NIH NATIONAL CANCER INSTITUTE BBRB Biorepositories and Biospecimen Research Branch		Biospecimen Pre-Analytical Variables (BPV) Kidney Local Pathology Review Form	
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BPV Case ID:		Form Completed By:	

Affix BPV Case ID Label

Form completed By: \_\_\_

Date on Which Form Was Completed:

\_\_\_/\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

# **Kidney Slide Pathology Review**

1. Slide ID examined by pathologist:

Tissue Bank ID: \_\_\_\_\_

2. Parent specimen ID of the sample from which this slide was derived:

#### 3. Organ of origin:

Select One:

- Kidney
- Other (specify)

## If Other was selected, specify other organ of origin:

#### 4. Histologic type:

Select One:

- Carcinoma associated with neuroblastoma
- Carcinoma of the collecting ducts of Bellini (WHO code: 8319/3)
- Chromophobe renal cell carcinoma (WHO code: 8317/3)
- Clear cell renal carcinoma (WHO code: 8310/3)
- Mucinous tubular and spindle cell carcinoma
- Multilocular clear cell renal carcinoma (WHO code: 8310/3)
- Papillary renal cell carcinoma (WHO code: 8260/3)
- Renal cell carcinoma, unclassified (WHO code: 8312/3)
- Renal medullary carcinoma (WHO code: 8319/3)
- Translocation carcinoma (Xp11 or others)
- Tubulocystic renal cell carcinoma
- Other (specify)

If Other was selected, record other histologic type:

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	Completed By:		Date Completed: /		
5.	Presence of sarcomato Select one:	id features:			
	<ul> <li>Not identified</li> <li>Present</li> <li>If present, describe</li> </ul>	e sarcomatoid featur	es:		
6.	Greatest tumor dimen	sion on slide:	(mm)		
7.	Percent of cross-section tumor):		ntire slide composed of tumor focu	us (includes necrotic	
8.	Percent of tumor nucle compared to all cell nu		e entire slide (number of tumor epi%	thelial cell nuclei as	
9.	Percent of cross-sectio	nal surface area of e %	ntire slide composed of necrotic ti	ssue:	

Note: BPV case acceptance criteria require necrosis percentage of <20% of the entire slide AND tumor content of ≥50% tumor nuclei.

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Form Completed By: Histologic Profile Quantitative Assessment of Tumor		Date Completed:///		
10. Histologic profile quantitative assessment: Percent viable tumor by surface area (not including stroma):% Percent necrotic tumor by surface area:% Percent tumor stroma by surface area:% Percent non-cellular component by surface area (i.e., mucin, hemorrhage, blood clot, etc.) :% If present, describe non-cellular component:				
<ul> <li>Histologic profile total % (should equal 100%):%</li> <li>11. Histologic grade (Fuhrman nuclear grading system): Select one: <ul> <li>G1: Nuclei round, uniform, approximately 10µm; nucleoli inconspicuous or absent</li> <li>G2: Nuclei slightly irregular, approximately 15µm; nucleoli evident</li> <li>G3: Nuclei very irregular, approximately 20µm; nucleoli large and prominent</li> <li>G4: Nuclei bizarre and multilobulated, 20µm or greater; nucleoli prominent, chromatin clumped</li> <li>GX: Cannot be assessed</li> </ul> </li> </ul>				
Tumor Staging per AJCC 7th Edition				

# 12. pT: Pathologic spread primary tumor (AJCC 7th edition):

Select one:

- о рТХ
- 0 pT0
- 0 pT1
  - O pT1a
  - O pT1b
- 0 pT2
  - O pT2a
  - O pT2b
- 0 pT3
  - о рТЗа
  - O pT3b
  - 0 pT3c
- 0 pT4

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13. pN	N: Pathologic spre	ad lymph nodes (AJCC 7	'th edition):	
Se	elect one:			
0	pNX			
0	pN0			
0	pN1			
14. M	: Distant metasta	ses (AJCC 7th edition):		
Se	elect one:			
0	cM0			
	cM1			
0				

- O Stage I
- O Stage II
- O Stage III
- Stage IV
- 16. Did pathology review of the hematoxylin and eosin slide derived from quality control formalin-fixed paraffin-embedded tumor tissue confirm the histological type to be eligible for BPV study? Select one:
  - O Yes
  - 0 **No**
- 17. This slide meets the microscopic analysis criteria of the BPV project of necrosis percentage of <20% AND tumor content of ≥50% tumor nuclei:

Select one:

- O Yes
- 0 **No**

If No is selected, specify what findings do not meet the microscopic analysis criteria of the BPV project:

#### 18. Pathology review comments:

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## **Concordance With Diagnostic Pathology Report**

- **19.** This slide is consistent with the findings of the diagnostic pathology report for this case: Select One:
  - O Yes
  - 0 **No**

If No is selected, specify what findings are not consistent with the diagnostic pathology report:

- 20. Name of local biospecimen source site reviewing pathologist:
- **21**. Date of slide review by the pathologist:
- 22. Data entry in local pathology review form was performed by: