Family/Last name
Given name(s)
Patient identifiers

Date of birth
Date of request
Accession/Laboratory number

Elements in black text are CORE. Elements in grey text are NON-CORE.

Protocol followed
- Children’s Oncology Group (COG)
- International Society of Paediatric Oncology (SIOP)
- Not known

PREVIOUS THERAPY
- Information not provided
- No previous chemotherapy administered
- Previous chemotherapy administered

Clinical information guiding previous therapy, specify if available

OPERATIVE PROCEDURE
- Not specified
- Enucleation
- Partial nephrectomy
- Total or radical nephrectomy
- Other, specify

PREOPERATIVE RUPTURE OR INTRAOPERATIVE SPILLAGE
- Not identified
- Identified
- Cannot be determined, specify

ACCOMPANYING/ATTACHED STRUCTURES
- Not submitted
- Adrenal gland
- Other, specify

SPECIMEN LATERALITY
- Not specified/Not applicable
- Left
- Right
- Other (e.g., horseshoe kidney, single kidney), specify

SPECIMEN WEIGHT
- g

TUMOUR FOCALITY
- Cannot be determined
- Unifocal
- Multifocal

Specify number of tumours

TUMOUR DIMENSIONS
- Nodule 1
  - Greatest dimension
  - Additional dimensions mm x mm

- Nodule 2
  - Greatest dimension mm
  - Additional dimensions mm x mm

* Specify for each nodule, or for the two nodules that determine the stage and/or histologic classification.
Paediatric Renal Tumours

RENAL SINUS INVOLVEMENT (select all that apply)

- Cannot be determined
- Not identified
- Renal sinus vessel involvement by viable tumour with negative margin
- Invasion of the wall of the ureter or collecting system outside of the kidney by viable tumour (but completely resected with negative margin)
- More than minimal renal sinus soft tissue invasion present (but completely resected with negative margin)
- Minimal renal sinus soft tissue invasion by viable tumour present (<5 mm in greatest dimension and >5 mm from a margin)

b Criteria for local stage II by both COG and SIOP.
c Allowed within local stage I by COG, considered stage II by SIOP.

RENAL CAPSULE PENETRATION

- Cannot be assessed
- No viable tumour outside the renal capsule
- Viable tumour outside the renal capsule (including adrenal gland) that is not surrounded by a fibrous pseudocapsule, with negative margins
d Viable tumour outside the renal capsule or within the adrenal gland that is surrounded by a fibrous pseudocapsule, with negative margins
d Supports local stage II by SIOP and COG.
e Supports local stage II for COG; allowed within local stage I for SIOP.

PRIMARY TUMOUR EXCISED IN ONE PIECE

- Cannot be assessed
- Tumour excised in one piece
- Tumour excised in more than one piece
f Applicable only for COG staging, for which excision in more than one piece supports local stage III.

NEPHROGENIC RESTS

- Cannot be assessed
- Not identified
- Present (select all that apply)
  - Intralobar
    - Single
    - Multiple
  - Perilobar
    - Single
    - Multiple
    - Diffuse, hyperplastic
  - Unclassified

f Applicable only for COG staging, for which excision in more than one piece supports local stage III.

HISTOLOGICAL TUMOUR TYPE

(Value list based on the World Health Organization Classification of Paediatric Tumours (2023))

- Wilms tumour (nephroblastoma)
  - Favourable histology
    - Focal anaplasia
    - Diffuse anaplasia
  - Nephrogenic rest only (without Wilms tumour)
  - Intralobar
  - Perilobar
  - Mesoblastic nephroma
  - Cellular
  - Classic
  - Mixed
  - Paediatric cystic nephroma
  - Cystic partly differentiated nephroblastoma
  - Metanephric stromal tumour
  - Metanephric adenoma
  - Metanephric adenofibroma
  - Ossifying renal tumour of infancy
  - Clear cell sarcoma of the kidney
  - Rhabdoid tumour of the kidney
  - Anaplastic sarcoma of the kidney (DICER-1 associated)
  - Other, specify

POST-THERAPY HISTOLOGICAL CLASSIFICATION OF WILMS TUMOUR

- Not applicable

Low risk tumours

- Completely necrotic (100% necrosis although residual tubules from nephrogenic rests may be present)

Intermediate risk tumours

- Favourable histology, epithelial type (≤66% necrosis; >66% of viable component epithelial and <10% blastema)
- Favourable histology stromal type (≤66% necrosis; >66% of viable component stromal and <10% blastemal)
- Favourable histology mixed type (≤66% necrosis with viable component containing at least two components, none of which comprise more than two thirds of the viable tumour, or tumours that are 10-66% blastemal)
- Favourable histology, regressive type (66-99% necrosis)
- Focal anaplasia (except blastemal type)

High risk tumours

- Blastemal type (≤66% necrosis with >66% viable blastemal component)
- Diffuse anaplasia

h Not post-therapy or not Wilms tumour.

i Focal and diffuse anaplasia are included in the post-therapy risk stratification by SIOP, but are treated by separate clinical protocols by COG.

9 Nephrogenic rests are not included in staging criteria.
Paediatric Renal Tumours

**MARGIN STATUS**
- ☐ Cannot be assessed
- ☐ Not involved

Distance of viable tumour from closest margin

Specify closest margin(s), if possible

- ☐ Involved by viable tumour\(^i\) (select all that apply)
  - ☐ Renal vein margin
  - ☐ Ureteral margin
  - ☐ Inked soft tissue or parenchymal margin
  - ☐ Other, specify

- ☐ Involved by non-viable tumour (select all that apply)
  - ☐ Renal vein margin\(^i\)
  - ☐ Ureteral margin\(^i\)
  - ☐ Inked soft tissue or parenchymal margin\(^k\)
  - ☐ Other, specify

- ☐ Presence of viable or non-viable tumour in peritoneal or abdominal or pelvic nodules or implants\(^i\)

\(^i\) Supports local stage III by both COG and SIOP.

\(^k\) Supports local stage III by COG, but not by SIOP.

**LYMPH NODE STATUS**
- ☐ Cannot be assessed
- ☐ No nodes submitted or found

Number of lymph nodes examined

- ☐ Not involved
  - ☐ Involved (viable or non-viable tumour)\(^j\)

Number of involved lymph nodes

- ☐ Number cannot be determined

Location of involved lymph nodes (select all that apply)
- ☐ Regional
- ☐ Non-regional (outside the abdomino-pelvic region)

**ANCILLARY STUDIES**
- ☐ Not performed
- ☐ Performed (select all that apply)

- ☐ Immunohistochemistry, *specify test(s) and result(s)*

- ☐ Molecular genetic testing, *specify test(s) and result(s)*

- ☐ Other, *record test(s), methodology and results*

Representative blocks for ancillary studies, *specify those blocks best representing tumour and/or normal tissue for further study*

**HISTOLOGICALLY CONFIRMED DISTANT METASTASIS**
- ☐ Not applicable
- ☐ Not identified
- ☐ Present, *specify site(s)*

**PATHOLOGICAL STAGING**

Pathologic staging system used
- ☐ Children’s Oncology Group (COG)
- ☐ International Society of Paediatric Oncology (SIOP)

Local stage (based on the data elements for each stage)
- ☐ Local stage I
  - All staging elements are consistent with local stage I, and none indicate local stages II or III

- ☐ Local stage II
  - Presence of any staging element supporting local stage II and no parameters for local stage III

- ☐ Local stage III
  - Presence of any staging element for local stage III

- ☐ Local stage not determined