Purpose: Neuroblastoma (NBL) is the most common extracranial solid malignant tumor in childhood, with high mortality. It covers a wide spectrum of tumors, presentations and prognosis, with significant differences in anatomical localization, organ or vessel involvement and tumor biology. Surgical resection of the primary tumor is an important part of the treatment of NBL, although its role in High-risk disease remains controversial. Various surgical guidelines exist within the NBL protocols of SIOPEN, COG and GPOH. To date, there is no standardized operative report form for the surgical treatment of NBL. We aimed to create a novel structured surgical report form for NBL with international consensus, to permit standardized reporting of surgical interventions - in order to facilitate international studies and robust analysis of the surgical treatment in NBL, to improve the quality of care.

Methods: After analyzing the surgical guidelines in the protocols of SIOPEN, COG and GPOH, the important variables were defined to completely describe surgical biopsy and resection of NBL and their outcomes. All variables were grouped per subject and discussed within the Surgical Committees of SIOPEN, COG and GPOH. Thereafter, joint meetings were organized to obtain international consensus.

Results: The International Neuroblastoma Surgical Report Form (INSRF) provides a structured reporting tool for NBL surgery, in every anatomical region. The form includes reporting of all Image Defined Risk Factors (IDRF) and structures involved. Furthermore, the INSRF incorporates an obligatory reporting of intraoperative and 30 day-postoperative complications in a standardized manner.

Conclusion: The INSRF is the first attempt towards a universal case report form for the structured reporting of all NBL surgery. By collecting important perioperative data and outcomes, the INSRF will facilitate the analysis of surgical treatment of NBL.