

Histological tumour grade – WHO/ISUP (Required)

Reason/Evidentiary Support

Grade should be assigned based on the single high power field showing the greatest degree of nuclear pleomorphism.

This grading system is the World Health Organization/ International Society of Urological Pathology (WHO/ISUP) grading system for renal cell carcinoma which is recommended in the 2016 WHO.^{1,14} This system has been validated as a prognostic parameter for clear cell and papillary renal cell carcinoma.^{14,20,21} It has not been validated for other types of renal cell carcinoma but may be used for descriptive purposes.²² The current recommendation is that chromophobe renal cell carcinoma is not graded.^{1,23}

There is debate regarding the validity of grading renal cell neoplasms in needle biopsies because of the likelihood that the tissue sampled may not be representative. This is of particular concern in large renal neoplasms where there can be considerable morphologic variability. In some series it is recommended that tumours in renal core biopsies not be graded. If a grade is given it should be qualified with a note stating that the provided grade may underestimate the true grade of the tumour.^{18,19}

References

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18. Delahunt B, Samaratunga H, Martignoni G, Srigley JR, Evans AJ, Brunelli M. Percutaneous renal tumour biopsy. *Histopathology* 2014; 65: 295-308.
19. Evans AJ, Delahunt B, Srigley JR. Issues and challenges associated with classifying neoplasms in percutaneous needle biopsies of incidentally found small renal masses. *Semin Diagn Pathol* 2015; 32: 184-195.
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