

## Check-list to ensure correct INRGSS Staging of Patients with Neuroblastic Tumors

Section A and B to be completed by the radiologist(s). Section C (if used) to be completed by the multidisciplinary treatment team. Every row of the form should be completed with either a "Yes", "No" or "N.A." (Not Assessed or Not Assessable) IDRF = Image Defined Risk Factors

Patient name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

(Optional in case name can not be used)

Date of birth: \_\_\_\_\_

### Section A

EXTENT OF PRIMARY TUMOR – IDRF	Yes	No	N.A.
<b>A Ipsilateral tumor extension within two body compartments</b>			
A.1 Neck-chest			
A.2 Chest-abdomen			
A.3 Abdomen-pelvis			
<b>B Neck</b>			
B.1 Tumor encasing carotid and/or vertebral artery and/or internal jugular vein			
B.2 Tumor extending to base of skull			
B.3 Tumor compressing the trachea			
<b>C Cervico-thoracic junction</b>			
C.1 Tumor encasing brachial plexus roots			
C.2 Tumor encasing subclavian vessels and/or vertebral and/or carotid artery			
C.3 Tumor compressing the trachea			
<b>D Thorax</b>			
D.1 Tumor encasing the aorta and/or major branches			
D.2 Tumor compressing the trachea and/or principal bronchi			
D.3 Lower mediastinal tumor, infiltrating the costo-vertebral junction between T9 and T12			
<b>E Thoraco-abdominal</b>			
E.1 Tumor encasing the aorta and/or vena cava			
<b>F Abdomen/pelvis</b>			
F.1 Tumor infiltrating the porta hepatis (liver hilum) and/or hepatoduodenal ligament			
F.2 Tumor encasing branches of the superior mesenteric artery at the mesenteric root			
F.3 Tumor encasing the origin of the celiac axis and/or of the superior mesenteric artery			
F.4 Tumor invading one or both renal pedicles			
F.5 Tumor encasing the aorta and/or vena cava			
F.6 Tumor encasing the iliac vessels			
F.7 Tumor crossing the sciatic notch			

**Check-list to ensure correct INRGSS Staging of  
Patients with Neuroblastic Tumors (cont.)**

Patient name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

(Optional in case name can not be used)

EXTENT OF PRIMARY TUMOR – IDRF (cont.)	Yes	No	N.A.
<b>G Intraspinal tumor extension whatever location provided that:</b>			
G.1 More than one third of the spinal canal in the axial plane is invaded and/or the perimedullary leptomeningeal spaces are not visible and/or the spinal cord signal is abnormal			
<b>H Infiltration of adjacent organs/structures</b>			
H.1 Pericardium			
H.2 Diaphragm			
H.3 Kidney			
H.4 Liver			
H.5 Duodeno-pancreatic block			
H.6 Mesentery			
H.7 Other organ (H.8) considered to be of similar significance			
H.8 Organ (H.7) infiltrated:			
<b>I Other conditions considered equivalent to the above listed IDRF:</b>			
I.1 Condition (specify):			

***IDRF status of the primary tumor at diagnosis:***

IDRF Negative – All rows were checked “No” or “N.A.”:

IDRF Positive – One or more rows were checked “Yes”:

**Section B**

J Conditions to be recorded but NOT considered IDRF	Yes	No	N.A.
J.1 Multifocal primary tumors			
J.2 Rightsided pleural effusion			
J.3 Leftsided pleural effusion			
J.4 Ascites			

\_\_\_\_\_  
Date\_\_\_\_\_  
Radiologist 1\_\_\_\_\_  
Radiologist 2 (Optional)

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Patient ID: \_\_\_\_\_

(Optional in case name can not be used)

Date of birth: \_\_\_\_\_

**Section C**

If the patient does not have metastases, check "No" for all M-rows

<b>METASTASES</b>	Yes	No	N.A.
<b>M Metastases present</b>			
<b>Location of metastases</b>			
M.1 Malignant cells present in bone marrow on smears or biopsy			
M.2 Malignant cells present in bone marrow on smears or biopsy but limited to less than 10% of total nucleated cells			
M.3 Malignant cells present in bone marrow on smears or biopsy and constituting more than 10% of total nucleated cells			
M.4 Skin			
M.5 Liver			
M.6 Cortical bone			
M.7 Distant lymph nodes (see INRGSS staging definitions)			
M.8 Other metastases (specify):			

<b>AGE</b>	Yes
<b>N Age of patient</b>	
N.1 <12 months (<365 days)	
N.2 12 - <18 months (365 - <547 days)	
N.3 ≥ 18 months (≥ 547 days)	

This checklist is intended to facilitate proper and consistent staging according to INRGSS. It can be used as a standardized report form, and should accompany images if sent for central review. Since the list is not intended to substitute for the ordinary radiology reports, information on the investigation modalities and dates are not asked for. The list contains the minimum requirements for proper INRGSS staging. It is designed for possible scientific use by the cooperative groups, and it is therefore important that not only the "Yes"-boxes, but also the "No"-boxes are checked. A specific "No"-information is necessary to document the absence of an IDRF.

**Check-list to ensure correct INRGSS Staging of  
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Patient name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

(Optional in case name can not be used)

Date of birth: \_\_\_\_\_

**Patient INRGSS stage at diagnosis:**

**L1 Localized tumor IDRF Negative:**

(All rows in section A and C are checked "No" or "N.A.")

**L2 Locoregional tumor IDRF Positive:**

(One or more rows in section A are checked "Yes", and  
all rows in section C are checked "No" or "N.A.")

**M Any metastatic disease except stage MS:**

**MS Metastases confined to skin, liver and/or bone marrow  
in children younger than 18 months:**

(Rows M.3, M.6, M.7, M.8 and N.3 can NOT be checked "Yes")

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sign.

\_\_\_\_\_  
Sign.

The patient's INRGSS stage is decided once and for all at the time of diagnosis.

Section A and B can be used for reassessments of the patient's IDRF status during treatment.