NWTS 1-5 POST MORTEM CHECKLIST

Section I (in box) to be completed following the death of ALL patients. For all patients for whom a post mortem was done, complete the whole form following microscopic study.

### I. Identification

Patient name: ________________________________  Patient ID#: □□□□□□

Institution at which autopsy performed: ____________________________________________

Date of death: ____________________________  □□/□□/□□□□□□

Immediate cause of death:

- ( ) N/A {0}
- ( ) Unknown {6}
- ( ) Other Late {11}
- ( ) Tumor {1}
- ( ) SMN {7}
- ( ) External {12}
- ( ) Toxicity {2}
- ( ) CHF {8}
- ( ) Medical {13}
- ( ) Infection {3}
- ( ) ESRD {9}
- ( ) Other Non Treatment Related {14}
- ( ) Tumor and Toxicity {5}
- ( ) Pulmonary {10}

Was an autopsy performed: 0 = No; stop here and return form;
1 = Yes, report received, complete rest of form
2 = Yes, report not received, complete rest of form

### II. Autopsy findings:

Tumor Present at Postmortem: 1 = No; 2 = Yes, viable; 3 = Yes, but totally necrotic

### III. Site of tumor

<table>
<thead>
<tr>
<th>Site of Tumor</th>
<th>Viable Tumor</th>
<th>Totally Necrotic</th>
<th>No Evidence Of Tumor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original tumor bed</td>
<td>( ) 1</td>
<td>( ) 2</td>
<td>( ) 3</td>
<td></td>
</tr>
<tr>
<td>Opposite kidney</td>
<td>( ) 1</td>
<td>( ) 2</td>
<td>( ) 3</td>
<td></td>
</tr>
<tr>
<td>Abdominal nodes: ipsilateral</td>
<td>( ) 1</td>
<td>( ) 2</td>
<td>( ) 3</td>
<td></td>
</tr>
<tr>
<td>Abdominal nodes: contralateral</td>
<td>( ) 1</td>
<td>( ) 2</td>
<td>( ) 3</td>
<td></td>
</tr>
<tr>
<td>Mediastinal nodes</td>
<td>( ) 1</td>
<td>( ) 2</td>
<td>( ) 3</td>
<td></td>
</tr>
<tr>
<td>Other nodes</td>
<td>( ) 1</td>
<td>( ) 2</td>
<td>( ) 3</td>
<td></td>
</tr>
<tr>
<td>(Specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Liver

- ( ) 1

Left lung

- ( ) 1

Right lung

- ( ) 1

Bone

- ( ) 1

Brain and meninges

- ( ) 1

Peritoneum

- ( ) 1

Other

- ( ) 1

(Specify)
IV. Clinically significant complications of therapy

A. Radiation

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )1</td>
<td>( )2</td>
</tr>
</tbody>
</table>

- Nephritis
- Lung changes
- Bone abnormalities
- Liver damage
- Other

(Specify)

B. Chemotherapy

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )1</td>
<td>( )2</td>
</tr>
</tbody>
</table>

- Marrow damage
- Liver damage
- GI damage
- Other

(Specify)

C. Miscellaneous complications:

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )1</td>
<td>( )2</td>
</tr>
</tbody>
</table>

Specify, including surgical complications:

V. Immediate cause of death: (Check all applicable causes)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )1</td>
<td>( )2</td>
</tr>
</tbody>
</table>

- Direct effect of tumor
- Renal failure
- Infection
- Hemorrhage
- Other

(Specify)
VI. Miscellaneous information

A. Sites where tumor was documented clinically, but subsequently regressed completely.

B. Sites where tumor was clinically unsuspected but found at post mortem.

C. Sites where tumor was not detected grossly, but was found on microscopic examination.

Please submit ONE representative section of EACH MAJOR SITE of post mortem tumor involvement (for comparison of pattern with that seen in the primary tumor). Please also send illustrative sections of significant complications of therapy (e.g. radiation nephritis, marrow aplasia).

Blocks or duplicate sections must mention the patient's name, identification number, and the word "autopsy".

This form was completed by:

Signature: ___________________________ Date: __________/________/________
Print name: ___________________________

Send autopsy slides with a copy of post mortem checklist and autopsy report to:

Elizabeth J. Perlman, M.D.
National Wilms Tumor Study Group Pathology Center
Children's Memorial Hospital
Annex Bldg., Room A204
2373 N Lincoln Avenue
Chicago, IL  60614
Phone: (773) 880-4319          Fax: (773) 880-3858

Please send post mortem checklist with a copy of the autopsy report to:

NATIONAL WILMS TUMOR STUDY GROUP
DATA AND STATISTICAL CENTER
FRED HUTCHINSON CANCER RESEARCH CENTER
1100 Fairview Avenue N  M2-A876,  P.O. 19024,  Seattle, Washington  98109