

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

RENAL NEOPLASMS OF TUBULAR ORIGIN

(Excluding Pediatric Renal Tumors and Tumors of the Renal Pelvis)

(Ver 1.1, 11-03)

Accession No.:

Part No.

Date:

Patient Name:

ORGAN,

SITE,

OPERATION:

Kidney

Right

Nephrectomy

Kidney and Adrenal

Left

Nephrectomy and

Adrenalectomy

Radical Nephrectomy

Partial Nephrectomy

Other _____

-Primary Tumor Diagnosis: *Required*

Renal Cell Carcinoma, Conventional (Clear Cell) Type

Renal Cell Carcinoma, Papillary Type

Renal Cell Carcinoma, Chromophobe Type

Renal Cell Carcinoma, Sarcomatoid Type

Renal Cell Carcinoma, Collecting Duct Type

Renal Cell Carcinoma with t(X;7)

Oncocytoma

Other _____

A. Size of Tumor: *Required* _____ cm x _____ cm x _____ cm

B. Tumor Grade (Furhman Grading System): *Required*

I Nuclei round, uniform, approximately 10 micron; nucleoli inconspicuous or absent

II Nuclei slightly irregular, approximately 15 micron; nucleoli evident

III Nuclei very irregular, approximately 20 micron; nucleoli large and prominent

IV Nuclei bizarre and multilobated, 20 micron or greater; nucleoli prominent; chromatin clumped

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C. Extent of Tumor: *Required*

- Tumor is confined to the kidney
- Tumor invades perinephric adipose tissue, but not beyond Gerota fascia
- Tumor invades adrenal gland
- Tumor invades beyond Gerota fascia

-Margins of Excision: *Required*

Renal vein, renal artery and ureter are free of tumor
Tumor is present at the peripheral margin of excision at _____

- _____
- Tumor is present at renal vein margin
- Tumor is present at renal artery margin
- Tumor is present at ureter margin
- Other _____

-Lymph Nodes: *(specify) Required*

- A. Number examined: _____
- B. Number positive: _____
- C. Comment: _____

NOTE: Regional lymph nodes include renal hilar, paracaval, para-aortic, peri-aortic, lateral aortic, and retroperitoneal.

-Additional Tumor Features: *Optional*

A. Vascular Invasion:

- Not identified
- Tumor invades into major renal vein(s)
- Tumor invades into major renal vein and inferior vena cava
- Tumor invades into the wall of the inferior vena cava
- Other: _____

-Adrenal Gland: *Optional*

- No histopathologic changes are present
- Tumor invades the adrenal gland
- Nodular/diffuse cortical hyperplasia is present
- Cortical adenoma is present _____ *(specify size)*
- Other _____

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-Additional Findings and Comments: *Optional*

Renal Cortical Adenoma _____

(specify size and location)

Pyelonephritis _____ (specify degree of severity)
Cortical Infarct _____ (specify approximate number or multiple)
Arterio/arteriolonephrosclerosis _____ (specify degree of severity)
Other _____

-Ancillary studies: *Optional*

Special stains are performed, the results are as follows:

- A. _____
- B. _____
- C. _____
- D. _____

Interpretation _____

Immunohistochemical studies are performed, the results are as follows:

- A. _____
- B. _____
- C. _____
- D. _____

Interpretation _____

Cytogenetics studies are performed, the results are as follows:

Molecular studies are performed, the results are as follows:

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- pTN Stage: *Required*

A. Primary Tumor:

pTX Primary tumor cannot be assessed.

pT0 No evidence of primary tumor.

pT1a Tumor 4.0 cm or less in greatest dimension, limited to the kidney.

PT1b Tumor more than 4.0, less than 7.0 cm in greatest dimension, limited to the kidney.

pT3a Tumor invades adrenal gland or perinephric tissues, but not beyond Gerota fascia.

pT3b Tumor grossly extends into renal vein(s) or vena cava below diaphragm.

pT3c Tumor grossly extends into vena cava above diaphragm or invades the wall of the vena cava.

pT4 Tumor invades beyond Gerota fascia

B. Lymph Node:

pNX Regional lymph nodes cannot be assessed.

pN0 No regional lymph node metastasis.

pN1 Metastasis in a single lymph node.

pN2 Metastasis in more than one regional lymph node

C. Distant Mestastasis:

pMX Distant metastasis cannot be assessed

pM0 No distant metastasis

pM1 Distant metastasis

References:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6th edition, 2002 (pg. 323-328).
2. Fuhrman SA, Lasky LC, Limas C. Prognostic significance of morphologic parameters in renal cell carcinoma. *Am J Surg Pathol* 1982;6(7):655-63.
3. Renshaw AA. Subclassification of renal cell neoplasms: an update for the practicing pathologist. *Histopathology* 2002;41(4):283-300.