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Annexe 1

CLASSIFICATION HISTOLOGIQUE CONSENSUELLE (OMS/ISUP) DES LÉSIONS TUMORALES UROTHÉLIALES VÉSICALES (1998) [11]

Hyperplasie

Hyperplasie plane
Hyperplasie papillaire

Lésions planes avec atypies

Atypies réactionnelles (inflammatoires)
Atypies de signification inconnue
Dysplasie (néoplasie intra-urothéliale de bas grade)
Carcinome in situ (néoplasie intra-urothéliale de haut grade)

Tumeurs papillaires

Papillome
Papillome inversé
Tumeur papillaire à faible potentiel de malignité
Carcinome papillaire de bas grade
Carcinome papillaire de haut grade

Tumeurs infiltrantes

Infiltration du chorion
Infiltration de la musculature (détrusor)

Annexe 2

CLASSIFICATION TNM DES TUMEURS UROTHÉLIALES DE LA VESSIE (1997) [32]

T : Tumeur primitive

Tx : La tumeur primitive ne peut être évaluée

T0: Absence de tumeur décelable

Tis: Carcinome in situ (plan, intra-épithélial, respectant la membrane basale)

Ta: Carcinome papillaire non infiltrant (respectant la membrane basale épithéliale)

T1: Envahissement du chorion muqueux

T2: Envahissement du plan musculaire

T2a: envahissement du muscle superficiel (moitié interne)

T2b: envahissement du muscle profond (moitié externe)

T3: Envahissement du tissu adipeux péri-vésical

T3a: envahissement microscopique

T3b: envahissement macroscopique extra-vésical

T4: Envahissement des organes de voisinage, de la paroi pelvienne ou abdominale

T4a: envahissement de la prostate, de l'utérus ou du vagin

T4b: envahissement de la paroi pelvienne ou de la paroi abdominale

N: Adénopathies régionales (la latéralité n'intervient pas)

Nx : ganglions non évaluables

N0 : pas de métastase ganglionnaire

N1 : ganglion unique < 2 cm

N2 : ganglion unique de 2 à 5cm, ou ganglions multiples de < 5 cm

N3 : ganglions > 5 cm

M: Métastases à distance

Mx : métastases à distance non évaluables

Mo : absence de métastase

M1 : présence de métastase à distance

Commentaires :

TNM est une classification clinique, pré-thérapeutique.

pTNM est une classification histopathologique qui s'applique sur prélèvements de résection endoscopique si le plan sous-jacent au plan atteint est réséqué et examiné, et/ou sur pièce de cystectomie.