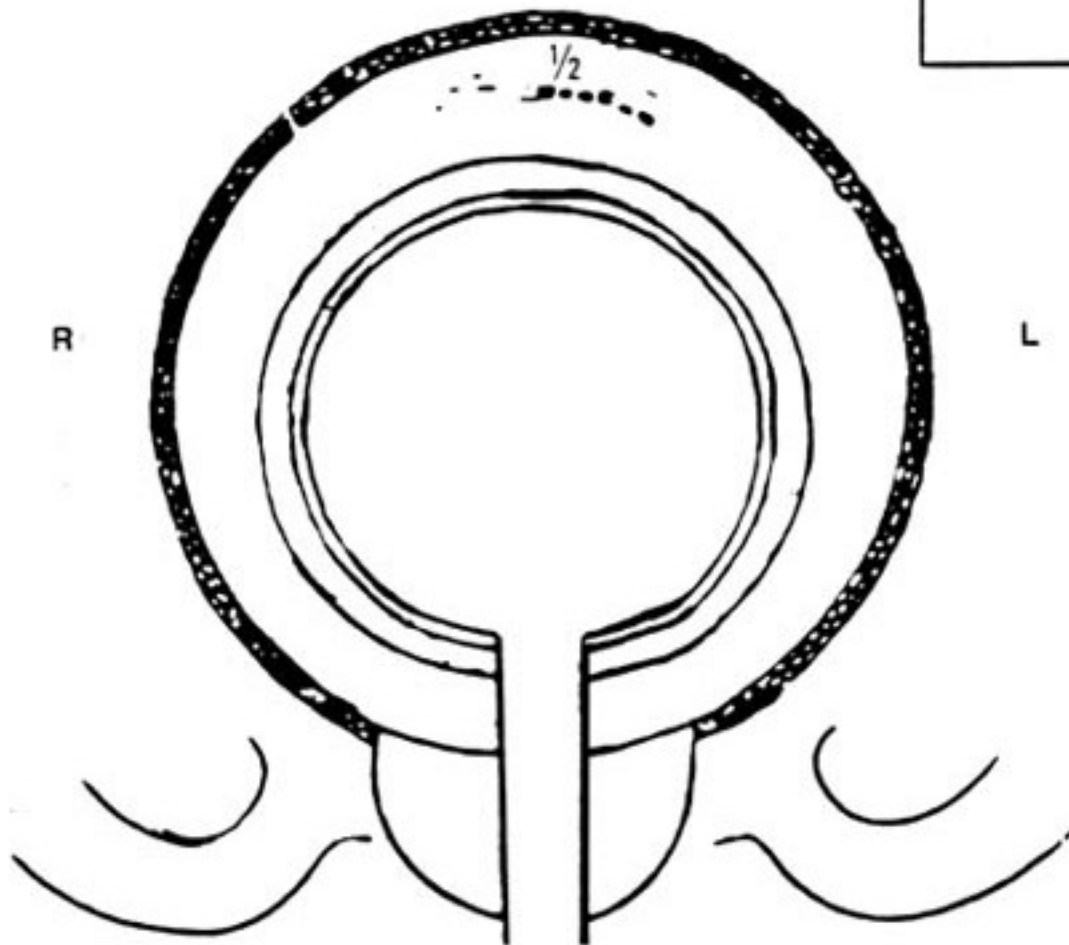




BC Cancer Agency

URINARY BLADDER STAGING DIAGRAM



	YES	NO
Muscle in Biopsy	<input type="checkbox"/>	<input type="checkbox"/>
Resected TUR	<input type="checkbox"/>	<input type="checkbox"/>
Primary in Diverticulum	<input type="checkbox"/>	<input type="checkbox"/>
Bimanual after TUR	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan Pelvis	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Bone Scan	<input type="checkbox"/>	<input type="checkbox"/>
IVP	<input type="checkbox"/>	<input type="checkbox"/>
CEA	<input type="checkbox"/>	<input type="checkbox"/>

SITE: URINARY BLADDER (Location): _____ Multiple Primary Lesions over time

HISTOLOGY: TCC SCC Other: _____

GRADE: X 1 2 3

Treated previously by: Cystectomy Radiation Chemotherapy: local /systemic

NEW

Referred as part of definitive treatment (initial treatment of disease)

RECURRENT DISEASE

Definitive treatment already received. Referred at recurrence.

REFERRED FOR FOLLOW-UP

Previously treated and followed elsewhere before referral.

STAGE: Pre-definitive Treatment. For multiple primaries, reference date: _____

TNM 1997	T	X	0	a	is	1	2a	2b	3a	3b	4a	4b	Plus Tis	<input type="checkbox"/>
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Clinical	N	X	0	1	2	3							
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M X 0 1 Metastatic sites: _____

TNM 1997	T	X	0	a	is	1	2a	2b	3a	3b	4a	4b	Plus Tis	<input type="checkbox"/>
----------	---	---	---	---	----	---	----	----	----	----	----	----	----------	--------------------------

Pathological	N	X	0	1	2	3							
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M X 0 1 Metastatic sites: _____

Completed by: _____ Date: _____

Diagnosis/Stage amended to: _____

Reason: _____

By: _____ Date: _____

NOTIFY PATIENT INFORMATION MANAGEMENT IF DIAGNOSIS/STAGE IS AMENDED