

# TESTIS

The abstract is the basis of all registry functions. It is a tool used to help accurately determine stage and to aid cancer research; therefore, the abstract must be complete, containing all the information needed to provide a concise analysis of the patient's disease from diagnosis to treatment.

To assist registrars in preparing abstracts, NCRA's Education Committee has created a series of informational abstracts. These site-specific abstracts provide an outline to follow when determining what text to include. The outline has a specific sequence designed to maximize efficiency and includes eight sections: Physical Exam/History; X-Rays/Scopes/Scans; Labs; Diagnostic Procedures; Pathology; Primary Site; Histology; and Treatment. A list of relevant resources is located at the end of each informational abstract. The sources of information noted in the various sections below are not inclusive, but they are the most common. You may need to do additional research to complete the abstract.

When using the informational abstract, follow the outline and strive to complete all the sections. Be concise by using phrases, not sentences. Make sure to use text relevant to the disease process and the specific cancer site and to use NAACCR Standard Abbreviations. When the abstract is completed, review thoroughly to ensure.

## PHYSICAL EXAM/HISTORY

### Include:

- **Demographics:** Age, sex, race, ethnicity of the patient.
- **Chief Complaint (CC):** Write a brief statement about why the patient sought medical care.
- **History:** Personal or family history of any cancer and the family member involved. List the smoking and alcohol history of the patient—type, frequency, and amount. Note exposure to any cancer-causing chemicals, workplace exposure, and/or relevant environmental factors. List chronic health problems, irritations, or infections. Make sure to note previous chemotherapy or radiation therapy. Other relevant information as deemed appropriate.
- **Genetics:** Include birth defects or other related genetic conditions.

*TGCT1 (Testicular Germ Cell Tumor 1) gene - positive*

- **Past Treatment:** Include past treatment if applicable.

*31 y/o white male admitted with an enlarging left testicular mass present for approximately one (1) year. Patient complains of (c/o) left leg pain, weakness, and numbness of six (6) months duration. On PE: 5cm palpable non-tender mass in left testis. Also noted an unintentional weight loss of approx. 30 lbs over last year. Past Medical History (PMH) significant for cryptorchidism with surgery at age 16. Patient denies tobacco, alcohol (EtOH), or recreational drug use (RD). Family History (FH): non-contributory.*

**Where to Find Information:** History and Physical, physician notes.

## X-RAYS/SCOPES/SCANS

### Include:

- **Imaging Tests:** Date, name, and a brief summary of test results. Ultrasound is the preferred initial imaging modality for testicular seminomas.

**Note:** CT imaging useful for evaluation of metastatic spread. MRI – not applicable.

*Example: Testicular U/S: There is a 3cm well-defined hypoechoic homogeneous solid appearing mass present in the left testicle. 8/16/25: Staging work-up CT chest, abdomen, pelvis: CT chest negative for evidence of metastatic disease. CT A/P: Moderate enlargement of Left para-aortic lymphnodes, largest measuring 1.2cm in greatest dimension. Remaining exam unremarkable.*

## LABS

	LDH (U/liter)	HCG (mIU/ml)	AFP (ng/ml)
<b>SX</b>	Marker studies not available or not performed		
<b>S0</b>	Normal	Normal	Normal
<b>S1</b>	<1.5 x normal	<5,000	<1,000
<b>S2+</b>	1.5 -10 x normal	5,000-50,000	1,000-10,000
<b>S3+</b>	>10 x normal	>50,000	>10,000

**Include:** AFP: alpha-fetoprotein; b-HCG: beta Human Chorionic Gonadotropin; LDH: Lactate Dehydrogenase.

**Note:** High AFP levels can help identify type of germ cell tumor by showing whether it is pure seminoma or mixed with non-seminoma since AFP is not made by seminomas. B-HCG and LDH may be high in seminomas, non-seminomas, mixed.

*Example: 8/16/25 Pre op tumor markers: AFP – not detectable; b-HCG: 91 normal range 0 ng/ml; LDH: normal (range 48-115 IU/liter).*

## DIAGNOSTIC PROCEDURES

For any of the diagnostic procedures, procedures that detect cancer, but do not remove it, include the date, name of procedure, and a brief description of the findings.

### Include:

- **Biopsy:** List date, name of procedure, and brief description of findings.

*Example: Biopsy not performed. (Biopsy procedures are not common for testicular cancers.)*

## PATHOLOGY

### Include:

Date and a brief summary of findings of all pathological reports. List in chronological order, most recent to first.

- **Extent (extension) of the primary tumor:** Often found in the microscopic description of the pathology report.
- **Any evidence of further spread:** Often found in the microscopic description of the pathology report.
- **Margins:** note extent of involvement of surgical margins.

*Example: Pathology: S18-10903: GROSS DESCRIPTION: Bulky, homogeneous gray white mass with bulging cut surface involving 50% of entire left testis.*

- **Microscopic Description:** Left Unifocal 2.8cm seminoma invades rete testis. Hilar soft tissue invasion not identified. LVI identified; invasion of visceral mesothelial layer covering external surface of tunica albuginea with LVI also identified; Regional lymph nodes positive: 2; Regional lymph nodes removed: 3. Largest lymph node dimension: 1.1cm. pT2 pN1

+ Pre-Orchiectomy Serum Tumor Markers

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- + \_\_\_ Unknown + \_\_\_ Serum marker studies within normal limits
- + \_\_\_ Alpha-fetoprotein (AFP) elevation
- + x Beta subunit of human chorionic gonadotropin (b-hCG) elevation
- + \_\_\_ Lactate dehydrogenase (LDH) elevation
- + Post-Orchiectomy Serum Tumor Markers
- + x Unknown
- + \_\_\_ Serum marker studies within normal limits
- + \_\_\_ Alpha-fetoprotein (AFP) elevation
- + \_\_\_ Beta subunit of human chorionic gonadotropin (b-hCG) elevation
- + \_\_\_ Lactate dehydrogenase (LDH) elevation

- + Serum Tumor Markers (S)
- + \_\_\_ SX: Serum marker studies not available or performed
- + \_\_\_ S0: Serum marker study levels within normal limits LDH HCG (mIU/mL) AFP (ng/mL)
- + \_\_\_ S1: 10 X N or >50,000 or >10,000

Microscopic, macroscopic, extent of involvement not stated.

- Specific area of the site
- Laterality
- Cancer cell type
- Grade of the tumor (Grades A-D, 9)
- Size of tumor (not specimen size)

## PRIMARY SITE

### Include:

The primary site where cancer started.

*Example: Left Testis (C62.9)*

## HISTOLOGY

### Include:

The exact cell type of cancer.

*Example: Seminoma, classic type (M9061/3).*

*NOTE: Grade categories for this site range from A-D, 9.*

## TREATMENT

### Include:

- Operative report findings/observations.
- **Surgery:** Right radical inguinal orchiectomy

*Example: 9/15/25: Left Radical Inguinal Orchiectomy/RPLND (retroperitoneal lymph node dissection). Dissection down through subcutaneous fat and fascia to the external inguinal ring. Left testicle identified for removal including the spermatic cord and vas deferens. Attention was then turned to dissection of left para-aortic lymph nodes.*

- **Radiation:** Beginning and end dates of treatment, type of radiation, to what part of body it was given, dosage and reaction to treatment, if noted. Note: any boost dosages, date, and to where it was administered.

**Note:** Adjuvant treatment may be either radiation therapy or chemotherapy.

- **Indications for Radiation Therapy:**

Involvement of retroperitoneal lymph nodes.

- **Radiation Therapy Options:** These are examples of common approaches, but do not address variances in dosage, duration, or modality.

*Example: Option #1:*

*11/1 – 11/12/25: 3000cGy to left para-aortic and ipsilateral iliac lymph nodes at 300cGy x 10 fx/12 days utilizing IMRT.*

*Phase 1: Primary treatment volume – 07 (abdominal/pelvic LNs); Radiation to draining LNs – 88 (primary treatment volume is LNs); Treatment modality – 02 (photons); Planning technique – 05 (IMRT)*

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- **Chemotherapy/Hormone Therapy:**

Beginning and end dates of chemotherapy, names of drugs, and route of administration. If available, include response to treatment. Note if any changes in drugs: state new drug names and why the drug was changed and when the new drug started.

**Note:** Adjuvant treatment may be either radiation therapy or chemotherapy. 30-50% infertility with cisplatin. Discussion of sperm banking recommended.

*Example: Option #2:*

*Adjuvant etoposide and cisplatin (EP) x 4 cycles or bleomycin, etoposide, and cisplatin (BEP) x 3 cycles.*

- **Clinical Trials:** The name and number of the clinical trial in which the patient is enrolled, the date of enrollment, and any other details of the patient's experience. May include patients who have not yet been treated. Some trials test treatments for patients who have not gotten better; other trials test new ways to stop cancer from recurring or reduce the side effects of cancer treatment

*Example: PH II Retroperitoneal Lymph Node Dissection in Treating Patients with Testicular Seminoma with Lymphadenopathy or Stage I-II B Testicular Seminoma (NCT 02537548). ICF (Informed Consent Form) signed 10/1/25.*

**Other:** Any other treatment that does not fit into one of the categories above.

## RESOURCES

### American Urological Association

<http://www.auanet.org>

### Use NAACCR Recommended Abbreviations for Abstractors (Appendix G)

[NAACCR Data Standards & Data Dictionary Database \(Formerly Volume II\)](#)

### College of American Pathology

[Cancer Protocol Templates | College of American Pathologists](#)

### Evidence-Based Treatment by Stage Guidelines

[https://www.nccn.org/professionals/physician\\_gls/pdf/testicular.pdf](https://www.nccn.org/professionals/physician_gls/pdf/testicular.pdf)

The NCCN Guidelines are most frequently used for treatment and are also used for information on diagnostic workup.

### Labs/Tests -- NCI: Understanding Lab Tests/Test Values

<http://www.cancer.gov/cancertopics/factsheet/detection/laboratory-tests>

### Solid Tumor Rules

<https://seer.cancer.gov/tools/solidtumor/>

### NCI Physician's Data Query (PDQ)

<http://www.cancer.gov/cancertopics/pdq>

### SEER RX Antineoplastic Drugs Database

<http://seer.cancer.gov/tools/seerrx/>

### SEER Site-Specific Surgery Codes: Appendix C

[Site Specific Coding Modules - 2024 SEER Program Coding and Staging Manual](#)

### STORE Appendix A

[store\\_manual\\_2024.pdf](#)