

## TESTIS STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>			
<input type="checkbox"/> <input checked="" type="checkbox"/> clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral			
<p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> <p>The extent of primary tumor is usually classified after radical orchiectomy and, for this reason, a <i>pathologic</i> stage is assigned.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; vertical-align: top; padding-right: 10px;"> <b>pTX</b>  <b>pT0</b>  <b>pTis</b>  <b>pT1</b>    <b>pT2</b>    <b>pT3</b>  <b>pT4</b> </td> <td style="width: 60%; vertical-align: top; padding-right: 10px;">           Primary tumor cannot be assessed            No evidence of primary tumor (e.g., histologic scar in testis)            Intratubular germ cell neoplasia (carcinoma <i>in situ</i>)            Tumor limited to the testis and epididymis without vascular/lymphatic invasion; tumor may invade into the tunica albuginea but not the tunica vaginalis            Tumor limited to the testis and epididymis with vascular/lymphatic invasion, or tumor extending through the tunica albuginea with involvement of the tunica vaginalis            Tumor invades the spermatic cord with or without vascular/lymphatic invasion            Tumor invades the scrotum with or without vascular/lymphatic invasion         </td> <td style="width: 25%; vertical-align: top; padding-left: 10px;"> <input type="checkbox"/> <b>pTX</b>  <input type="checkbox"/> <b>pT0</b>  <input type="checkbox"/> <b>pTis</b>  <input type="checkbox"/> <b>pT1</b>    <input type="checkbox"/> <b>pT2</b>    <input type="checkbox"/> <b>pT3</b>  <input type="checkbox"/> <b>pT4</b> </td> </tr> </table> <p style="text-align: center;">* Except for pTis and pT4, extent of primary tumor is classified by radical orchiectomy. TX may be used for other categories in the absence of radical orchiectomy.</p>			<b>pTX</b> <b>pT0</b> <b>pTis</b> <b>pT1</b>  <b>pT2</b>  <b>pT3</b> <b>pT4</b>	Primary tumor cannot be assessed No evidence of primary tumor (e.g., histologic scar in testis) Intratubular germ cell neoplasia (carcinoma <i>in situ</i> ) Tumor limited to the testis and epididymis without vascular/lymphatic invasion; tumor may invade into the tunica albuginea but not the tunica vaginalis Tumor limited to the testis and epididymis with vascular/lymphatic invasion, or tumor extending through the tunica albuginea with involvement of the tunica vaginalis Tumor invades the spermatic cord with or without vascular/lymphatic invasion Tumor invades the scrotum with or without vascular/lymphatic invasion	<input type="checkbox"/> <b>pTX</b> <input type="checkbox"/> <b>pT0</b> <input type="checkbox"/> <b>pTis</b> <input type="checkbox"/> <b>pT1</b>  <input type="checkbox"/> <b>pT2</b>  <input type="checkbox"/> <b>pT3</b> <input type="checkbox"/> <b>pT4</b>
<b>pTX</b> <b>pT0</b> <b>pTis</b> <b>pT1</b>  <b>pT2</b>  <b>pT3</b> <b>pT4</b>	Primary tumor cannot be assessed No evidence of primary tumor (e.g., histologic scar in testis) Intratubular germ cell neoplasia (carcinoma <i>in situ</i> ) Tumor limited to the testis and epididymis without vascular/lymphatic invasion; tumor may invade into the tunica albuginea but not the tunica vaginalis Tumor limited to the testis and epididymis with vascular/lymphatic invasion, or tumor extending through the tunica albuginea with involvement of the tunica vaginalis Tumor invades the spermatic cord with or without vascular/lymphatic invasion Tumor invades the scrotum with or without vascular/lymphatic invasion	<input type="checkbox"/> <b>pTX</b> <input type="checkbox"/> <b>pT0</b> <input type="checkbox"/> <b>pTis</b> <input type="checkbox"/> <b>pT1</b>  <input type="checkbox"/> <b>pT2</b>  <input type="checkbox"/> <b>pT3</b> <input type="checkbox"/> <b>pT4</b>			
<input type="checkbox"/> <b>NX</b> <input type="checkbox"/> <b>N0</b> <input type="checkbox"/> <b>N1</b>  <b>pN1</b>  <input type="checkbox"/> <b>N2</b>  <b>pN2</b>  <input type="checkbox"/> <b>N3</b> <input type="checkbox"/> <b>pN3</b>	<p style="text-align: center;"><b>REGIONAL LYMPH NODES (N)</b></p> Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis with a lymph node mass 2 cm or less in greatest dimension; or multiple lymph nodes, none more than 2 cm in greatest dimension Metastasis with a lymph node mass 2 cm or less in greatest dimension and less than or equal to 5 nodes positive, none more than 2 cm in greatest dimension Metastasis with a lymph node mass more than 2 cm but not more than 5 cm in greatest dimension; or multiple lymph nodes, any one mass greater than 2 cm but not more than 5 cm in greatest dimension Metastasis with a lymph node mass more than 2 cm but not more than 5 cm in greatest dimension; or more than 5 nodes positive, none more than 5 cm; or evidence of extranodal extension of tumor Metastasis with a lymph node mass more than 5 cm in greatest dimension Metastasis with a lymph node mass more than 5 cm in greatest dimension	<input type="checkbox"/> <b>NX</b> <input type="checkbox"/> <b>N0</b> <b>N1</b>  <input type="checkbox"/> <b>pN1</b>  <input type="checkbox"/> <b>pN2</b>  <input type="checkbox"/> <b>pN3</b>			
<input type="checkbox"/> <b>M0</b> <input type="checkbox"/> <b>M1</b> <input type="checkbox"/> <b>M1a</b> <input type="checkbox"/> <b>M1b</b>	<p style="text-align: center;"><b>DISTANT METASTASIS (M)</b></p> No distant metastasis Distant metastasis Nonregional nodal or pulmonary metastasis Distant metastasis other than to non-regional lymph nodes and lung	<input type="checkbox"/> <b>M1</b> <input type="checkbox"/> <b>M1a</b> <input type="checkbox"/> <b>M1b</b>			

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### ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL					PATHOLOGIC				
GROUP	T	N	M	S (serum tumor markers)	GROUP	T	N	M	S (serum tumor markers)
<input type="checkbox"/> 0	pTis	N0	M0	S0	<input type="checkbox"/> 0	pTis	N0	M0	S0
<input type="checkbox"/> I	pT1–4	N0	M0	SX	<input type="checkbox"/> I	pT1–4	N0	M0	SX
<input type="checkbox"/> IA	pT1	N0	M0	S0	<input type="checkbox"/> IA	pT1	N0	M0	S0
<input type="checkbox"/> IB	pT2	N0	M0	S0	<input type="checkbox"/> IB	pT2	N0	M0	S0
	pT3	N0	M0	S0		pT3	N0	M0	S0
	pT4	N0	M0	S0		pT4	N0	M0	S0
<input type="checkbox"/> IS	Any pT/Tx	N0	M0	S1–3	<input type="checkbox"/> IS	Any pT/Tx	N0	M0	S1–3
<input type="checkbox"/> II	Any pT/Tx	N1–3	M0	SX	<input type="checkbox"/> II	Any pT/Tx	N1–3	M0	SX
<input type="checkbox"/> IIA	Any pT/Tx	N1	M0	S0	<input type="checkbox"/> IIA	Any pT/Tx	N1	M0	S0
	Any pT/Tx	N1	M0	S1		Any pT/Tx	N1	M0	S1
<input type="checkbox"/> IIB	Any pT/Tx	N2	M0	S0	<input type="checkbox"/> IIB	Any pT/Tx	N2	M0	S0
	Any pT/Tx	N2	M0	S1		Any pT/Tx	N2	M0	S1
<input type="checkbox"/> IIC	Any pT/Tx	N3	M0	S0	<input type="checkbox"/> IIC	Any pT/Tx	N3	M0	S0
	Any pT/Tx	N3	M0	S1		Any pT/Tx	N3	M0	S1
<input type="checkbox"/> III	Any pT/Tx	Any N	M1	SX	<input type="checkbox"/> III	Any pT/Tx	Any N	M1	SX
<input type="checkbox"/> IIIA	Any pT/Tx	Any N	M1a	S0	<input type="checkbox"/> IIIA	Any pT/Tx	Any N	M1a	S0
	Any pT/Tx	Any N	M1a	S1		Any pT/Tx	Any N	M1a	S1
<input type="checkbox"/> IIIB	Any pT/Tx	N1–3	M0	S2	<input type="checkbox"/> IIIB	Any pT/Tx	N1–3	M0	S2
	Any pT/Tx	Any N	M1a	S2		Any pT/Tx	Any N	M1a	S2
<input type="checkbox"/> IIIC	Any pT/Tx	N1–3	M0	S3	<input type="checkbox"/> IIIC	Any pT/Tx	N1–3	M0	S3
	Any pT/Tx	Any N	M1a	S3		Any pT/Tx	Any N	M1a	S3
	Any pT/Tx	Any N	M1b	Any S		Any pT/Tx	Any N	M1b	Any S
<input type="checkbox"/> Stage unknown					<input type="checkbox"/> Stage unknown				

#### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** Serum Tumor Markers (S) \_\_\_\_\_

SX Marker studies not available or not performed

S0 Marker study levels within normal limits

S1 LDH < 1.5 X N\* AND hCG (mlu/ml) < 5000 AND AFP (ng/ml) < 1000

S2 LDH 1.5–10 x N OR hCG (mlu/ml) 5000–50,000 OR AFP (ng/ml) 1000–10,000

S3 LDH > 10 x N OR hCG (mlu/ml) > 50,000 OR AFP (ng/ml) > 10,000

\*N indicates the upper limit of normal for the LDH assay.

Serum tumor marker levels should be measured prior to orchietomy, but levels after orchietomy are used for assignment of S category, taking into account the half life of AFP and hCG. Stage grouping classification of Stage IS requires persistent elevation of serum tumor markers following orchietomy.

The Serum Tumor Markers (S) category is comprised of the following:

Alpha Fetoprotein (AFP) — half life 5–7 days

Human Chorionic Gonadotropin (hCG) — half life 1–3 days

Lactate Dehydrogenase (LDH)

#### General Notes:

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**CLINICALLY SIGNIFICANT:**

Size of Largest Metastases in Lymph Nodes : \_\_\_\_\_

Radical Orchietomy Performed : \_\_\_\_\_

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### ***Histologic Grade (G)*** (also known as overall grade)

#### **Grading system**

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

#### **Grade**

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

### **ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- Lymph-Vascular Invasion Not Present (absent)/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Indeterminate

### **Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

### **General Notes (continued):**

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

- Clinical stage was used in treatment planning (describe): \_\_\_\_\_
- National guidelines were used in treatment planning    NCCN    Other (describe): \_\_\_\_\_  
\_\_\_\_\_

Physician signature

Date/Time

**HOSPITAL NAME/ADDRESS**

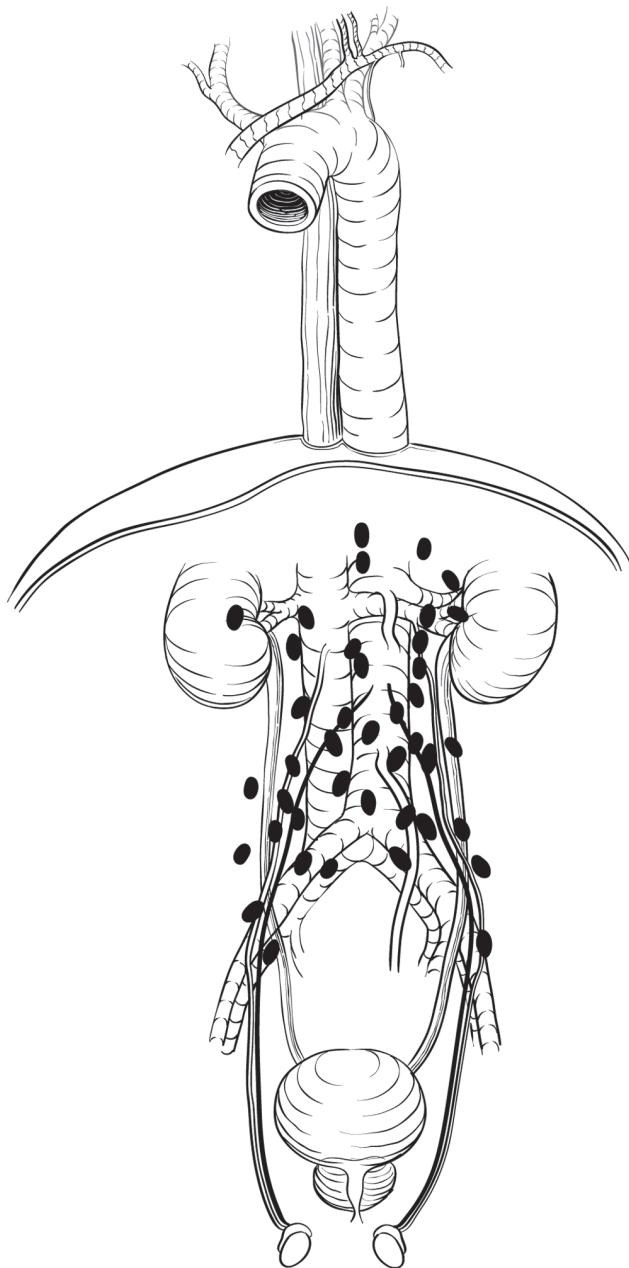
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## TESTIS STAGING FORM

### Illustration

Indicate on diagram primary tumor and regional nodes involved.



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