Accession # _____ Name _____ Age _____

NEUROBLASTIC TUMORS

Initial surgery (diagnosis)   Relapse   Other (specify): _____

Primary   Metastasis   Unknown

Site:

Specimen collected: Before treatment (chemotherapy or radiation)   After treatment

Tumor:
      Type*:   Ganglioneuroma (Schwannian stroma-dominant)
                          maturing   mature
                          Ganglioneuroblastoma, intermixed (Schwannian stroma-rich)
                          Neuroblastoma (Schwannian stroma-poor)
                          Ganglioneuroblastoma, nodular (composite, Schwannian stroma-rich/stroma-dominant and stroma-poor)

      For neuroblastoma and ganglioneuroblastoma, nodular only*:
                  Grade of neuroblastic differentiation:
                  Undifferentiated   Poorly differentiated   Differentiating
                  Mitotic-karyorrhectic index:
                  low   intermediate   high

      Prognostic evaluation*:   Favorable histology   Unfavorable histology

      Calcification: Present   Absent

      For specimens collected after treatment only:
                  No treatment effect
                  Treatment effect with _____ % necrosis

      Margins: Cannot be assessed   Negative for tumor   Positive for tumor
                  Location of positive margin: _____

      Lymph Nodes: Not examined
               Adherent   Number positive/number examined _____
               Regional Ipsilateral   Number positive/number examined _____
               Regional Contralateral   Number positive/number examined _____
               Distant   Number positive/number examined _____

*Not applicable to specimens collected after treatment.

Ganglioneuroma
Maturing: mixture of completely and incompletely mature ganglion cells
Mature: completely mature ganglion cells always covered with satellite cells

Grade of neuroblastic differentiation
Undifferentiated: No neuropil, no differentiating neuroblasts (difficult to diagnose on H&E)
Poorly differentiated: < 5% differentiating neuroblasts
Differentiating: > 5% differentiating neuroblasts

Mitotic-karyorrhectic index
Low: <2%   (<100/5,000 cells)
Intermediate: 2-4%   (100-200/5,000 cells)
High: >4%   (>200/5,000 cells)

International Neuroblastoma Pathology Classification
FH: favorable histology   UH: unfavorable histology
•For variant forms and prognostic evaluation of "Ganglioneuroblastoma, Nodular",
  see CANCER 2003;98:2274-81.