

NWTS-5 INSTITUTIONAL PATHOLOGY CHECKLIST

COMPLETE OR PARTIAL NEPHRECTOMY SPECIMENS ONLY

Checklist to be completed by pathologist of record.

Patient name: _____ Patient ID#:

Institution: _____

Surgical pathology specimen number(s): _____

1. Specimen weight: (gm.): _____

Weight of removed kidney and associated tumor in grams:

2. Source of specimen: () Pre-treatment () Post-treatment

3. Type of specimen: (Complete **two forms** whenever tissue is available from both kidneys)

() Unilateral, complete nephrectomy () Left nephrectomy or partial nephrectomy (bilateral)

() Right nephrectomy or partial nephrectomy (bilateral)

4. Largest tumor diameter (cm.): _____

For multicentric tumors, indicate the diameter of the largest single tumor.

5. Specimen received intact and unopened from O.R.? () No () Yes () Uncertain

6. Renal capsule grossly intact? Before opening specimen? () No () Yes () Uncertain

Comments: _____

7. Surface inked? Before opening specimen? () No () Yes () Uncertain

After opening specimen? () No () Yes () Uncertain

8. Tumor multicentric? () No () Yes () Uncertain

Comments: _____

9. Margin involved by tumor? () No () Yes () Uncertain

Comments: _____

10. Regional nodes (hilar, periaortic or other abdominal sites):

() Negative for tumor () Positive for tumor () Uncertain () None examined

Comments: _____

Please Complete Sections 11, 12, And 13 Based Upon Your Diagnosis Before NWTSG Review

11. Your diagnosis (before NWTSG review): _____

() Mesoblastic nephroma () FH () Focal Anaplasia () Diffuse Anaplasia () Anaplasia, NOS

() Clear Cell () Rhabdoid () Other Sarcoma () Nephroblastomatosis only

() Other, specify: _____

() Uncertain or Unknown, specify: _____

12. For unilateral case: was contralateral biopsy obtained? () No () Yes

If yes, result: () Normal tissue () Nephrogenic rest () Uncertain

Patient ID#:

13. Local stage based on pathological exam. For bilateral cases, indicate local stage of side for which this form is completed. **Specify local stage even for Stage IV cases.**

- () I
- () II Reason(s): _____
- () III Reason(s): _____

Comments: _____

Check all staging criteria below that apply:

STAGE II

- () Tumor penetrates renal capsule into perirenal fat
- () Tumor capsule biopsied prior to nephrectomy without diffuse peritoneal soilage (including a needle biopsy)
- () Tumor involves blood or lymphatic vessels within the renal sinus
- () Tumor in main renal vein apparently removed without cutting across tumor
- () Tumor infiltrated adjacent organs or vena cava, but is completely resected
- () No tumor in nodes
- () Margins of specimen free of tumor

STAGE III

- () Surgical margins involved by tumor, with known or presumed residual disease
- () Tumor rupture or biopsy with peritoneal soilage
- () Tumor in lymph nodes
- () Tumor thrombi transected or removed piecemeal by surgeon
- () Peritoneal implants present
- () Tumor incompletely resected

Form completed by: _____ Date: _____ / _____ / _____
Signature mm dd yy

Printed name: _____

DO NOT INCLUDE FROZEN OR WET TISSUE SPECIMENS. THESE MUST BE SENT IN SPECIALLY PREPARED CONTAINERS DIRECTLY TO THE COOPERATIVE HUMAN TISSUE NETWORK IN COLUMBUS, OHIO. ALWAYS CALL THEM PRIOR TO SHIPMENT (614) 722-2890. See NWTS-5 Protocol, 5.112.

ADDRESS FOR U.S. POSTAL SERVICE, FEDERAL EXPRESS OR OTHER COURIER DELIVERY SERVICES

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