Collecting Cancer Data: Testis
2014-2015 NAACCR Webinar Series
January 8, 2015

Q&A
• Please submit all questions concerning webinar content through the Q&A panel.
Reminder:
• If you have participants watching this webinar at your site, please collect their names and emails.
• We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

FABULOUS PRIZES
OVERVIEW

Testis

COUNTS

- Estimated new cases and deaths from testicular cancer in the United States in 2014:
  - New cases: 8,820
  - Deaths: 380
- Most common solid tumor malignancy among men between 15 and 34 years of age.
- Worldwide incidence has doubled in last 40 years.

<table>
<thead>
<tr>
<th>FIVE-YEAR RELATIVE* SURVIVAL RATES (%) BY STAGE AT DIAGNOSIS, 2003-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testis</td>
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</tbody>
</table>

* Rates are adjusted for normal life expectancy and are based on cases diagnosed in the SEER 18 areas from 2003-2009, all followed through 2010.

ANATOMY

Tunica Albuginea
Tunica Vaginalis
Rete Testis
Rete Testis (cross section)
(T) Ductus deferens
Head of epididymis
Mediastinum
Ductuli efferentes
Testis
Testis (cross section)
Tunica Albuginea

REGIONAL LYMPH NODES
- Interoortocaval
- Paraortic
- Paracaval
- Prefractic

Retroperitoneal lymph Nodes

- Precaval
- Retroaortic
- Retrocaval
REGIONAL LYMPH NODES

- Left testicle drains primarily to the paraaortic lymph nodes
- Right testicle drains primarily to the interaortocaval lymph nodes

ICD-O 3 SITES

<table>
<thead>
<tr>
<th>ICD-O 3</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>C62.0</td>
<td>Undescended tests</td>
</tr>
<tr>
<td>C62.1</td>
<td>Descended tests</td>
</tr>
<tr>
<td>C62.9</td>
<td>Tests, NOS</td>
</tr>
</tbody>
</table>
PATHOLOGY
- Over 95% of testicular cancers are germ-cell tumors
  - Seminomas 40%
  - Non-Seminoma 60%

GERM CELL TUMORS (GCT)
- Seminoma, NOS (9061)
  - Classic (9061)
  - Anaplastic (9062)
  - Spermatocytic (9063)

- Non-seminoma
  - Embryonal carcinoma (9070/3)
  - Malignant teratoma (9080/3)
  - Teratocarcinoma (9081/3)
  - Mixed embryonal carcinoma and teratoma
  - Malignant teratoma, undifferentiated (9082/3)
  - Malignant teratoma, intermediate (9083/3)
  - Extra-embryonic elements
  - Chorionic carcinoma
  - Yolk sac tumor

Non-seminoma is the more clinically aggressive tumor
MATURE TERATOMA
- ICD O.3 histology for Mature Teratoma is 9080/0
- A mature teratoma occurring in adults (post puberty) is reportable.
  - Code to 9080/3
- A mature teratoma (nos) occurring in child is not reportable.
  - Code to 9080/0
- If physician indicates the mature teratoma is malignant the case is reportable and should be coded to 9080/3

MIXED CELL
- Seminoma mixed with non-seminoma should be considered non-seminoma for treatment decisions

NON-GERM CELL TUMORS
- Leydig cell tumor (8650/3)
- Sertoli cell tumor (8640/3)
- Lymphoma
- Rhabdomyosarcoma
- Melanoma
SERUM TUMOR MARKERS
- Used to help diagnose disease
- Stage disease
- Determine prognosis
- Monitor for relapse
- Levels should be determined
  - Before orchiectomy
  - After orchiectomy
  - Throughout follow-up

ALPHA-FETOPROTEIN (AFP)
- Elevated AFP values are found in non-seminomatous malignancies and mixed tumors of the testes.
- Rarely occur in pure seminomas
- Can be used to help identify specific cell types and to monitor response to treatment.
- Half life is 5-7 days

BETA-HUMAN CHORIONIC GONADOTROPIN (BETA-HCG)
- Increased levels of Beta-HCG are typically present in both seminomas and non-seminomas.
- Elevated levels after remission indicates a potential relapse.
- Half life is 1-3 days
LACTATE DEHYDROGENASE (LDH)

- An elevated LDH has a prognostic value in men with advanced testicular cancer.
- The LDH may reflect the growth rate and tumor burden in men with advanced disease.
- Increased LDH has been reported in approximately 80% of advanced seminomas and 60% of non-seminomas.
- Half life of LDH is 1-3 days

Lymph Vascular Invasion (LVI)

- Indicates the presence or absence of tumor cells in lymphatic channels (not lymph nodes) or blood vessels within the primary tumor as noted microscopically by the pathologist.
- Used to determine the T value
- May be the difference between a T1 and T2
- Lymphvascular invasion is a strong risk factor for recurrence.

MULTIPLE PRIMARY AND HISTOLOGY RULES

Other Rules
HISTOLOGY RULES

• Rule H11
  • Code the histology when only one histologic type is identified

• Rule H13
  • Code the most specific histologic term

HISTOLOGY RULES

• Rule H16
  • Code the appropriate combination/mixed code (Table 2) when there are multiple specific histologies or when there is a non-specific histology with multiple specific histologies

• Rule H17
  • Code the histology with the numerically higher ICD-O-3 code.

MULTIPLE PRIMARY AND HISTOLOGY RULES

<table>
<thead>
<tr>
<th>Required Histology</th>
<th>Combined With</th>
<th>Combined Term</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teratoma</td>
<td>Embryonal</td>
<td>Teratocarcinoma</td>
<td>9081</td>
</tr>
<tr>
<td>Teratoma and one or more histologies in column 2</td>
<td>Seminoma</td>
<td>Mixed germ cell tumor</td>
<td>9085</td>
</tr>
<tr>
<td>Choriocarcinoma</td>
<td>Teratoma</td>
<td>Choriocarcinoma with other germ cell elements</td>
<td>9101</td>
</tr>
</tbody>
</table>
POP QUIZ

- What histology would be assigned to a single tumor consisting of...
  - Seminoma and embryonal carcinoma
  - Malignant teratoma and embryonal carcinoma
  - Seminoma, yolk sac tumor, and teratoma

QUESTIONS?

STAGING: TESTIS
AJCC CANCER STAGE: TESTIS

- ICD-O-3 Topography Codes
  - C62.0, C62.1, C62.9

- ICD-O-3 Histology Code Ranges
  - 8000-8576
  - 8940-8950
  - 9060-9090
  - 9100-9105

AJCC CANCER STAGE: TESTIS CLASSIFICATION

- Clinical staging
  - Clinical exam and histologic assessment
  - Radiographic assessment of chest, abdomen, & pelvis to determine N & M status
**AJCC CANCER STAGE: TESTIS CLASSIFICATION**

- Pathologic staging
  - Histologic evaluation of orchiectomy specimen to determine pT
  - Assessment of presence or absence of lymph-vascular invasion (LVI)
  - Specimen from a defined node-bearing area to classify pN
  - Record diameter of largest involved node, number of nodes involved, & extranodal extension if present
  - Post-orchiectomy serum tumor markers

**AJCC CANCER STAGE: TESTIS**

- **T Category**
  - Extent of primary tumor for TNM classified by radical orchiectomy
  - Except for pTis and pT4
  - TX may be used for other categories in absence of orchiectomy

**AJCC CANCER STAGE: TESTIS**

- **T Category**
  - TX: Primary tumor cannot be assessed
  - T0: No evidence of primary tumor
  - Tis: Intratubular germ cell neoplasia (carcinoma in situ)
  - T1: Tumor limited to the testis & epididymis without vascular/lymphatic invasion; tumor may invade into the tunica albuginea but not the tunica vaginalis
AJCC CANCER STAGE: TESTIS

**T Category**
- T2: Tumor limited to the testis & epididymis with vascular/lymphatic invasion, or tumor extending through the tunica albuginea with involvement of the tunica vaginalis
- T3: Tumor invades the spermatic cord with or without vascular/lymphatic invasion
- T4: Tumor invades the scrotum with or without vascular/lymphatic invasion

**N Category:**
- 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

**N Category:** Pathologic (pN)
- 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 and less than or equal to 5 nodes positive, 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 more than 5 nodes positive, none more than 5 cm; or evidence of extranodal extension of tumor
- N3: Metastasis with a lymph node mass more than 5 cm in greatest dimension
**AJCC CANCER STAGE: TESTIS**

- **M Category**
  - **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 lung

- **Serum tumor markers**
  - **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) < 5,000 and AFP (ng/ml) < 1,000
  - **S2:** LDH 1.5-10 X N or hCG (mlu/ml) 5,000-50,000 or AFP (ng/ml) 1,000-10,000
  - **S3:** LDH > 10 X N or hCG (mlu/ml) > 50,000 or AFP (ng/ml) > 10,000

  *N = upper limit of normal

<table>
<thead>
<tr>
<th>Group</th>
<th>T</th>
<th>N</th>
<th>M</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>pTis</td>
<td>N0</td>
<td>M0</td>
<td>S0</td>
</tr>
<tr>
<td>Stage I</td>
<td>pT1-4</td>
<td>N0</td>
<td>M0</td>
<td>Sx</td>
</tr>
<tr>
<td>Stage IA</td>
<td>pT1</td>
<td>N0</td>
<td>M0</td>
<td>S0</td>
</tr>
<tr>
<td>Stage IB</td>
<td>pT2</td>
<td>N0</td>
<td>M0</td>
<td>S0</td>
</tr>
<tr>
<td></td>
<td>pT3</td>
<td>N0</td>
<td>M0</td>
<td>S0</td>
</tr>
<tr>
<td></td>
<td>pT4</td>
<td>N0</td>
<td>M0</td>
<td>S0</td>
</tr>
<tr>
<td>Stage IS</td>
<td>Any pT/Tx</td>
<td>N0</td>
<td>M0</td>
<td>S1-3</td>
</tr>
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</table>
### AJCC Cancer Stage: Testis

<table>
<thead>
<tr>
<th>Group</th>
<th>T</th>
<th>N</th>
<th>M</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage II</td>
<td>Any pT/Tx</td>
<td>N1-3</td>
<td>M0</td>
<td>SX</td>
</tr>
<tr>
<td>Stage IIA</td>
<td>Any pT/Tx</td>
<td>N1</td>
<td>M0</td>
<td>S0</td>
</tr>
<tr>
<td></td>
<td>Any pT/Tx</td>
<td>N1</td>
<td>M0</td>
<td>S1</td>
</tr>
<tr>
<td>Stage IIB</td>
<td>Any pT/Tx</td>
<td>N1-3</td>
<td>M0</td>
<td>S0</td>
</tr>
<tr>
<td></td>
<td>Any pT/Tx</td>
<td>N3</td>
<td>M0</td>
<td>S1</td>
</tr>
<tr>
<td>Stage IIC</td>
<td>Any pT/Tx</td>
<td>N1-3</td>
<td>M0</td>
<td>S0</td>
</tr>
<tr>
<td></td>
<td>Any pT/Tx</td>
<td>N3</td>
<td>M0</td>
<td>S1</td>
</tr>
</tbody>
</table>

### POP QUIZ

- Pre-operative imaging: Enlarged left testis; no lymphadenopathy; no distant metastasis
- Pre-operative labs: AFP within normal limits; LDH within normal limits; hCG elevated
- Left radical orchiectomy: 8 cm testicular tumor, seminoma, confined to the testis; lymph vascular invasion present
- Post-operative labs: AFP, LDH, and hCG within normal limits
POP QUIZ

• What is the AJCC clinical stage?

• What is the AJCC pathologic stage?

Summary Stage 2000
http://seer.cancer.gov/tools/ssm/

SUMMARY STAGE 2000: TESTIS

• 0 In situ
  • Noninvasive; intraepithelial

• 1 Localized only
  • Invasive tumor with/without vascular invasion limited to: body of testis; rete testis; tunica albuginea
  • Surface implants
  • Tunica NOS
  • Tunica vaginalis involved
  • Localized NOS
SUMMARY STAGE 2000: TESTIS

2 Regional by direct extension only
- Extension to: dartos muscle, ipsilateral; epididymis with/without vascular/lymphatic invasion; scrotum, ipsilateral; spermatic cord, ipsilateral; vas deferens

3 Regional lymph node(s) involved only
- Contralateral or bilateral nodes
  - Aortic, external iliac, pericaval, pelvic, retroperitoneal, spermatic vein
  - Regional lymph nodes NOS

4 Regional by BOTH direct extension AND regional lymph node(s) involved
- Codes 2 + 3
- 5 Regional NOS

7 Distant site(s)/lymph node(s) involved
- Distant lymph node(s)
  - Inguinal; other distant lymph node(s)
- Extension to
  - Contralateral scrotum, penis
  - Ulceration of scrotum
  - Further contiguous extension
  - Metastasis
    - Adrenal gland; kidney; retroperitoneum; testis, bilateral
- 9 Unknown if extension or metastasis
POP QUIZ

• Pre-operative imaging: Enlarged left testis; no lymphadenopathy; no distant metastasis
• Pre-operative labs: AFP within normal limits; LDH within normal limits; hCG elevated
• Left radical orchiectomy: 8 cm testicular tumor, seminoma, confined to the testis; lymph vascular invasion present
• Post-operative labs: AFP, LDH, and hCG within normal limits

POP QUIZ

• What is the Summary Stage 2000?
  a. 1 Localized only
  b. 2 Regional by direct extension only
  c. 3 Regional lymph node(s) involved only
  d. 4 Regional by BOTH direct extension AND regional lymph node(s) involved
  e. 5 Regional NOS
  f. 7 Distant site(s)/lymph node(s) involved

Collaborative Stage Data Collection System (CS) V0205
CS EXTENSION: TESTIS

- Code 000: In situ, intraepithelial, noninvasive; intratubular germ cell neoplasia
- Codes 160-330 & 460-550
  - T category based on CS Extension, SSF4 (Radical Orchiectomy Performed), & Lymph-vascular Invasion (LVI)
  - Derives T1, T2, T3
- Codes 600-810
  - Scrotal involvement

CS LYMPH NODES: TESTIS

- Code 100: Aortic; retroperitoneal; spermatic vein
- Code 200: Pericaval
- Code 300: Pelvic, external iliac WITH previous scrotal or inguinal surgery
- Code 350: 300 + 200
- Code 400: Inguinal WITH previous scrotal or inguinal surgery
- Codes 100-500: N Category based on SSF5 (Size of Metastasis in Lymph Nodes), Regional Nodes Positive, & CS Lymph Nodes Eval

CS METS AT DX: TESTIS

- Code 11: Pelvic, external iliac WITHOUT previous scrotal or inguinal surgery
- Code 12: Inguinal WITHOUT previous scrotal or inguinal surgery
- Code 13: Specified distant lymph nodes other than codes 11 or 12; distant lymph node(s) NOS
- Code 20: Distant metastasis to lung
- Code 25: 20 + (11, 12, or 13)
- Code 40: Metastasis to other distant sites with or without metastasis to lung and/or distant lymph node(s); carcinomatosis
- Code 60: Distant metastasis NOS
POP QUIZ

- Pre-operative imaging: Enlarged left testis; no lymphadenopathy; no distant metastasis
- Pre-operative labs: AFP within normal limits; LDH within normal limits; hCG elevated
- Left radical orchiectomy: 8 cm testicular tumor; seminoma; confined to the testis; lymph vascular invasion present
- Post-operative labs: AFP, LDH, and hCG within normal limits

POP QUIZ

- What is the code for CS Extension?
  - a. 160: Body of testis; rete testis; tunica albuginea
  - b. 200: Tunica vaginalis involved; surface implants
  - c. 300: Localized NOS
  - d. 999: Unknown

POP QUIZ

- What is the code for CS Lymph Nodes?
  - a. 000: No regional lymph node involvement
  - b. 500: Regional lymph nodes NOS
  - c. 800: Lymph nodes NOS
  - d. 999: Unknown
POP QUIZ

- What is the code for CS Mets at DX?
  a. 00: No distant metastasis
  b. 11: Distant lymph nodes without previous scrotal or inguinal surgery
  c. 60: Distant metastasis NOS
  d. 99: Unknown

SSF4: RADICAL ORCHIECTOMY PERFORMED

- T category based on CS Extension, SSF4, & Lymph-vascular Invasion (LVI)
- Documents if radical orchiectomy was performed (010), not performed (000), or unknown (999)

SSF5: SIZE OF METASTASIS IN LYMPH NODES

- N Category based on SSF5, Regional Nodes Positive, & CS Lymph Nodes Eval
- Codes incorporate size range for metastasis in regional lymph node mass and absence or presence of extranodal extension
- If extranodal extension is not mentioned in path, assume it is not present
**PRE-ORCHIECTOMY SERUM TUMOR MARKERS**
- SSF6: Pre-Orchiectomy Alpha Fetoprotein (AFP) Lab Value
- SSF7: Pre-Orchiectomy Alpha Fetoprotein (AFP) Range
- SSF8: Pre-Orchiectomy Human Chorionic Gonadotropin (hCG) Lab Value
- SSF9: Pre-Orchiectomy Human Chorionic Gonadotropin (hCG) Range
- SSF10: Pre-Orchiectomy Lactate Dehydrogenase (LDH) Range

**PRE-ORCHIECTOMY LAB VALUE**
- Assign code 000 for exactly 0.0
- Use code 995 if patient is treated prior to orchiectomy and record lab value in post-orchiectomy SSF
- Use code 996 if no orchiectomy; record lab value in post-orchiectomy SSF
- Use code 997 if test done but actual lab value not stated

**PRE-ORCHIECTOMY RANGE**
- Use codes 991-993 if test unavailable but physician statement of result is available
- Use code 995 if patient is treated prior to orchiectomy and record range in post-orchiectomy SSF
- Use code 996 if no orchiectomy; record range in post-orchiectomy SSF
POST-ORCHIECTOMY SERUM TUMOR MARKERS

- SSF13: Post-Orchiectomy Alpha Fetoprotein (AFP) Range
- SSF15: Post-Orchiectomy Human Chorionic Gonadotropin (hCG) Range
- SSF16: Post-Orchiectomy Lactate Dehydrogenase (LDH) Range

POST-ORCHIECTOMY RANGE

- If initial post-orchiectomy test remains elevated, review subsequent tests until plateau occurs and code that test.
- Use code 990 if post-orchiectomy test is unknown but pre-orchiectomy test was normal.
- Use codes 991-993 if post-orchiectomy test is unavailable but physician’s statement of result is documented.
- If patient is treated prior to orchiectomy or orchiectomy is not performed, record initial lab value in post-orchiectomy SSF.

POP QUIZ

- Pre-operative imaging: Enlarged left testis; no lymphadenopathy; no distant metastasis
- Pre-operative labs: AFP within normal limits; LDH within normal limits; hCG elevated
- Left radical orchiectomy: 8 cm testicular tumor, seminoma, confined to the testis; lymph vascular invasion present
- Post-operative labs: AFP, LDH, and hCG within normal limits
POP QUIZ
• What is the code for SSF4?
  a. 000: Radical orchiectomy not performed
  b. 010: Radical orchiectomy performed
  c. 988: Not applicable
  d. 999: Unknown

POP QUIZ
• What is the code for SSF5?
  a. 000: No lymph node metastasis
  b. 010: Lymph node metastasis mass 2 cm or less without pathologic extranodal extension
  c. 020: Lymph node metastasis mass more than 2 cm but not more than 5 cm OR pathologic extranodal extension
  d. 030: Lymph node metastasis mass more than 5 cm

POP QUIZ
• What is the code for SSF6?
  a. 000: 0 ng/ml
  b. 997: Test ordered, results not in chart
  c. 998: Test not done
  d. 999: Unknown

• What is the code for SSF7?
  a. 000: Within normal limits
  b. 019: Range 1 (S1) above normal & less than 1,000 ng/ml
  c. 992: Pre-orchiectomy AFP unknown but pre-orchiectomy serum tumor markers NOS stated to be normal
  d. 997: Test ordered, results not in chart
POP QUIZ

• What is the code for SSF8?
  a. 000: mIU/ml
  b. 997: Test ordered, results not in chart
  c. 998: Test not done
  d. 999: Unknown

• What is the code for SSF9?
  a. 000: Within normal limits
  b. 991: Pre-orchiectomy human chorionic gonadotropin (hCG) stated to be elevated
  c. 992: Pre-orchiectomy hCG unknown but pre-orchiectomy serum tumor markers NOS stated to be normal
  d. 997: Test ordered, results not in chart

• What is the code for SSF10?
  a. 000: Within normal limits
  b. 991: Pre-orchiectomy LDH stated to be elevated
  c. 992: Pre-orchiectomy LDH unknown but pre-orchiectomy serum tumor markers NOS stated to be normal
  d. 997: Test ordered, results not in chart

• What is the code for SSF13?
  a. 000: Within normal limits
  b. 990: Post-orchiectomy AFP unknown but pre-orchiectomy AFP was normal
  c. 992: Post-orchiectomy AFP unknown but post-orchiectomy serum tumor markers NOS stated to be normal
  d. 999: Unknown
POP QUIZ

- What is the code for SSF15?
  a. 000: Within normal limits
  b. 990: Post-orchiectomy hCG unknown but pre-orchiectomy hCG was normal
  c. 992: Post-orchiectomy hCG unknown but post-orchiectomy serum tumor markers NOS stated to be normal
  d. 999: Unknown

TREATMENT

- Physical exam
- Ultrasound (diagnostic)
- Other Imaging (staging)
- PET Scan for Seminoma
- Tumor Markers
- Biopsy not usually done

DIAGNOSIS
TREATMENT

• More than 90% of patients with germ cell tumors are cured.
• That includes 70-80% of patients with advanced tumors who are treated with chemotherapy.

SURGERY

• 20 Local or partial excision of testicle
• 30 Excision of testicle WITHOUT cord
• 40 Excision of testicle WITH cord or cord not mentioned (radical orchiectomy)
• 80 Orchiectomy, NOS (unspecified whether partial or total testicle removed)

SURGERY

• 30 Excision of testicle, WITHOUT cord
  • [SEER Note: Orchiectomy not including spermatic cord]
• 40 Excision of testicle WITH cord or cord not mentioned (radical orchiectomy)
  • [SEER Note: Orchiectomy with or without spermatic cord]
• 80 Orchiectomy, NOS (unspecified whether partial or total testicle removed)
SERUM MARKERS

• Serum markers should be assessed before orchiectomy to establish a benchmark and repeated after orchiectomy.

SERUM MARKERS

• S0 - Tumor marker levels within the reference range
• S1 - LDH < 1.5 times the reference range AND hCG level < 5000 mIU/mL AND AFP level < 1000 ng/mL
• S2 - LDH level 1.5-10 times the reference range OR hCG level 5000-50,000 mIU/mL OR AFP level 1000-10,000 ng/mL
• S3 - LDH level > 10 times the reference range OR hCG level > 50,000 mIU/mL OR AFP level > 10,000 ng/mL

SEMINOMA

• Seminoma - Orchiectomy followed by
  • Stages IA and IB
    • Patients with pT1 or pT2 Active surveillance if applicable
    • Radiotherapy or chemotherapy
  • Stage IS
    • Radiation
  • Stage IIA and IIB
    • Radiation
    • Chemotherapy may be an alternate treatment for some IIB patients
  • Stage IIC and III
    • Standard chemotherapy
RADIATION
- Infradiaphragmatic beam radiation
- May include para-aortic nodes and/or ipsilateral iliac nodes

NON SEMINOMA
- Non seminoma-Orchiectomy followed by...
  - Stage IA
    - Surveillance or RPLND
  - Stage IB
    - RPLND or Chemotherapy
  - Stage IS
    - Chemotherapy

CHEMOTHERAPY
- Etoposide
- Cisplatin
- Bleomycin
- Mesna
- Ifosfamide
**NON SEMINOMA**

- Non seminoma - Orchietomy followed by...
  - Stage IIA - depends on serum markers
    - Normal serum markers - RPLND followed by chemo or surveillance
    - Elevated serum markers - chemo followed by RPLND or surveillance

**LYMPH NODE DISSECTION**

- Retroperitoneal lymph node dissection (RPLND)

**NON SEMINOMA**

- Non seminoma - Orchietomy followed by...
  - Stage IIB - depends on imaging and serum markers
    - Negative serum markers and metastasis limited to retroperitoneal lymph nodes - treatment is similar to 2A or chemo followed by RPLND
    - If elevated serum markers and metastasis beyond the retroperitoneal lymphatics, then RPLND not recommended. Chemotherapy only.
  - Stage IIC and IIIA
    - Chemotherapy only
NON SEMINOMA-ADVANCED STAGE

- Non seminoma-Orchiectomy followed by...
- Stage IIIB (intermediate risk)-Chemotherapy
- Stage IIIC (poor risk)-Chemotherapy

QUESTIONS?

POP QUIZ

- What is the code for SSF16?
  a. 000: Within normal limits
  b. 990: Post-orchiectomy LDH unknown but pre-orchiectomy LDH was normal
  c. 992: Post-orchiectomy LDH unknown but post-orchiectomy serum tumor markers NOS stated to be normal
  d. 999: Unknown
COMING UP...
- Collecting Cancer Data: Uterus
  - 2/5/15
- Abstracting & Coding Boot Camp
  - 3/5/15

AND THE WINNERS ARE....

CE CERTIFICATE QUIZ/SURVEY
- Phrase

- Link