CLINICAL Extent of disease before any treatment	Stage Categor	Y DEFINITIONS	PATHOLOGIC Extent of disease through completion of definitive surgery
y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	Tumor Size:	LATERALITY: ☐ left ☐ right ☐ bilateral	 y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
pTX pT0 pTis pT1 pT2 pT3 pT4	PRIMARY To The extent of primary tumor is usually class for this reason, a pathologic stage is assig Primary tumor cannot be assessed No evidence of primary tumor (e.g., histolo Intratubular germ cell neoplasia (carcinom Tumor limited to the testis and epididymis tumor may invade into the tunica albug Tumor limited to the testis and epididymis tumor extending through the tunica alb vaginalis Tumor invades the spermatic cord with or Tumor invades the scrotum with or without * Except for pTis and pT4, extent of primary to TX may be used for other categories in the a	sified after radical orchiectomy and, ned. ogic scar in testis) a in situ) s without vascular/lymphatic invasion; ginea but not the tunica vaginalis s with vascular/lymphatic invasion, or or ouginea with involvement of the tunica without vascular/lymphatic invasion t vascular/lymphatic invasion to vascular/lymphatic invasion	pTX pT0 pT0 pTis pT1 pT2 pT3 pT4
NX	Regional lymph nodes cannot be assesse No regional lymph node metastasis Metastasis with a lymph node mass 2 cm ultiple lymph nodes, none more than 2 Metastasis with a lymph node mass 2 cm than or equal to 5 nodes positive, none Metastasis with a lymph node mass more greatest dimension; or multiple lymph 2 cm but not more than 5 cm in greatest Metastasis with a lymph node mass more greatest dimension; or more than 5 node evidence of extranodal extension of turn Metastasis with a lymph node mass more Metastasis with a lymph node mass more Metastasis with a lymph node mass more	em or less in greatest dimension; or 2 cm in greatest dimension or less in greatest dimension and less more than 2 cm in greatest dimension than 2 cm but not more than 5 cm in modes, any one mass greater than a dimension than 2 cm but not more than 5 cm in des positive, none more than 5 cm; or or than 5 cm in greatest dimension	□ NX □ N0 N1 □ pN1 □ pN2 □ pN3
□ M0 □ M1 □ M1a □ M1b	No distant metastasis Distant metastasis Nonregional nodal or pulmonary metastas Distant metastasis other than to non-regio	is	☐ M1 ☐ M1a ☐ M1b

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Anatomic Stage • Prognostic Groups									
		CLIN	ICAL				PATHO	LOGIC	
GROUP	Т	N	M	S (serum tumor markers)	GROUP	Т	N	M	S (serum tumor markers)
□ 0	pTis	N0	M0	S0	□ 0	pTis	N0	MO	S0
	pT1–4	N0	M0	SX		рТ1–4	N0	MO	SX
□ IA	pT1	N0	M0	S0	□ IA	pT1	N0	MO	S0
□ IB	pT2	N0	M0	S0	□ IB	pT2	N0	MO	S0
	pT3	N0	M0	S0		pT3	N0	M0	S0
	pT4	N0	M0	S0		pT4	N0	M0	S0
☐ IS	Any pT/Tx	N0	M0	S1–3	☐ IS	Any pT/Tx	N0	M0	S1–3
	Any pT/Tx	N1-3	M0	SX		Any pT/Tx	N1-3	M0	SX
□ IIA	Any pT/Tx	N1	M0	S0	□ IIA	Any pT/Tx	N1	M0	S0
	Any pT/Tx	N1	M0	S1		Any pT/Tx	N1	M0	S1
☐ IIB	Any pT/Tx	N2	M0	S0	☐ IIB	Any pT/Tx	N2	M0	S0
	Any pT/Tx	N2	M0	S1		Any pT/Tx	N2	M0	S1
	Any pT/Tx	N3	M0	S0		Any pT/Tx	N3	M0	S0
	Any pT/Tx	N3	M0	S1		Any pT/Tx	N3	M0	S1
	Any pT/Tx	Any N	M1	SX		Any pT/Tx	Any N		SX
□ IIIA	Any pT/Tx	Any N	M1a	S0	☐ IIIA	Any pT/Tx	Any N		S0
	Any pT/Tx	Any N	M1a	S1		Any pT/Tx	Any N		S1
☐ IIIB	Any pT/Tx	N1–3	M0	S2	☐ IIIB	Any pT/Tx	N1-3	MO	S2
	Any pT/Tx	Any N	M1a	S2		Any pT/Tx	Any N		S2
□ IIIC	Any pT/Tx	N1–3	M0	S3	□ IIIC	Any pT/Tx	N1-3		S3
	Any pT/Tx	Any N	M1a	S3		Any pT/Tx	Any N		S3
Ctogo I	Any pT/Tx	Any N	M1b	Any S	DI Stogo	Any pT/Tx	Any N	M1b	Any S
☐ Stage (IIIKIIOWII				☐ Stage	UTIKHOWH			
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 orchiectomy, but levels after orchiectomy 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 orchiectomy.					ation of special cases of IM classifications, the "m" r," "r," and "a" prefixes are ugh they do not affect the ing, they indicate cases parate analysis.				
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) CLINICALLY SIGNIFICANT: Size of Largest Metastases in Lymph Nodes Radical Orchiectomy Performed									

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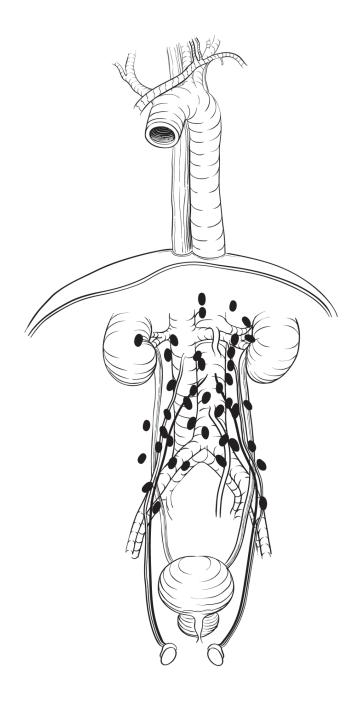
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Histologic Grade (G) (also known as overall grade	de)	General Notes (continued):
Grading system 2 grade system 3 grade system 4 grade system No 2, 3, or 4 grade system is available	Grade ☐ Grade I or 1 ☐ Grade II or 2 ☐ Grade III or 3 ☐ Grade IV or 4	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
Invasion (LVI) for collection by cancer registrar	Invasion (V) have been combined into Lymph-Vasculas. The College of American Pathologists' (CAP) Checlources may be used in the absence of a Checklist. Pri	actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.
 □ Lymph-Vascular Invasion Not Present (al □ Lymph-Vascular Invasion Present/Identifi □ Not Applicable □ Unknown/Indeterminate 	r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.	
Residual Tumor (R)		a prefix designates the stage determined at autopsy: aTNM.
The absence or presence of residual tumor after		or with surgical margins is data field
R1 Microscopic residual tumor R2 Macroscopic residual tumor		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 pla	nning (describe):	
☐ National guidelines were used in treatm	ent planning	
Physician signature		Date/Time
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Illustration

Indicate on diagram primary tumor and regional nodes involved.



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