

# 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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