# Appendix E Reporting proforma for paediatric renal tumours

Surname: ………………………… Forenames: ………………… Date of birth: ………………… Sex: ….….

Hospital………………..………….. Hospital no: ………………….…………… NHS no: ……………………….

Date of surgery: ……………….…. Date of report authorisation: …………… Report no: …………………….

Date of receipt:…………………… Pathologist: …………….………………….. Surgeon: ……………………....

**Clinical data and specimen type**

Prechemotherapy open biopsy Yes □ No □ Not stated □

Preoperative chemotherapy Yes □ No □ Not stated □

Pre- or intraoperative tumour rupture Yes □ No □ Not stated □

Tumour site Left □ Right □

Bilateral Yes □ No □ (if bilateral, complete separate forms for left and right)

Nephrectomy Unilateral □ Total □ Partial □

Bilateral □ Left: Total □ Partial □

Right: Total □ Partial □

**Macroscopic features**

Total weight of specimen with tumour ………g Size of specimen ……... x …….. x ………. mm

Tumour size ……... x …….. x ………. mm

Location of tumour: Lower pole □ Upper pole □ Whole kidney □ Multifocal □

Tumour multifocal? Yes □ No □ Uncertain □ If yes, number of foci ……

Specimen received intact from operating theatre? Yes □ No □ Uncertain □

Renal capsule grossly intact? *(before opening specimen)* Yes □ No □ Uncertain □

Surface inked? No □ Before opening specimen □ After opening specimen □

Percentage of necrosis/regressive changes on gross examination…………. *(please state)*

**Histological features**

Percentage of necrosis/regressive changes on histological examination

<65% *(please state)* …………… 65–99% *(please state)* ………… 100% …………..…

Percentage of: Blastema………….. Epithelium ………… Stroma ……………..

Anaplastic nephroblastoma: Focal □ Diffuse □ Uncertain □ No □

Perirenal fat invasion Yes □ No □ Uncertain □

Renal sinus invasion Yes □ No □ Uncertain □

Perirenal vessels invasion Yes □ No □ Uncertain □

Renal vein tumour Yes □ No □ Uncertain □

Resection margins involved Yes □ No □ Uncertain □

If yes, is tumour: Viable □ Non-viable □

Lymph nodes examined Yes □ No □

|  |  |  |  |
| --- | --- | --- | --- |
| **Site of node**  | **No of nodes identified**  | **Lymph node status** | **Node involved by viable or non-viable tumour or both** |
| **No of negative nodes** | **No of positive nodes** | **No of uncertain nodes**  |
| Hilar |  |  |  |  | Viable □ Non-viable □ Both □ |
| Para-aortic |  |  |  |  | Viable □ Non-viable □ Both □ |
| Other |  |  |  |  | Viable □ Non-viable □ Both □ |

Total number of positive lymph nodes: ………………

**Conclusion**

Tumour diagnosis and risk group:

|  |  |  |
| --- | --- | --- |
| **Risk group** | **Diagnosis, for pre-treated cases** | **Diagnosis, for primary nephrectomy cases** |
| Low risk □ | Mesoblastic nephroma □Cystic partially differentiated nephroblastoma □Completely necrotic nephroblastoma □ | Mesoblastic nephroma □Cystic partially differentiated nephroblastoma □ |
| Intermediate risk □ | Nephroblastoma – epithelial type □Nephroblastoma – stromal type □Nephroblastoma – mixed type □Nephroblastoma – regressive type □Nephroblastoma – focal anaplasia □ | Non-anaplastic nephroblastoma and its variants □Nephroblastoma – focal anaplasia □ |
| High risk □ | Nephroblastoma – blastemal type □Nephroblastoma – diffuse anaplasia □Clear cell sarcoma of the kidney □Rhabdoid tumour of the kidney□ | Nephroblastoma – diffuse anaplasia □Clear cell sarcoma of the kidney □Rhabdoid tumour of the kidney □ |

Tumour local SIOP stage (2018): I □ II □ III □

Reason for stage …..………………………………………………………………………………..

**SNOMED CODES: T ……….. M ……………..**

**Pathologist**

Name ……………………………….………. Signature …………………………………… Date ………………..