

Accession # _____ Name _____

NEPHROBLASTOMA (WILMS TUMOR)

Pre-treatment Post-treatment

Procedure: Complete nephrectomy right left
 Partial nephrectomy right left
 Biopsy right left

Specimen weight: _____ gm

Was the tumor resected in one piece? Yes No Unknown

Nephrogenic rests: present absent

Tumor:

Size (largest diameter of largest tumor): _____ cm

Did the tumor penetrate the renal capsule? Yes No

Did the tumor more than minimally invade the renal sinus soft tissue? Yes No

Was there involvement of renal sinus or extrarenal vessels? Yes No

Was there evidence of tumor rupture? Yes No

Favorable histology Focal anaplasia Diffuse anaplasia

For post-treatment specimens only: % necrosis _____

Margins:

 Cannot be assessed Negative for tumor Positive for tumor
Location of positive margin: _____

Regional Lymph Nodes (hilar, periaortic):

 None examined Number positive/number examined _____

Distant Metastasis (includes metastasis to lymph nodes outside of abdomen):

 Cannot be assessed Distant metastasis
Site(s): _____

Stage: I II III IV V

Stage

- I Tumor limited to kidney, completely resected
Renal capsule intact.
Tumor not ruptured or biopsied (open or core needle) prior to removal
Vessels of renal sinus not involved.
No evidence of tumor at or beyond margins of resection.
- II Tumor is completely resected and there is no evidence of tumor at or beyond the margins of resection. Tumor extends beyond kidney as evidenced by one of the following.
Tumor penetrates renal capsule or invades soft tissue of renal sinus extensively.
Blood vessels within the nephrectomy specimen outside the renal parenchyma, including those of the renal sinus, contain tumor.
- III Residual nonhematogenous tumor present after surgery, and confined to abdomen.
BIOPSY BEFORE NEPRECTOMY whether preoperatively or intraoperatively
Lymph nodes within abdomen or pelvis involved by tumor.
Tumor has penetrated through peritoneal surface.
Tumor implants are found on the peritoneal surface.
Gross or microscopic tumor remains postoperatively (e.g., positive margin)
Tumor is not completely resectable because of local infiltration into vital structures.
Tumor spillage occurring either before or during surgery.
Tumor treated with preoperative chemotherapy (with or without biopsy)
Tumor removed in more than one piece
Extension of primary tumor in vena cava and heart is stage III (not IV even though outside the abdomen) – **only if not removed or removed with spill or transection otherwise it is a two**
- IV Hematogenous metastases or lymph node metastases outside the abdomen and pelvis.
- V Bilateral renal tumors at diagnosis. (Attempt to stage each side.)

Criteria for focal and diffuse anaplasia

Histologic Criteria for Anaplasia

- Presence of polyploidy or multipolar mitotic figures
- Presence of nuclear enlargement with hyperchromasia

Histologic Criteria for Focal Anaplasia

- Anaplastic regions that are circumscribed and the perimeter completely examined (may require mapping of anaplastic foci that extend to the edge of tissue sections)
- Anaplasia confined to the renal parenchyma (presence in vascular spaces precludes the diagnosis)
- Absence of severe nuclear pleomorphism and hyperchromasia (severe “nuclear unrest”) in nonanaplastic tumor

ALL SPECIMENS NEED TO BE SENT TO ELIZABETH PERLMAN AS PER THE
COG ARENO3B2 PROTOCOL

ALSO specimens need to go for LOH testing

