

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

TESTIS NEOPLASM

(Ver 1.1, 11/03)

Accession No.:

Part No(s).

Date:

Patient Name:

ORGAN,

SITE,

OPERATION

Testis

Right

Orchiectomy

and lymph nodes

Left

Radical Orchiectomy

and Lymphadenectomy

Other _____

Other _____

Other _____

-Primary Tumor Diagnosis: *Required*

Intratubular Germ Cell Neoplasia

(specify type. If IGCN is noted as an additional feature of a dominant tumor, list the dominant tumor as the primary tumor diagnosis and specify IGCN in the additional tumor features section. Some of the subtypes of IGCN include seminoma, embryonal carcinoma, and unclassified)

Classic Seminoma

Seminoma with

Trophoblastic Giant Cells

Yolk Sac Elements

Spermatocytic Seminoma

Spermatocytic Seminoma with _____ Sarcomatous Transformation

(Rhabdomyoblastic, etc. specify type(s) of sarcomatous element)

Embryonal Carcinoma

Yolk Sac Tumor (Endodermal Sinus Tumor)

Choriocarcinoma

Mature (Adult) Teratoma

Immature Teratoma

Mature (Adult) Teratoma with Malignant Transformation demonstrating _____

(adenocarcinoma, squamous cell carcinoma, etc. specify type)

Mixed Non-Seminomatous Germ Cell Tumor Composed of _____

(specify types with relative percentages of each)

Mixed Seminomatous and Non-Seminomatous Germ Cell Tumor Composed of _____

(specify types with relative percentages of each)

Other _____

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY
Final Anatomic Diagnosis Checklist

TESTIS NEOPLASM

A. Size of Tumor: *Required* _____ x _____ x _____ cm.

B. Extent of Tumor: *Required*

Tumor is limited to the testis without invasion of the rete testis, epididymis, or tunica albuginea

Tumor is limited to the testis but invades the rete testis

Tumor is limited to the testis but invades the epididymis

Tumor is limited to the testis, but invades into without invading through the tunica albuginea

Tumor invades through the tunica albuginea with involvement of the tunica vaginalis

Tumor invades into the tunica epididymis

Tumor invades the spermatic cord

Tumor invades the scrotum

Comment _____

-Margins of Excision: *Required*

The spermatic cord surgical margin is free of tumor

Tumor invades the spermatic cord, and is _____ cm from the surgical margin.

Tumor is present at the spermatic cord surgical margin

Comment _____

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

TESTIS NEOPLASM

Note: All of the following lymph node groups will not be identified in most cases. However, appropriate designations are provided below. ^{Required}

Note: The size of the metastasis in the lymph node(s) is considered in the pN stage. Therefore, specify the size of metastasis. ^{Required}

-Lymph Nodes, Right Periaortic:

- A. Number examined: _____
- B. Number positive: _____
- C. Size of metastasis: _____
- D. Comment: _____

-Lymph Nodes, Left Periaortic:

- A. Number examined: _____
- B. Number positive: _____
- C. Size of metastasis: _____
- D. Comment: _____

-Lymph Nodes, Periaortic:

- A. Number examined: _____
- B. Number positive: _____
- C. Size of metastasis: _____
- D. Comment: _____

-Lymph Nodes, Paracaval:

- A. Number examined: _____
- B. Number positive: _____
- C. Size of metastasis: _____
- D. Comment: _____

-Lymph Nodes, Preaortic:

- A. Number examined: _____
- B. Number positive: _____
- C. Size of metastasis: _____
- D. Comment: _____

TESTIS NEOPLASM

-Lymph Nodes, Precaval:

- A. Number examined: _____
- B. Number positive: _____
- C. Size of metastasis: _____
- D. Comment: _____

-Lymph Nodes, Retroaortic:

- A. Number examined: _____
- B. Number positive: _____
- C. Size of metastasis: _____
- D. Comment: _____

-Lymph Nodes, Retrocaval:

- A. Number examined: _____
- B. Number positive: _____
- C. Size of metastasis: _____
- D. Comment: _____

-Lymph Nodes, Interaortocaval:

- A. Number examined: _____
- B. Number positive: _____
- C. Size of metastasis: _____
- D. Comment: _____

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

TESTIS NEOPLASM

Note: The lymph nodes below (including intrapelvic, external iliac, and inguinal nodes) may be considered regional lymph nodes only if previous scrotal or inguinal surgery has been performed prior to the current surgery resulting in altered lymph node drainage. Otherwise, these node groups should be considered distant metastasis.

-Lymph Nodes, Right Pelvic:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

Note: The size of the metastasis in the lymph node(s) is considered in the pN stage. Therefore, specify the size of metastasis.

-Lymph Nodes, Right Iliac:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

Note: The size of the metastasis in the lymph node(s) is considered in the pN stage. Therefore, specify the size of metastasis.

-Lymph Nodes, Left Pelvic:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

Note: The size of the metastasis in the lymph node(s) is considered in the pN stage. Therefore, specify the size of metastasis.

-Lymph Nodes, Left Iliac:

A. Number examined: _____

B. Number positive: _____

C. Comment: _____

Note: The size of the metastasis in the lymph node(s) is considered in the pN stage. Therefore, specify the size of metastasis.

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY
Final Anatomic Diagnosis Checklist

TESTIS NEOPLASM

-Additional Tumor Features: *Optional*

A. Lymphatic invasion:

Identified in the _____ (*specify location: hilus, cord, etc*)

Not identified

B. Blood vascular invasion:

Identified in the _____ (*specify location: hilus, cord, etc*)

Not identified

-Non-Neoplastic Testis: *Optional*

Leydig Cell Hyperplasia in Non-Neoplastic Testis

Granulomatous Orchitis

Parenchymal Atrophy

Peritubular Fibrosis

Other _____

-Additional Findings and Comments: *Optional*

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY
Final Anatomic Diagnosis Checklist

TESTIS NEOPLASM

-Ancillary Studies: *Optional*

Special stains are performed, the results are as follows:

- A. _____
- B. _____
- C. _____
- D. _____

Interpretation _____

Immunohistochemical studies are performed, the results are as follows:

- A. _____
- B. _____
- C. _____
- D. _____

Interpretation _____

Serum chemical studies are performed, the results are as follows

- A. LDH: _____
- B. hCG: _____
- C. AFP: _____

Note: Results, if available, should be reported as a specific number.

LDH < 1.5 X N, LDH 1.5-10 X N, LDH > 10 X N (*N indicates the upper limit of normal for the LDH assay*)

hCG (mIU/ml) < 5000, hCG 5000-50,000, hCG > 50,000

AFP (ng/ml) < 1000, AFP 1000-10,000, AFP > 10,000

ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY

Final Anatomic Diagnosis Checklist

TESTIS NEOPLASM

-pTN Stage: *Required*

A. Primary Tumor:

- pTX** Primary tumor cannot be assessed (If radical orchiectomy has not been performed, then TX is used)
- pT0** No evidence of primary tumor (e.g., histologic scar in testes)
- pTis** Intratubular tumor: preinvasive tumor
- pT1** Tumor is limited to the testis and epididymis without vascular/lymphatic invasion;
tumor may invade into the tunica albuginea, but not the tunica vaginalis.
- pT2** Tumor limited to the testis and epididymis with vascular/lymphatic invasion, or tumor extending through the tunica albuginea with involvement of the tunica vaginalis.
- pT3** Tumor invades the spermatic cord with or without vascular/lymphatic invasion
- pT4** Tumor invades the scrotum with or without vascular/lymphatic invasion

B. Regional Lymph Nodes:

- pNX** Regional lymph nodes cannot be assessed
- pN0** No regional lymph node metastasis
- pN1** 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.
- pN2** 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.
- pN3** Metastasis with a lymph node mass more than 5 cm in greatest dimension

C. Distant Metastasis:

- pMX** Distant metastasis cannot be assessed
- pM0** No distant metastasis
- pM1** Distant metastasis
- pM1a** Non-regional nodal or pulmonary metastasis
- pM1b** Distant metastasis other than to non-regional lymph nodes and lungs

D. Serum Tumor Markers:

- SX** Markers not available or not performed
- S0** Marker study levels within normal limits
- S1** LDH < 1.5 X N and hCG (mIU/ml) < 5000 and AFP (ng/ml) < 1000
- S2** LDH 1.5-10 X N or hCG 5000-50,000 (mIU/ml) or AFP (ng/ml) 1000-10,000
- S3** LDH > 10 X N or hCG > 50,000 (mIU/ml) or AFP (ng/ml) > 10,000

Note: N indicates the upper limit of normal for the LDH assay

Reference:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6th edition, 2002 (pg. 317-322).