P4 Radiation Therapy Oncology Group
Phase II Brain Chemoradiation for High Risk Low Grade Glioma
Pre-Randomization Pathology Form

RTOG Study 0424 Case #

PLACE LABEL HERE

Institution Institution No.

Participant's Initials Participant's I.D. No.

AMENDED ☐

INSTRUCTIONS: This form must be completed by the local pathologist then submitted for central pathology review along with slides and a copy of the pathology report prior to randomization. Refer to protocol section 10.0 for details.

ELIGIBILITY: WHO Grade II astrocytoma, oligodendroglioma, or oligoastrocytoma. See protocol section 3.1.1 for excluded histologic features.

CENTRAL REVEIWER:
Stephen W. Coons, M.D.
St Josephs Hospital and Medical Center
350 W. Thomas
Phoenix, AZ 85013

(1)___ **TISSUE SOURCE:**
1 STEREOTACTIC BX
2 OPEN BX/RESECTION

PROCEDURE DATE(2)____-____-____

LOCAL PATHOLOGY REVIEW

TUMOR GRADE / TYPE

(3)___ **WHO GRADE II**
1 No (not eligible)
2 Yes

(4)___ **HISTOLOGIC TYPE**
1 Astrocytoma
2 Oligodendroglioma
3 Oligoastrocytoma

(5)___ **IF ASTROCYTOMA, SUBTYPE**
1 Diffuse Fibrillary
2 Gemistocytic
3 Protoplasmic

(6)___ **IF OLIGOASTROCYTOMA**
1 Astro dominant
2 Astro = Oligo
3 Oligo dominant

FEATURES (code all)
1 No
2 Yes

(7)___ Atypia
(8)___ Mitosis(es)
(9)___ Microvascular (endothelial) proliferation
(10)___ Necrosis

CENTRAL PATHOLOGY REVIEW

TUMOR GRADE / TYPE

(11)___ **WHO GRADE II**
1 No (not eligible)
2 Yes

(12)___ **HISTOLOGIC TYPE**
1 Astrocytoma
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(15)___ Atypia
(16)___ Mitosis(es)
(17)___ Microvascular (endothelial) proliferation
(18)___ Necrosis

Institution (must be completed) **Circle Group ID:** **RTOG**

Completed by: _____ Date_____

Telephone number: _____ Fax Number_____

Central Pathology Reviewer (must be completed and faxed to RTOG HQ, 215-574-0300 and institution at fax # above)

Completed by: _____ Date_____

Approved for Study Entry: _____Yes _____No Reason_____