



**Histological Typing of Kidney Tumours: In  
Collaboration with L. H. Sobin and Pathologists in  
6 Countries (WHO. World Health Organization.  
International Histological Classification of  
Tumours)**

*F.K. Mostofi, C.J.Jr. Davis*

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This classification is based primarily on the microscopic characteristics of tumours and, therefore, is concerned with morphologically identifiable cell types and histological patterns, as seen with conventional light microscopy. The term tumours is used synonymously with neoplasm. The phrase tumour-like is applied to lesions which resemble neoplasms, clinically or morphologically, but do not behave biologically in a neoplastic manner. They are included in this classification because they give rise to problems in differential diagnosis and because of the unclear borderline between neoplasms and certain non-neoplastic lesions. Synonyms are listed only if they have been used widely, or if they are considered to be helpful to the understanding of the lesion. In such cases, the preferred term is given first, followed by the synonym. Although the emphasis of this classification is on histological typing, in the examination of kidney tumours, consideration should be given to the degree of cellular anaplasia, the extent of local spread, vascular and lymphatic invasion, and the occurrence of metastasis. The scheme of histological grading suggested here is as follows: Grade I applies to the tumours that have the least degree of cellular anaplasia compatible with a diagnosis of malignancy; . grade II! applies to tumours with the most severe degrees of cellular anaplasia; and grade I! applies to those tumours in between. This scheme is applicable to the carcinomas of the renal parenchyma and pelvis.

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