SOCIÉTÉ INTERNATIONALE D'ONCOLOGIE PÉDIATRIQUE
INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY

NEPHROBLASTOMA SIOP 2001

PATHOLOGY FORM
FORM 4

Patient Identifier
(e.g John Smith, born 15/12/1980 = JSM15121980)

F	S	S	D	D	M	M	Y	Y	Y	Y

SIOP Sequence Nr ☐☐☐☐

Centre:_____

Name of Pathologist: _____

Date of surgery ☐☐☐☐☐☐☐☐ (D D M M Y Y Y Y)

Pathology specimen number(s) ……
……..
……

PLEASE SEND ***TWO SEPARATE FORMS*** FOR ***BILATERAL CASES***

1 = Primary nephrectomy 2= Pre-operative chemotherapy ☐

Tumour site: 1 = Right 2 = Left 4 = Extra-renal ☐

Type of specimen: (send **two forms** whenever tissue is available from both kidneys) ☐

Unilateral
1 = Complete nephrectomy
2 = Partial nephrectomy

Bilateral **Left**
3 = Complete nephrectomy
4 = Partial nephrectomy

Right
5 = Complete nephrectomy
6 = Partial nephrectomy

Specimen Weight (grams) ☐☐☐☐ Largest tumour diameter (cm) ☐☐☐

(For multifocal tumours, indicate the diameter of the largest single tumour)

Renal capsule grossly intact? (before opening specimen) ☐
1 = Yes 2 = No 3 = Uncertain

Tumour multifocal? ☐
1 = Yes 2 = No 3 = Uncertain

Resection margin involved by tumour? (Microscopically) ☐
1 = Yes 2 = No 3 = Uncertain

If Yes, please specify viability ☐
1 = Viable 2 = Non-viable

Renal vein thrombosis (Microscopically) ☐
1 = Yes 2 = No 3 = Uncertain

Percentage of necrosis/regressive changes on gross examination % ☐☐☐

Percentage of necrosis/regressive changes on histological examination % ☐☐☐

Percentage of blastema in viable tumour component % ☐☐☐

Nephrogenic rests ☐
1 = Yes 2 = No 3 = Uncertain

If anaplastic nephroblastoma, please subclassify ☐
Focal (1) Diffuse (2) Uncertain (3)

Continued on next page

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Number of lymph nodes examined (hilar, peri-aortic or other abdominal sites): ☐☐

Lymph node status ☐
1 = Positive for tumour
2 = Negative for tumour
3 = Uncertain
4 = None examined

Number of lymph nodes with viable tumour ☐☐

Number of lymph nodes with non-viable tumour ☐☐

Your diagnosis ☐☐☐
(please enter the code of the appropriate classification from the list below)

Low Risk	CPDN	(110)	High Risk	Blastemal	(212)
	Completely necrotic	(140)		Diffuse anaplasia	(312)
	Mesoblastic nephroma	(150)			
Intermediate Risk	Non anaplastic and variants (*primary nephrectomy only*)	(210)	Other	CCSK	(320)
	Epithelial type	(211)		MRTK	(330)
	Stromal type	(213)			
	Mixed type	(214)		Other (specify below)	(500)
	Regressive type	(216)		Undeterminable	(600)
	Focal anaplasia	(311)			

If other (code 500) please specify:

.....

Abdominal tumour stage based on pathological examination ☐

Reason for staging (see coding on page 4 of this form) ☐☐

Material stored for biological studies?

1 = Yes
2 = No
☐

If yes, stored as:
1 = Frozen Only
2 = Research paraffin block only
3 = Both
☐

If yes, sent to: _____

Form completed by (please print): _____

Tel/Fax:_____ **Email Address:** _____ **Date** _____

Signature…….. Date ☐☐☐☐☐☐☐☐
D D M M Y Y Y Y

Please send form to: **SIOP Nephroblastoma Office, room A3-273, Academic Medical Center, Meibergdreef 9, 1105 AZ AMSTERDAM, The Netherlands (tel. 31-20-5665697, fax 31-20-5669021)**

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SIOP Sequence Nr ☐☐☐☐

Centre:_____

Please submit a full set of H&E slides and one paraffin block immediately after the operation. Do not delay sending the sections for pathology review for whatever reasons, even if you are not sure whether the patient will be entered to the Trial.

SEND **SLIDES**, **BLOCK**, THIS **FORM** AND A COPY OF **YOUR REPORT**, IF READY, TO:

Prof. Gordan M. Vujanic (UK CCLG cases)
Department of Pathology, U.W.C.M.
Heath Park, Cardiff, CF4 14XN, UK
Tel: +44 29 2074 2706; Fax: +44 29 2074 8490
E-mail: vujanic@cf.ac.uk

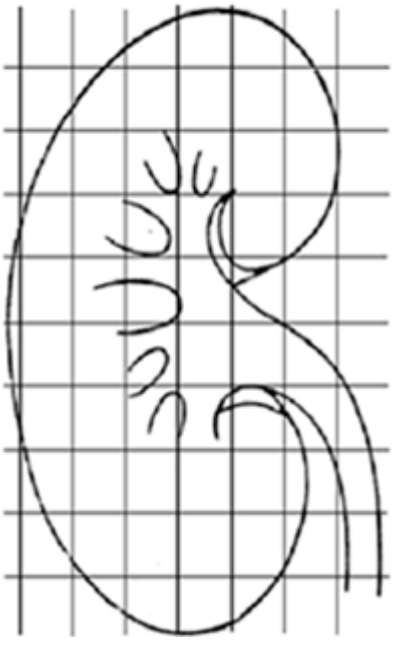
Prof. Dr. Ivo Leuschner (GPOH cases)
Institute for Paediatric Pathology, University of Kiel
Michaelistrasse 11, D-24105 Kiel, Germany
Tel: +49 431 597 3450; Fax: +49 431 597 348
E-mail: ileuschner@path.uni-kiel.de

Dr. Aurore Coulomb (SFCE cases)
Service d'Anatomie Pathologique
Hopital d'Enfants Armand Trousseau
26 Avenue du Dr Arnold Netter
F-75571 Paris Cedex 12, France
Tel: +33 1 4473 6182; Fax: +33 1 4473 6282

E-mail: aurore.coulomb@trs.apkp.fr

ALL OTHER COUNTRIES send to:
Dr. Bengt Sandstedt
Department of Pathology
Danderyds Hospital
S18288 Stockholm, Sweden
Tel: +46 12355991 (pers), +46 12356898 (secr)
Fax: +468 7536639
E-mail: bengt.sandstedt@ki.se

Left Kidney



Right Kidney

Please draw or photograph the tumour and document the exact site (by using numbers or letters) of each section taken.

Notes for completion

Local stage Code

Stage I

1. The tumour is limited to kidney or surrounded with a fibrous pseudocapsule if outside of the normal contours of the kidney. The renal capsule or pseudocapsule may be infiltrated with the tumour but it does not reach the outer surface, and it is completely resected (resection margins 'clear')
2. The tumour may be protruding ('bulging') into the pelvic system and 'dipping' into the ureter (but it is not infiltrating their walls)
3. The vessels of the renal sinus are not involved
4. Intrarenal vessel involvement may be present

Fine needle aspiration or percutaneous core needle biopsy ('tru-cut') does not upstage the tumour. The presence of necrotic tumour or chemotherapy-induced change in the renal sinus and/or within the perirenal fat should not be regarded as a reason for upstaging a tumour providing it is completely excised and does not reach the resection margins.

Stage II

5. The tumour extends beyond kidney or penetrates through the renal capsule and/or fibrous pseudocapsule into peri-renal fat but is completely resected (resection margins 'clear')
6. Tumour infiltrates the renal sinus and/or invades blood and lymphatic vessels outside the renal parenchyma but it is completely resected
7. Tumour infiltrates adjacent organs or vena cava but is completely resected

Stage III

8. Incomplete excision of the tumour which extends beyond resection margins (gross or microscopical tumour remains post-operatively)
9. Any abdominal lymph nodes are involved
10. Tumour rupture before or intra-operatively (irrespective of other criteria for staging)
11. The tumour has penetrated through the peritoneal surface
12. Tumour implants are found on the peritoneal surface
13. The tumour thrombi present at resection margins of vessels or ureter, transsected or removed piecemeal by surgeon
14. The tumour has been surgically biopsied (wedge biopsy) prior to pre-operative chemotherapy or surgery.

The presence of necrotic tumour or chemotherapy-induced changes in a lymph node or at the resection margins is regarded as proof of previous tumour with microscopic residue and therefore the tumour is assigned stage III (because of the possibility that some viable tumour is left behind in the adjacent lymph node or beyond resection margins.)