Testis

Protocol applies to all malignant germ cell and malignant sex cord-stromal tumors of the testis, exclusive of paratesticular malignancies.

Protocol revision date: January 2005
Based on AJCC/UICC TNM, 6th edition

Procedures
• Radical Orchiectomy
• Retroperitoneal Lymphadenectomy (RPLND)

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The College of American Pathologists offers these protocols to assist pathologists in providing clinically useful and relevant information when reporting results of surgical specimen examinations of surgical specimens. The College regards the reporting elements in the “Surgical Pathology Cancer Case Summary (Checklist)” portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

The College developed these protocols as an educational tool to assist pathologists in the useful reporting of relevant information. It did not issue the protocols for use in litigation, reimbursement, or other contexts. Nevertheless, the College recognizes that the protocols might be used by hospitals, attorneys, payers, and others. Indeed, effective January 1, 2004, the Commission on Cancer of the American College of Surgeons mandated the use of the checklist elements of the protocols as part of its Cancer Program Standards for Approved Cancer Programs. Therefore, it becomes even more important for pathologists to familiarize themselves with the document. At the same time, the College cautions that use of the protocols other than for their intended educational purpose may involve additional considerations that are beyond the scope of this document.
Summary of Changes to Checklist(s)

Protocol revision date: January 2005

No changes have been made to the data elements of the checklist(s) since the January 2004 protocol revision.
# Surgical Pathology Cancer Case Summary (Checklist)

*Data elements with asterisks are not required* for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

## TESTIS: Radical Orchiectomy

Patient name:

Surgical pathology number:

**Note: Check 1 response unless otherwise indicated.**

### *Serum Tumor Markers (check all that apply)*

(see optional Serum Tumor Markers Classification [S] in Microscopic section)

- *Unknown
- *Serum marker studies within normal limits
- *Alpha-fetoprotein (AFP) elevation
- *Beta-subunit of human chorionic gonadotropin (b-hCG) elevation
- *Lactate dehydrogenase (LDH) elevation

### MACROSCOPIC

**Laterality**

- ___ Right
- ___ Left
- ___ Both
- ___ Not specified

**Focality**

- ___ Unifocal
- ___ Multifocal

**Tumor Size**

Greatest dimension of main tumor mass: ___ cm

- *Additional dimensions: ___ x ___ cm

Greatest dimensions of additional tumor nodules: ___ cm, ___ cm, etc

- ___ Cannot be determined (see Comment)
MICROSCOPIC

Histologic Type
___ Intratubular germ cell neoplasm, unclassified only
___ Seminoma, classic type
___ Seminoma with syncytiotrophoblastic cells
___ Mixed germ cell tumor (specify components and percentages):

___ Embryonal carcinoma
___ Yolk sac tumor
___ Choriocarcinoma, biphase
___ Choriocarcinoma, monophasic
___ Placental site trophoblastic tumor
___ Mature teratoma
___ Immature teratoma
___ Teratoma with a secondary malignant component
   (specify type):
___ Monodermal teratoma, carcinoid
___ Monodermal teratoma, primitive neuroectodermal tumor
___ Monodermal teratoma, other (specify):
___ Polyembryoma
___ Diffuse embryoma
___ Spermatocytic seminoma
___ Spermatocytic seminoma with a sarcomatous component
___ Testicular scar
___ Mixed germ cell-sex cord-stromal tumor, gonadoblastoma
___ Mixed germ cell-sex cord-stromal tumor, others
   (specify):
___ Other (specify):
___ Malignant neoplasm, type cannot be determined

Pathologic Staging (pTNM)

Primary Tumor (pT)
___ pTX: Cannot be assessed
___ pT0: No evidence of primary tumor
___ pTis: Intratubular germ cell neoplasia only (carcinoma in situ)
___ pT1: Tumor limited to the testis and epididymis without vascular/lymphatic invasion
   (tumor may invade tunica albuginea but not tunica vaginalis)
___ pT2: Tumor limited to the testis and epididymis with vascular/lymphatic invasion or
   tumor extending through tunica albuginea with involvement of tunica vaginalis
___ pT3: Tumor invades spermatic cord with or without vascular/lymphatic invasion
___ pT4: Tumor invades scrotum with or without vascular/lymphatic invasion

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Regional Lymph Nodes (pN)
___ pNX: Cannot be assessed
___ pN0: No regional lymph node metastasis
___ pN1: Metastasis with a lymph node mass less than 2 cm in greatest dimension and 5 or fewer positive nodes, none more than 2 cm in greatest dimension
___ pN2: Metastasis with a lymph node mass greater than 2 cm but not more than 5 cm in greatest dimension, or more than 5 nodes positive, none greater than 5 cm; or evidence of extranodal extension of tumor
___ pN3: Metastasis with a lymph node mass greater than 5 cm in greatest dimension
Specify:
   Number examined: ___
   Number involved: ___

Distant Metastasis (pM)
___ pMX: Cannot be assessed
  pM1: Distant metastasis present
    ___ pM1a: Non-regional lymph nodes or pulmonary metastasis
    ___ pM1b: Distant metastasis other than to non-regional lymph nodes and lungs
    *Specify site(s), if known: ___________________________

*Serum Tumor Markers (S)
* ___ SX: Serum marker studies not available or performed
* ___ S0: Serum marker study levels within normal limits
  ___ LDH: <1.5 x nl and <5,000 and <1,000
  ___ S2: 1.5-10 x nl or 5,000-50,000 or 1,000-10,000
  ___ S3: >10 x nl or >50,000 or >10,000

Margins (check all that apply)
Spermatic Cord Margin
___ Cannot be assessed
___ Uninvolved by tumor
___ Involved by tumor
Other Margin(s)
___ Cannot be assessed
___ Uninvolved by tumor (specify): __________________________
___ Involved by tumor (specify): __________________________
___ Not applicable

Direct Extension of Invasive Tumor (check all that apply)
* ___ Rete testis
* ___ Epididymis
___ Peri-hilar fat
___ Spermatic cord
___ Tunica vaginalis
___ Scrotal wall
___ None of the above

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Venous/Lymphatic (Large/Small Vessel) Invasion (V/L)
___ Absent
___ Present
___ Indeterminate

*Additional Pathologic Findings (check all that apply)
*___ None identified
*___ Intratubular germ cell neoplasia
*___ Hemosiderin-laden macrophages
*___ Atrophy
*___ Other (specify): ____________________________

*Comment(s)
Surgical Pathology Cancer Case Summary (Checklist)

Protocol revision date: January 2005
Applies to invasive cancers only
Based on AJCC/UICC TNM, 6th edition

TESTIS: Retroperitoneal Lymphadenectomy

Patient name:
Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

*Prelymphadenectomy Treatment
*___ Chemo/radiation therapy
*___ No chemo/radiation therapy
*___ Unknown

*Serum Tumor Markers (check all that apply)
*___ Unknown
*___ Serum marker studies within normal limits
*___ Alpha-fetoprotein (AFP) elevation
*___ Beta subunit of human chorionic gonadotropin (b-hCG) elevation
*___ Lactate dehydrogenase (LDH) elevation

MACROSCOPIC

*Specimen Site(s)
*Specify: ____________________________

*Number of Nodal Groups Present
*Specify: ___
*___ Cannot be determined

Size of Largest Metastasis
Greatest dimension: ___ cm
*Additional dimensions: ___ x ___ cm

MICROSCOPIC

Viability of Tumor (if applicable)
___ Viable tumor present
___ Non viable tumor present
___ No tumor present

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Histologic Type of Metastatic Tumor

___ Seminoma, classic type
___ Seminoma with syncytiotrophoblastic cells
___ Mixed germ cell tumor (specify components and percentages):

________________________________________________
________________________________________________
___ Embryonal carcinoma
___ Yolk sac tumor
___ Choriocarcinoma, biphasic
___ Choriocarcinoma, monophasic
___ Placental site trophoblastic tumor
___ Mature teratoma
___ Immature teratoma
___ Teratoma with a secondary malignant component
   (specify type):

___ Monodermal teratoma, carcinoid
___ Monodermal teratoma, primitive neuroectodermal tumor
___ Polyembryoma
___ Diffuse embryoma
___ Spermatocytic seminoma
___ Spermatocytic seminoma with a sarcomatous component
___ Other (specify):
___ Malignant neoplasm, type cannot be determined

Regional Lymph Nodes (pN)

___ pNX: Cannot be assessed
___ pN0: No regional lymph node metastasis
___ pN1: Metastasis with a lymph node mass less than 2 cm in greatest dimension and
        5 or fewer positive nodes, none greater than 2 cm in greatest dimension
___ pN2: Metastasis with a lymph node mass greater than 2 cm but no more than 5 cm
        in greatest dimension, or more than 5 nodes positive, none greater than 5 cm;
        or evidence of extranodal extension of tumor
___ pN3: Metastasis in a lymph node greater than 5 cm in greatest dimension
Specify: Total number examined: ___
          Total number involved: ___

Nonregional Lymph Node Metastasis (M1a)

___ Not applicable
___ Absent
___ Present

*Comment(s)

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