


TESTIS

Hospital Name/Address

Presbyterian Hospital of Dallas
 Texas Health Resources
 8200 Walnut Hill Lane
 Dallas, Texas 75231

Patient Name/Information
 Patient name _____

 Medical Record # _____

 Date of Classification _____

Type of Specimen _____
 Tumor Size _____

Histopathologic Type _____
 Laterality: Bilateral Left Right

DEFINITIONS

Clinical Primary Tumor (T)
 Tumor stage is generally determined after orchiectomy at which time a pathologic stage is assigned.

Pathologic Primary Tumor (T) (1)
 pTX Primary tumor cannot be assessed (if no radical orchiectomy has been performed, TX is used)
 pT0 No evidence of primary tumor (e.g., histologic scar in testis)
 pTis Intratubular germ cell neoplasia (carcinoma *in situ*)
 PT1 Tumor 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

Notes
 1. Except for pTis and pT4, extent of primary tumor is classified as radical orchiectomy. TX may be used for other categories in the absence of radical orchiectomy.

Clinical Regional Lymph Nodes (N)
 NX Regional lymph nodes cannot be assessed
 N0 No regional lymph node metastasis
 N1 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
 N2 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
 N3 Metastasis with a lymph node mass more than 5 cm in greatest dimension

Pathologic Regional Lymph Nodes (N)
 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 in greatest dimension
 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

Clinical Pathologic Distant Metastasis (M)
 MX Distant metastasis cannot be assessed
 M0 No distant metastasis
 M1 Distant metastasis
 M1a Non-regional nodal or pulmonary metastasis
 M1b Distant metastasis other than to non-regional lymph nodes and lungs
 Biopsy of metastatic site performed..... Y..... N
 Source of pathologic metastatic specimen _____

Serum Tumor Markers (S) (*N indicates the upper limit of normal for the LDH assay*)
 SX Marker studies 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 (mIU/ml) 5000-50,000 OR
 AFP (ng/ml) 1000-10,000
 S3 LDH > 10 x N OR
 hCG (mIU/ml) > 50,000 OR
 AFP (ng/ml) > 10,000

Clinical	Pathologic	Stage Grouping				Notes	
<input type="checkbox"/>	<input type="checkbox"/>	0	pTis	N0	M0	S0	Additional Descriptors Lymphatic Vessel Invasion (L) LX Lymphatic vessel invasion cannot be assessed L0 No lymphatic vessel invasion L1 Lymphatic vessel invasion Venous Invasion (V) VX Venous invasion cannot be assessed V0 No venous invasion V1 Microscopic venous invasion V2 Macroscopic venous invasion
<input type="checkbox"/>	<input type="checkbox"/>	I	pT1-4	N0	M0	SX	
<input type="checkbox"/>	<input type="checkbox"/>	IA	pT1	N0	M0	S0	
<input type="checkbox"/>	<input type="checkbox"/>	IB	pT2	N0	M0	S0	
			pT3	N0	M0	S0	
			pT4	N0	M0	S0	
<input type="checkbox"/>	<input type="checkbox"/>	IS	Any pT/Tx	N0	M0	S1-3	
<input type="checkbox"/>	<input type="checkbox"/>	II	Any pT/Tx	N1-3	M0	SX	
<input type="checkbox"/>	<input type="checkbox"/>	IIA	Any pT/Tx	N1	M0	S0	
			Any pT/Tx	N1	M0	S1	
<input type="checkbox"/>	<input type="checkbox"/>	IIB	Any pT/Tx	N2	M0	S0	
			Any pT/Tx	N2	M0	S1	
<input type="checkbox"/>	<input type="checkbox"/>	IIC	Any pT/Tx	N3	M0	S0	
			Any pT/Tx	N3	M0	S1	
<input type="checkbox"/>	<input type="checkbox"/>	III	Any pT/Tx	Any N	M1	SX	
<input type="checkbox"/>	<input type="checkbox"/>	IIIA	Any pT/Tx	Any N	M1a	S0	
			Any pT/Tx	Any N	M1a	S1	
<input type="checkbox"/>	<input type="checkbox"/>	IIIB	Any pT/Tx	N1-3	M0	S2	
			Any pT/Tx	Any N	M1a	S2	
<input type="checkbox"/>	<input type="checkbox"/>	IIIC	Any pT/Tx	N1-3	M0	S3	
			Any pT/Tx	Any N	M1a	S3	
			Any pT/Tx	Any N	M1b	Any S	

Residual Tumor (R)

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

Additional Descriptors

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.
- 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.

Prognostic Indicators (if applicable) _____

Staging Support Request:

____ Please fax staging form to my office for completion at fax # _____

____ Please assign staging form to Dr. _____

____ I am unable to stage at this time because workup is incomplete. Please return chart to me in 60 days.

Physician initials _____ Date _____

Staging Summary: T _____ N _____ M _____ Stage Group _____

Physician's Signature _____ Date _____