Invasive Carcinoma of Renal Tubular Origin Histopathology Reporting Guide



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Family/Last name	Date of birth DD - MM - YYYY		
Given name(s)			
Patient identifiers	Date of request Accession/Laboratory number		
Elements in black text are REQUIRED. Elements in grey text are RECOMMENDED.			
PRE-OPERATIVE TREATMENT Tumour embolization Cryoablation Radio frequency ablation External-beam radiation therapy (EBRT) Other, specify	TUMOUR SITE(S) Upper pole Mid zone Lower pole Cortex Medulla Other, specify		
SPECIMEN LATERALITY			
Left Not specified Right Other eg horseshoe kidney, specify	TUMOUR FOCALITY Unifocal Multifocal Specify number of tumours (if possible)		
OPERATIVE PROCEDURE Radical nephrectomy Simple nephrectomy Partial nephrectomy	MAXIMUM TUMOUR DIMENSION (If multiple tumours the maximum dimension of the largest five should be recorded.)		
Other, specify	Tumour 1 mm Tumour 4 mm		
	Tumour 2 mm Tumour 5 mm		
	Tumour 3 mm		
Accompanying/attached structures Adrenal gland None submitted Lymph nodes, provide details Other organs, provide details TISSUE REMOVED FROM SPECIMEN PRIOR TO SUBMISSI No Yes, provide details	HISTOLOGICAL TUMOUR GRADE - WHO/ISUP Not applicable Grade X - Cannot be assessed Grade 1 - Nucleoli absent or inconspicuous and basophilic at 400x magnification Grade 2 - Nucleoli conspicuous and eosinophilic at 400x magnification, visible but not prominent at 100x magnification Grade 3 - Nucleoli conspicuous and eosinophilic at 100x magnification Grade 4 - Extreme nuclear pleomorphism and/or multi nuclear giant cells and/or rhabdoid and/or sarcomatoid differentiation		

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HISTOLOGICAL TUMOUR TYPE**	EXTENT OF INVASION
(Value list from the World Health Organization Classification of Tumours of the Urinary System and Male Genital Organs,	
Fourth edition (2016) classification of renal cell tumours and	Tumour limited to the kidney
the International Society of Urological Pathology Vancouver classification of renal neoplasia)	Tumour spread beyond renal capsule
**Occasionally more than one histologic type of carcinoma	Not identified Present Cannot be assessed
occurs within the same kidney specimen. Each tumour type	
should be separately recorded.	Tumour in renal sinus
Clear cell renal cell carcinoma	Not identified Cannot be assessed
 Multilocular clear cell renal cell neoplasm of low malignant potential 	Present in fat
Papillary renal cell carcinoma	Present in fat and vascular spaces
Type 1	Present in fat and vascular spaces
Type 2	Tumour extends beyond Gerota's fascia
Oncocytic NOS	Not identified Present Cannot be assessed
Chromophobe renal cell carcinoma	Not identified Tresent Calmot be assessed
Hybrid oncocytic chromophobe tumour	Tumour in major veins (renal vein or its segmental
Collecting duct carcinoma	branches, inferior vena cava)
Renal medullary carcinoma	Not identified Present Cannot be assessed
MiT family translocation renal cell carcinoma	
Xp11 translocation renal cell carcinoma	Tumour in renal vein wall
 ☐ t(6;11) renal cell carcinoma ☐ Other, specify	Not identified Present Cannot be assessed
	Tumour in pelvicalyceal system
	Not identified Present Cannot be assessed
	O 1101 10011011101 O 11000111 O 001111101 20 00000000
Mucinous tubular and spindle cell carcinomaTubulocystic renal cell carcinoma	Tumour in adrenal gland
Acquired cystic disease associated renal cell carcinoma	Not provided Cannot be assessed
Clear cell papillary/tubulopapillary renal cell carcinoma	Not identified
Hereditary leiomyomatosis and renal cell carcinoma-	Present - direct extension
associated renal cell carcinoma	Present - metastasis
Succinate dehydrogenase (SDH) deficient renal carcinoma	
Renal cell carcinoma, unclassified	Tumour in other organs/structures
Other, specify	Not provided Cannot be assessed
	Not identified
	Present, specify sites
	Y , , ,
CARCOMATOTE MORRIAGON FIRE	
SARCOMATOID MORPHOLOGY	
Not identified	
Present	LYMPHOVASCULAR INVASION
Extent of sarcomatoid	Not identified
component %	Present
	Fresent
RHABDOID MORPHOLOGY	LYMPH NODES STATUS
Not identified	Number of lymph modes eveningd
Present	Number of lymph nodes examined
Extent of rhabdoid	Number of positive lymph nodes
component %	
	OR
NECROSIS 🕮	Number cannot be determined
Not identified Cannot be assessed	
Present Carried Carried be assessed	Size of largest focus mm
Microscopic coagulative necrosis	
Macroscopic tumour necrosis	Extranodal extension
Tracioscopic camour necrosis	○ Not identified ○ Present ○ Cannot be assessed
₩	
Extent of necrosis (Applicable to clear cell renal cell %)	
(Applicable to clear cell renal cell carcinoma only)	

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MARGIN STATUS	PATHOLOGICAL STAGING (TNM 8th edition)##
Cannot be assessed	TNM descriptors (if applicable)
Not involved	m - multiple primary tumours at a single site
○ Involved	r - recurrent tumours after a disease free period
▼ Specify sites (select all that apply)	y - classification is performed during or following
	multimodality treatment
Renal parenchymal margin (partial nephrectomy only)	Deimony turnous (nT)
Renal capsular margin (partial nephrectomy only)	Primary tumour (pT)
Perinephric fat margin (partial nephrectomy only)	TX Primary tumour cannot be assessed
Gerota's fascial margin	TO No evidence of primary tumour
☐ Renal vein margin ☐ Ureteral margin	\bigcirc T1 Tumour \leq 7 cm in greatest dimension, limited to the kidney
Other, specify CO-EXISTING PATHOLOGY IN NON-NEOPLASTIC KIDNEY	T1a Tumour ≤ 4 cm in greatest dimension, limited to the kidney
	T1b Tumour > 4 cm but ≤ 7 cm in greatest dimension, limited to the kidney
	T2 Tumour > 7 cm in greatest dimension, limited to the kidney
None identified	T2a Tumour > 7 cm but ≤ 10 cm in greatest dimension, limited to the kidney
Insufficient tissue for evaluation (<5 mm tissue adjacent to the tumour)	T2b Tumour >10 cm, limited to the kidney
Glomerular disease Specify type	 T3 Tumour extends into major veins or perinephric tissues, but not into the ipsilateral adrenal gland and not beyond Gerota's fascia
	T3a Tumour extends into the renal vein or its segmental branches, or invades pelvicalyceal system, or invades perirenal and/or renal sinus fat but not beyond Gerota's fascia
Tubulointerstitial disease Specify type	 T3b Tumour extends into the vena cava below the diaphragm
	T3c Tumour extends into the vena cava above the diaphragm or invades the wall of the vena cava
Vascular disease Specify type	 T4 Tumour invades beyond Gerota's fascia (including contiguous extension into the ipsilateral adrenal gland)
	Regional lymph nodes (pN)
	NX Regional lymph nodes cannot be assessed.
Cyst(s)	N0 No regional lymph node metastasis
Specify type	N1 Metastasis in regional lymph node(s)
	Distant metastasis (pM)
☐ Tubular (papillary) adenoma(s)	O Not applicable
Other	M1 Distant metastasis
Specify	## Used with permission of the American College of Surgeons, Chicago, Illinois. The original source for this information is the AJCC Cancer Staging Manual, Eighth Edition (2016) published by Springer Science+Business Media.
ANCILLARY STUDIES Not performed Performed Specify test and results	

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