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

	Viable Tumor	Totally Necrotic	No Evidence Of Tumor	Comments	
Original tumor bed	( )1	( )2	( )3	____________	☐
Opposite kidney	( )1	( )2	( )3	____________	☐
Abdominal nodes: ipsilateral	( )1	( )2	( )3	____________	☐
Abdominal nodes: contralateral	( )1	( )2	( )3	____________	☐
Mediastinal nodes	( )1	( )2	( )3	____________	☐
Other nodes	( )1	( )2	( )3	____________	☐
(Specify) ______________________________					
Liver	( )1	( )2	( )3	____________	☐
Left lung	( )1	( )2	( )3	____________	☐
Right lung	( )1	( )2	( )3	____________	☐
Bone	( )1	( )2	( )3	____________	☐
Brain and meninges	( )1	( )2	( )3	____________	☐
Peritoneum	( )1	( )2	( )3	____________	☐
Other	( )1	( )2	( )3	____________	☐
(Specify) ______________________________					

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Patient ID#: ☐☐☐☐☐☐

IV. Clinically significant complications of therapy

A. Radiation

	No	Yes	Uncertain	Comments	
Nephritis	( )1	( )2	( )3	______	☐
Lung changes	( )1	( )2	( )3	______	☐
Bone abnormalities	( )1	( )2	( )3	______	☐
Liver damage	( )1	( )2	( )3	______	☐
Other	( )1	( )2	( )3	______	☐

(Specify)______________________________

B. Chemotherapy

	No	Yes	Uncertain		
Marrow damage	( )1	( )2	( )3	______	☐
Liver damage	( )1	( )2	( )3	______	☐
GI damage	( )1	( )2	( )3	______	☐
Other	( )1	( )2	( )3	______	☐

(Specify)______________________________

	No	Yes	Uncertain	
C. Miscellaneous complications:	( )1	( )2	( )3	☐

Specify, including surgical complications:______________________________

____

____

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

	No	Yes	Uncertain	Comments	
Direct effect of tumor	( )1	( )2	( )3	______	☐
Renal failure	( )1	( )2	( )3	______	☐
Infection	( )1	( )2	( )3	______	☐

(Specify) ______________________________

Hemorrhage	( )1	( )2	( )3	______	☐

(Specify) ______________________________

Other	( )1	( )2	( )3	______	☐

(Specify) ______________________________

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Patient ID#: ☐☐☐☐☐☐

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: ________/________/________
mm dd yy

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

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