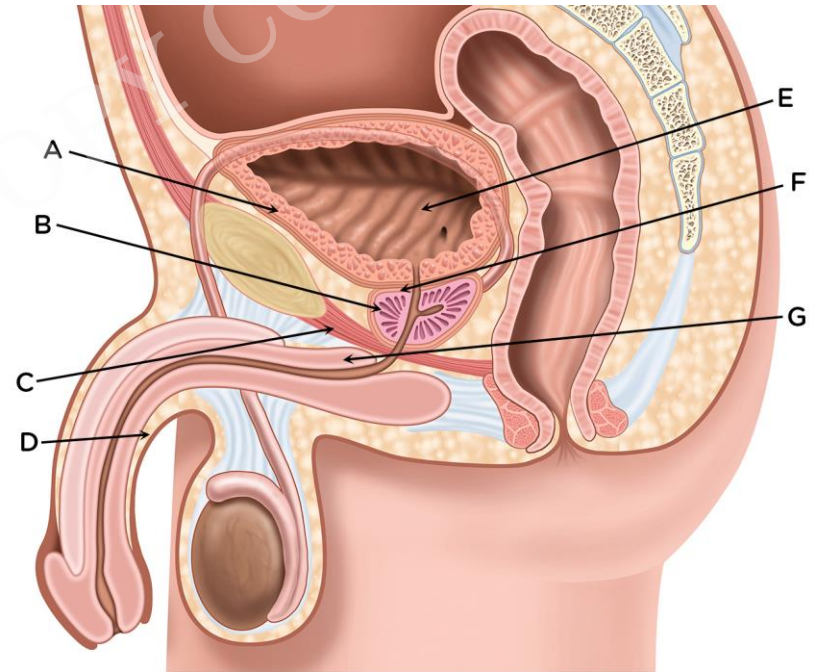
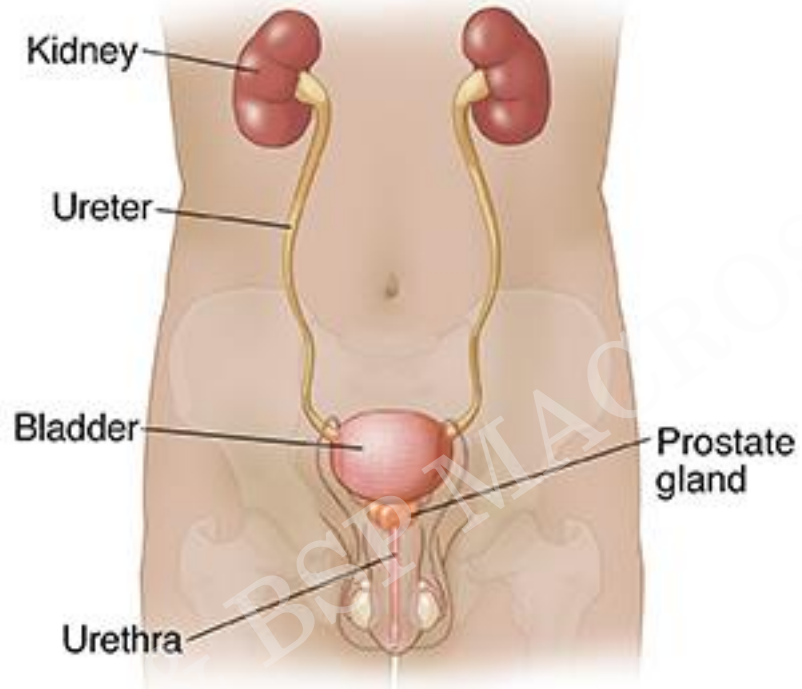
## FEMALE



© Healthwise, Incorporated



# ANATOMY OF THE BLADDER MALE





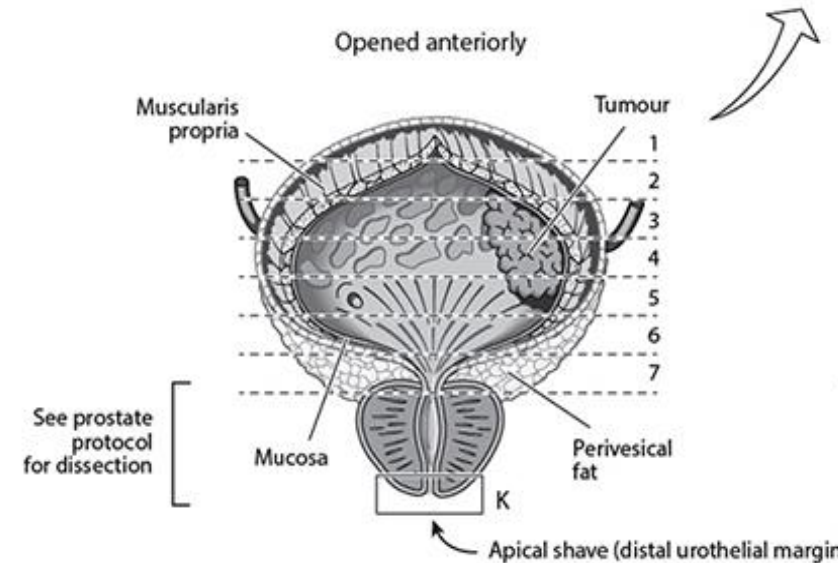
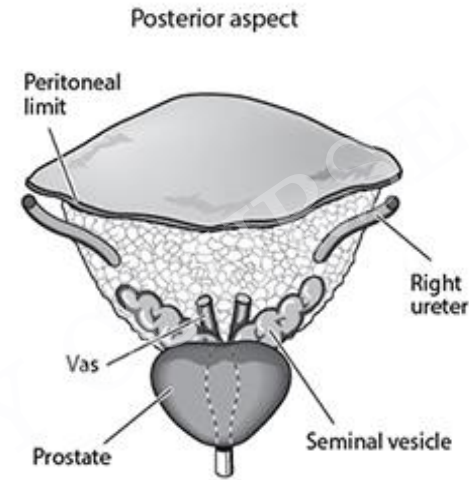
# TRIAGE

## -Measure :

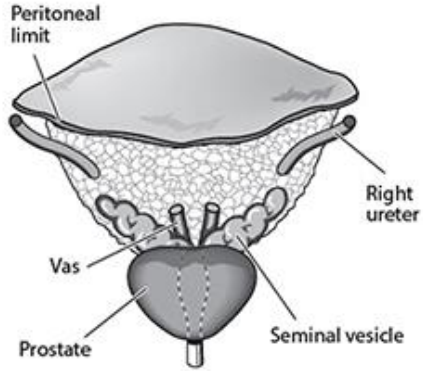
- \*specimen, overall.
- \*bladder
- \*length of ureter stumps.
- \*If prostate is attached, measure prostate, seminal vesicles and vasa deferentia
  - If uterus is attached, measure cervix, corpus and annexes

## -Ink

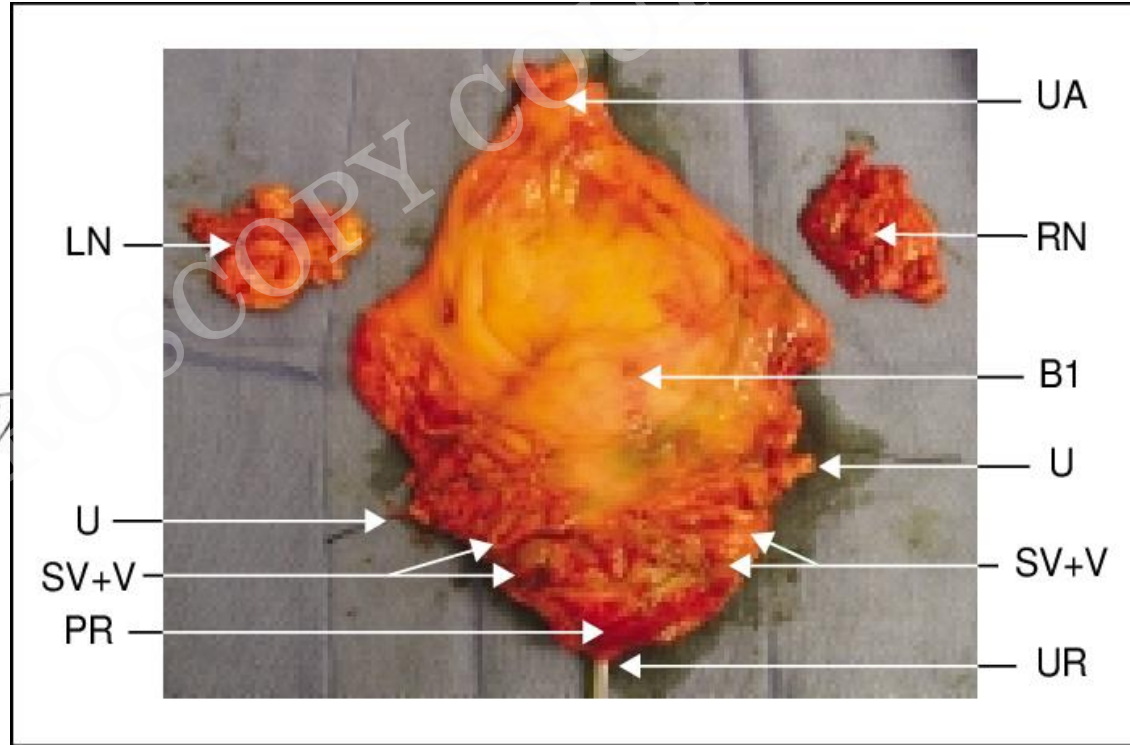
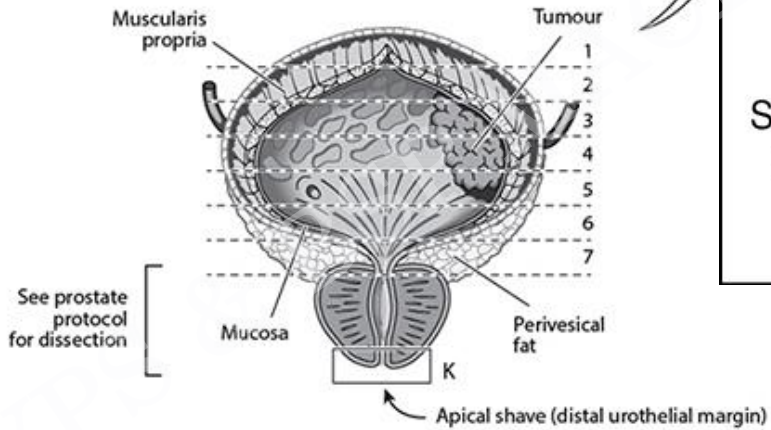
- \*adipose tissue(left & right differently).
- \*prostate if attached (left & right differently)
- \*uterus is attached(cervix)



Posterior aspect



Opened anteriorly



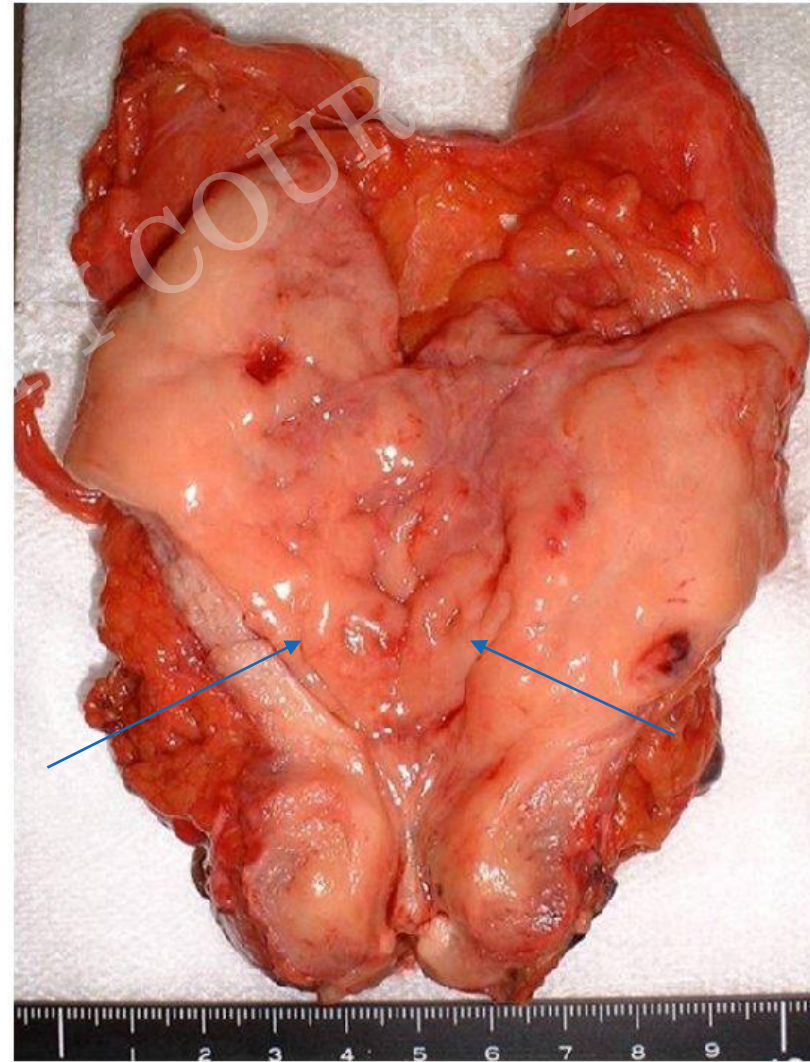
# MARGINS

If possible or if intra-operative examination of margins : take all margins fresh and keep cassettes in specimen container.

- Trim and submit bilateral ureteral margins *en face*, designating left and right.
- If prostate is attached, gently pull out prostatic urethral mucosa, trim, and submit *en face*.
- If there is no grossly apparent urethral tissue, describe it as 'flush' with the prostate . Urethral margin will be assessed with prostatic apical margin submission
- If there is no prostate, trim and submit circumferential urethral margin *en face*.

# FIXATION

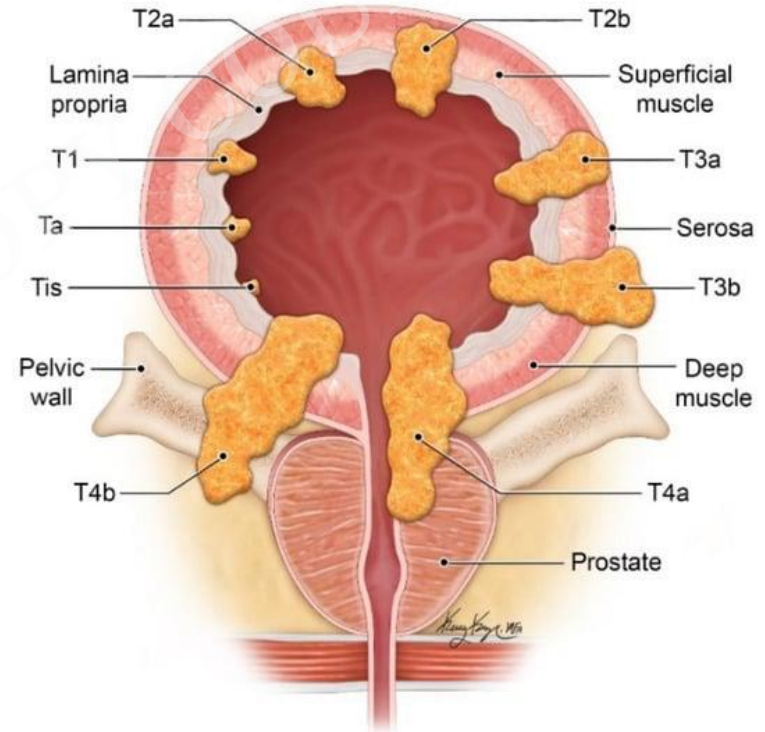
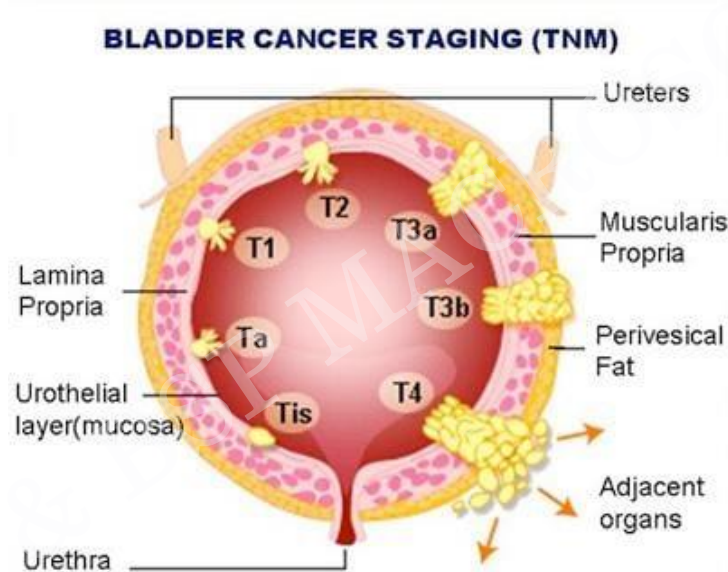
- Orient specimen and open the bladder anteriorly through the (prostatic) urethra and continue toward the dome in a Y-shaped cut.
- Measure mass or ulcerated lesions (localisation).
- Photograph opened specimen to show extent of lesion.
- If possible identify ureter meat orifices to spot ureter margins (introduction of a guide )
- Pin specimen and fix overnight in formalin.

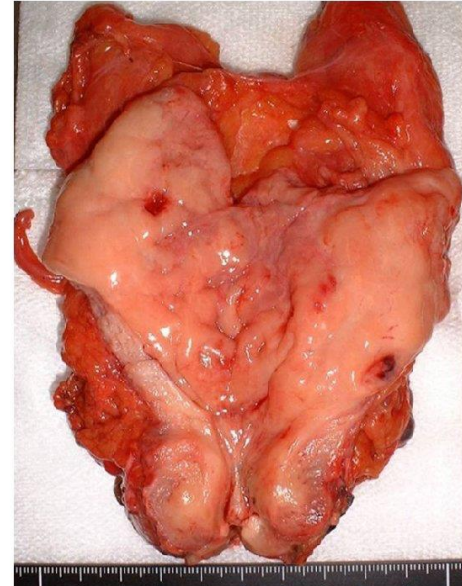
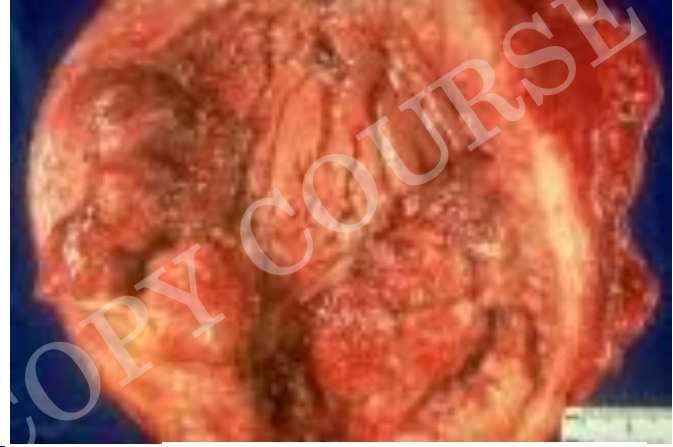




# GROSSE EXAMINATION

- Examine external surface and look for lymph nodes.
- Examine mucosal surface.
- Identify lesions : describe size, location, ulceration, nodularity.

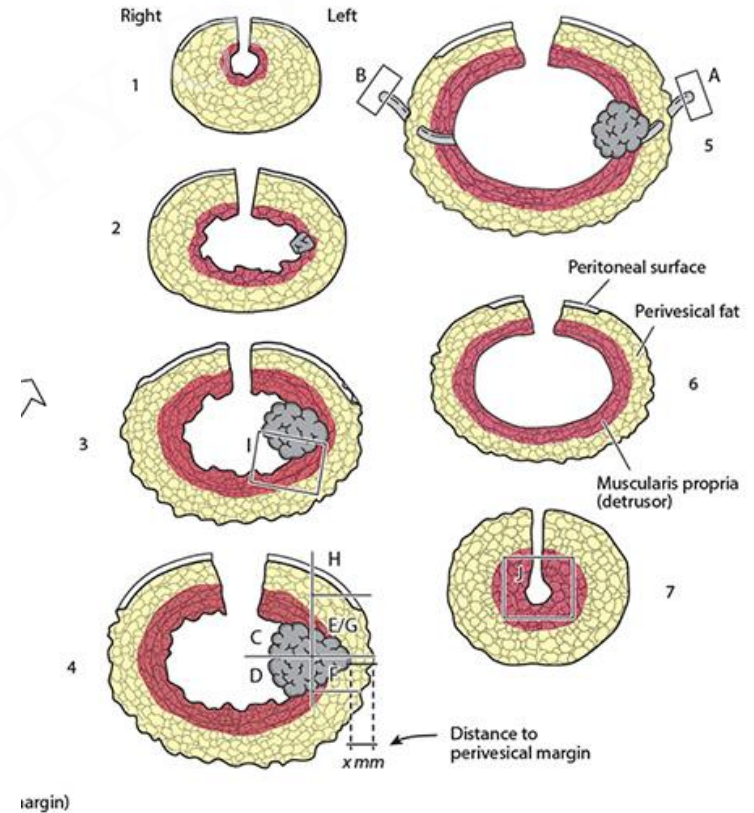
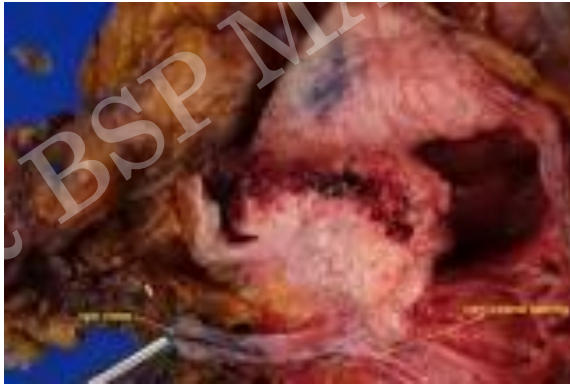






# GROSSE EXAMINATION

- Make serial sections ( at 5 mm interval):  
transverse, transmural  
beginning at bladder neck (or apex of prostate, if attached) and proceeding to dome.
- Measure greatest depth of invasion and closest extent to inked margin.
- Photograph a section to show deepest invasion.



# SAMPLING

## **Tumor submission:**

- For ulcers with induration (firm area suspicious for residual tumor), submit entirely.
- For other ulcers, submit peripheral rim including ulcer and surrounding bladder mucosa.
- For grossly evident tumors, submit representative sections (1 b/ cm)
- Submit deepest tumor extension into wall (including inked black resection margin) and well as adjacent uninvolved bladder.

## **Also submit representative sections of uninvolved bladder**

- neck bladder
- ureteral meatus

Posterior



Bldder Dome



Right



Bladder Neck

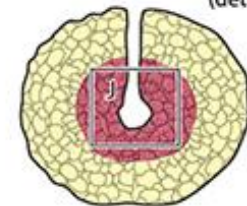
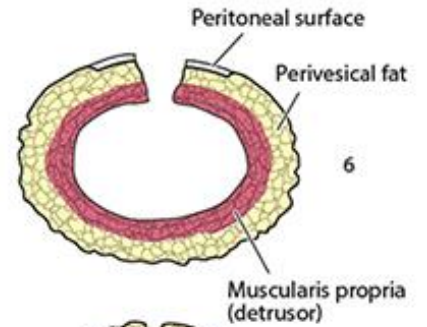
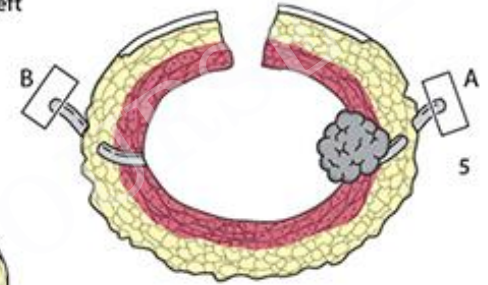
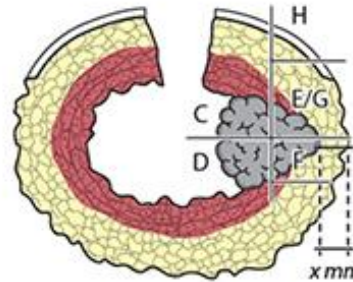
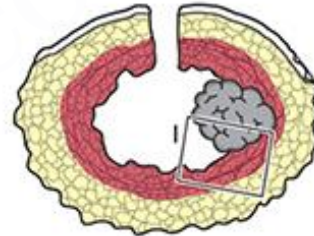
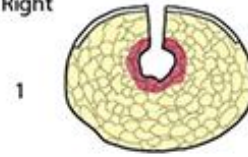


Anterior



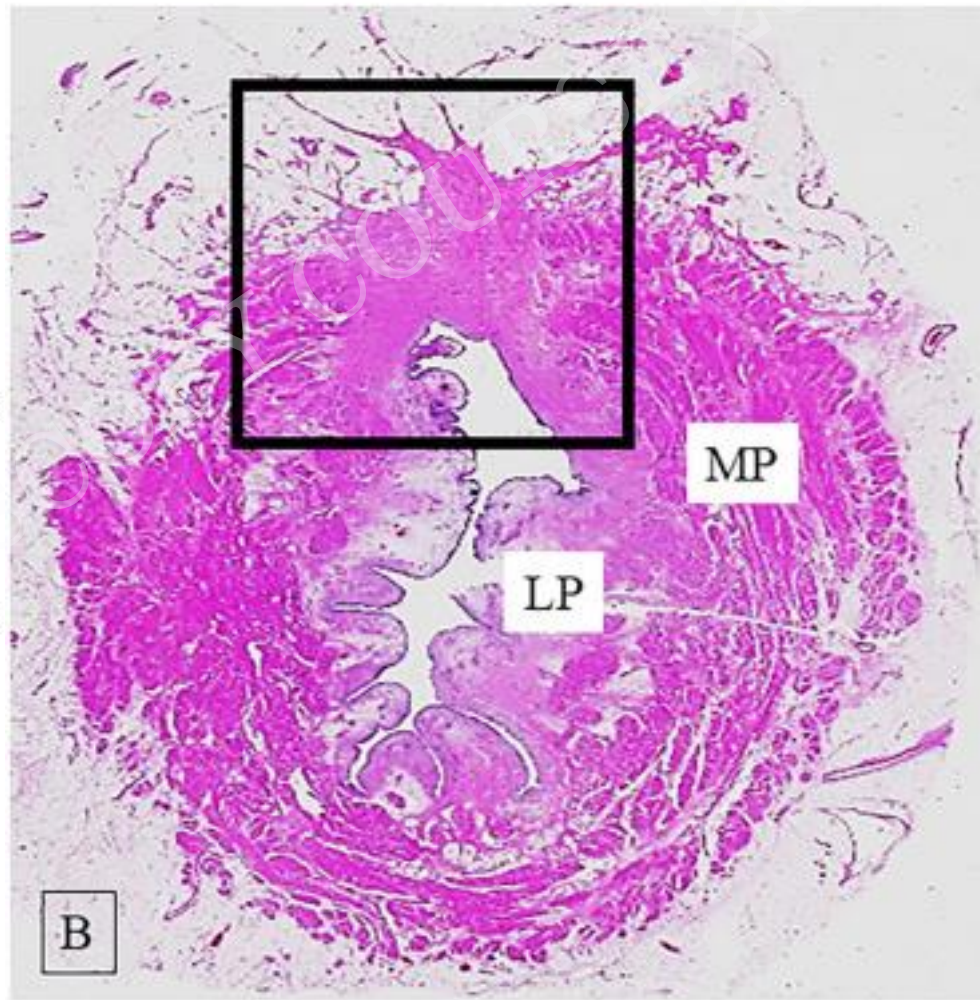
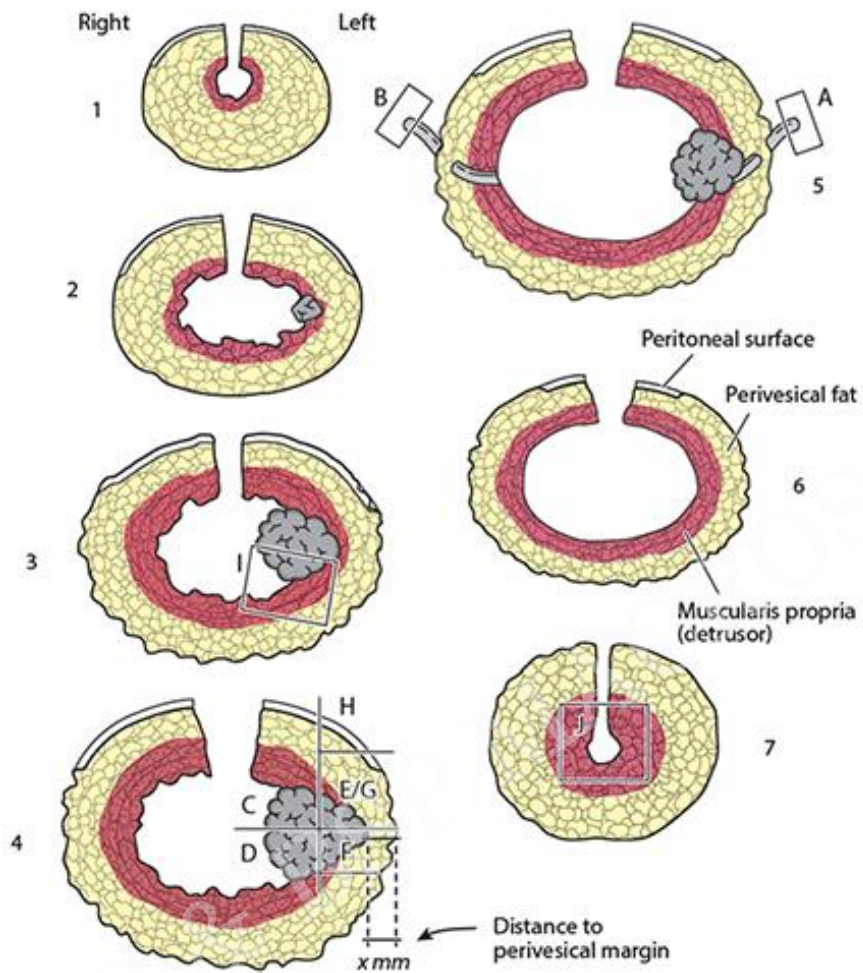
Right

Left



A

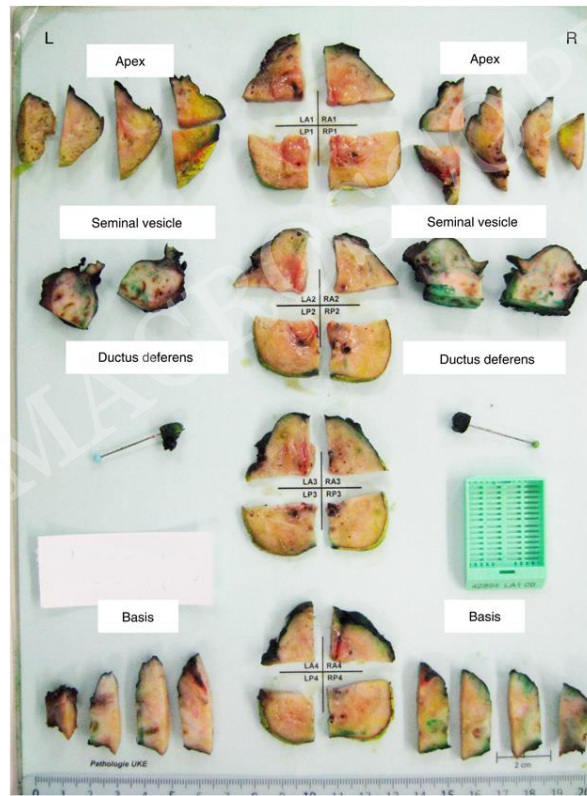




# SAMPLING

## Tumor submission if prostate:

- Prostate parenchyma sections ( 3 complete sections) and apex (if not already sampled)
- bladder neck with prostate & seminal vesicles



Prostate - Bladder neck - Ureters

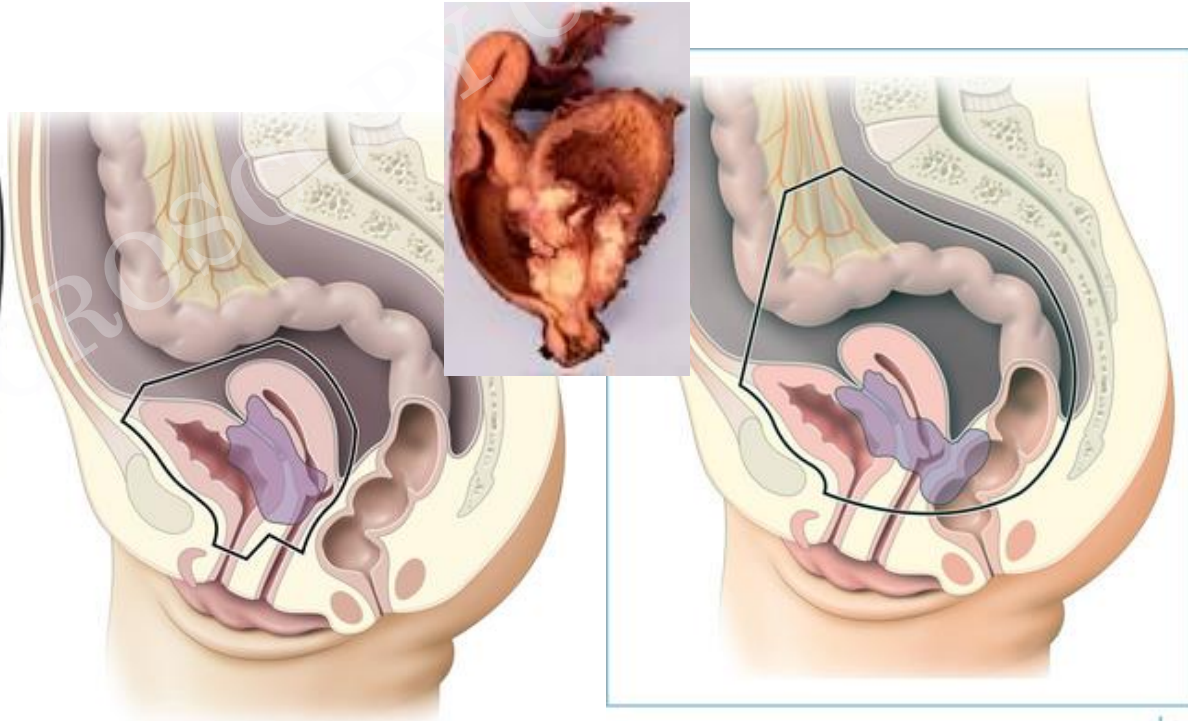
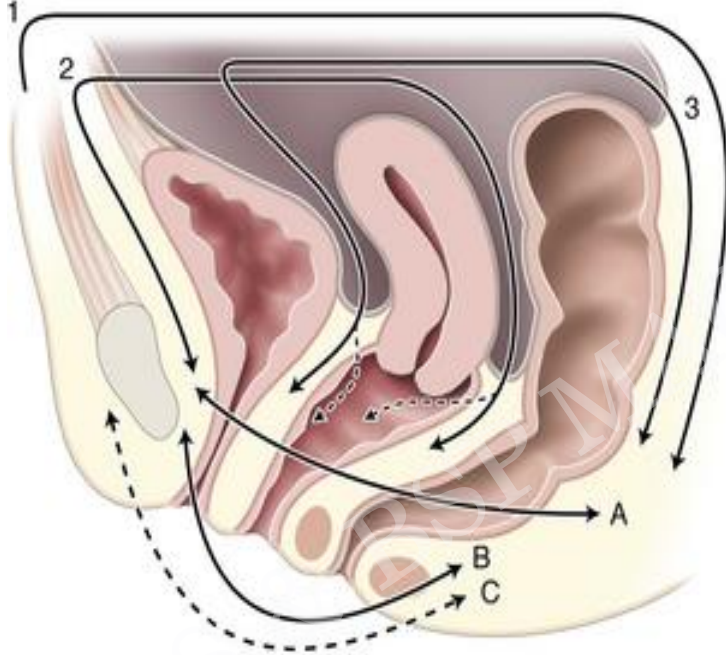


# SAMPLING

**Tumor submission if uterus or rectum:**

- Bladder to adherents structures of uterus (cervix or corpus)
- all uterus structures (vagina, cervix, corpus, annexes)

**LN : bladder fat of appart**



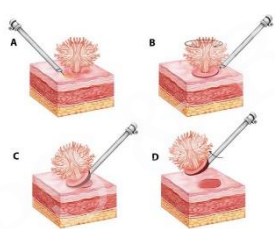


# Bladder Diverticula

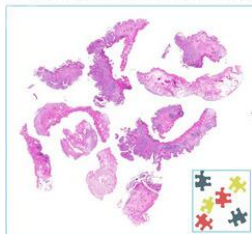


- Dimensions
- Ink
- Neck margins
- Transversal section
- Tumor (in toto) + periphery margins
- Tumor to normal

# Trans Urethral Resection of the Bladder Tumor



Conventional TURBT specimen



- Dimensions (weight, measure)
- In toto (10 blocs )

# Carcinoma of the Bladder Histopathology Reporting Guide

## Cystectomy, Cystoprostatectomy and Diverticulectomy Specimen



Family/Last name  Date of birth

Given name(s)

Patient identifiers  Date of request  Accession/Laboratory number

Elements in black text are REQUIRED. Elements in grey text are RECOMMENDED. [SCOPE OF THIS DATABASE](#)

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Previous history of urinary tract disease or distant metastasis (select all that apply)

- Information not provided  No previous history
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- Invasion into lamina propria  Muscle invasive disease
- Other, specify  Distant metastasis

Previous therapy (select all that apply)

- Information not provided  No previous therapy
- Transurethral resection (TURBT)
- Bacillus Calmette-Guerin (BCG)
- Chemotherapy, intravesical, specify
- Chemotherapy, systemic
- Radiation therapy
- Other, specify

Other clinical information, specify

### OPERATIVE PROCEDURE [\(Note 2\)](#)

- Not specified
- Cystectomy, partial
- Cystectomy, simple
- Cystectomy, radical (female)
- Cystoprostatectomy (male)
- Diverticulectomy
- Anterior extenteration (female)
- Urethrectomy
- Lymphadenectomy
- Other, specify

ADDITIONAL SPECIMENS SUBMITTED (select all that apply) [\(Note 3\)](#)

- Not submitted
- Uterus  Prostate gland
- Vaginal cuff  Seminal vesicles
- Fallopian tubes  Penile urethra
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- Ovaries
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- Left  Right  Laterality not specified
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### TUMOUR FOCALITY [\(Note 4\)](#)

- Unifocal
- Multifocal
- Cannot be assessed, specify

### MAXIMUM TUMOUR DIMENSION [\(Note 5\)](#)

- Cannot be assessed
- No macroscopically visible tumour

Maximum tumour dimension (largest tumour)

Additional dimensions (largest tumour)

x

### MACROSCOPIC TUMOUR SITE (select all that apply) [\(Note 6\)](#)

- Indeterminate
- No macroscopically visible tumour
- Trigone
- Right lateral wall
- Left lateral wall
- Anterior wall
- Posterior wall
- Dome
- Other, specify

### MACROSCOPIC EXTENT OF INVASION (select all that apply) [\(Note 7\)](#)

- Cannot be assessed
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- Neuroendocrine tumour
  - Small cell neuroendocrine carcinoma
  - Large cell neuroendocrine carcinoma
- Other, specify

Histological sub-type/variant (urothelial carcinoma)

- Not identified
- Present, specify sub-type/variant and percentage (select all that apply)

- Squamous ⇒  Micropapillary ⇒ - Glandular ⇒  Plasmacytoid ⇒ - Nested ⇒  Sarcomatoid ⇒ - Other, specify ⇒

### NON-INVASIVE CARCINOMA (select all that apply) [\(Note 10\)](#)

- Not identified  Indeterminate
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- Other, specify

### ASSOCIATED EPITHELIAL LESIONS [\(Note 11\)](#)

- Present, specify  Not identified

### HISTOLOGICAL TUMOUR GRADE [\(Note 12\)](#)

- Not applicable  Cannot be determined
- Urothelial carcinoma
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  - High-grade
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Squamous cell carcinoma or adenocarcinoma

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### MICROSCOPIC EXTENT OF INVASION (select all that apply) [\(Note 13\)](#)

- Cannot be assessed
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- Non-invasive tumour present
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- Tumour invades muscularis propria
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  - Tumour invades deep muscularis propria (outer half)
- Tumour invades perivesical tissue
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  - Macroscopically (extravesical mass)
- Tumour involves adjacent structures
  - Prostatic stroma
  - Seminal vesicles
  - Uterus
  - Vagina
  - Adnexae
  - Pelvis wall
  - Abdominal wall
  - Rectum
- Other, specify

### RESPONSE TO PRE-OPERATIVE THERAPY [\(Note 14\)](#)

- Complete response (ypT0)
- Incomplete response
- No response
- No prior treatment
- Cannot be assessed, explain reasons

### LYMPHOVASCULAR INVASION [\(Note 15\)](#)

- Not identified  Present  Indeterminate

### MARGIN STATUS [\(Note 16\)](#)

- Cannot be assessed
- Not involved
- Involved
  - Macroscopic, specify
  - Microscopic
    - Invasive carcinoma (select all that apply)
      - Urethral
      - Ureteral, specify side
    - Soft tissue
    - Other, specify
  - Carcinoma in situ/non-invasive high-grade urothelial carcinoma (select all that apply)
    - Urethral
    - Ureteral, specify side
  - Other, specify

REGIONAL LYMPH NODE STATUS (Note 17)

- No regional nodes submitted  
 Not involved  
 Number of lymph nodes examined
- Involved  
 Number of lymph nodes examined   
 Number of positive lymph nodes
- Number cannot be determined
- Extranodal spread  
 Present  Not identified
- Size of largest metastasis  mm

Location of involved lymph nodes, specify

COEXISTENT PATHOLOGY (select all that apply) (Note 18)

- None identified  
 Adenocarcinoma of prostate  
 Urothelial carcinoma involving urethra, prostatic ducts and acini with or without stromal invasion  
 Inflammation/regenerative changes  
 Therapy-related changes  
 Cystitis cystica et glandularis  
 Keratinizing squamous metaplasia  
 Intestinal metaplasia  
 Other, specify
- 

ANCILLARY STUDIES (Note 19)

- Not performed  
 Performed, specify
- 

HISTOLOGICALLY CONFIRMED DISTANT METASTASES (Note 20)

- Not identified  
 Indeterminate  
 Present, specify site(s)
- 

PATHOLOGICAL STAGING (AJCC TNM 8th edition)\*\* (Note 21)

- TNM Descriptors (only if applicable) (select all that apply)
- m - multiple primary tumours  
 r - recurrent  
 y - post-therapy

Primary tumour (pT)

- TX Primary tumour cannot be assessed  
 T0 No evidence of primary tumour  
 T<sub>a</sub> Non-invasive papillary carcinoma  
 T<sub>is</sub> Urothelial carcinoma in situ: "flat tumour"  
 T1 Tumour invades lamina propria (subepithelial connective tissue)  
 T2 Tumour invades muscularis propria  
 T2<sub>a</sub> Tumour invades superficial muscularis propria (inner half)  
 T2<sub>b</sub> Tumour invades deep muscularis propria (outer half)  
 T3 Tumour invades perivesical soft tissue  
 T3<sub>a</sub> Tumour invades perivesical soft tissue microscopically  
 T3<sub>b</sub> Tumour invades perivesical soft tissue macroscopically (extravesical mass)  
 T4 Extravesical tumour directly invades any of the following: prostatic stroma, seminal vesicles, uterus, vagina, pelvic wall, abdominal wall  
 T4<sub>a</sub> Extravesical tumour invades directly into prostatic stroma, uterus, vagina  
 T4<sub>b</sub> Extravesical tumour invades pelvic wall, abdominal wall

Regional lymph nodes (pN)

- NX Lymph nodes cannot be assessed  
 N0 No lymph node metastasis  
 N1 Single regional lymph node metastasis in the true pelvis (perivesical, obturator, internal and external iliac, or sacral lymph node)  
 N2 Multiple regional lymph node metastasis in the true pelvis (perivesical, obturator, internal and external iliac, or sacral lymph node metastasis)  
 N3 Lymph node metastasis to the common iliac lymph nodes

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