Protocol for the Examination of Lymphadenectomy Specimens From Patients With Malignant Germ Cell and Sex Cord-Stromal Tumors of the Testis

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| **Version:** Testis Lymphadenectomy 4.0.1.1 | **Protocol Posting Date:** February 2019 |
| **Accreditation Requirements**  The use of this protocol is recommended for clinical care purposes but is not required for accreditation purposes. | | |

**This protocol should be used for the following procedures AND tumor types:**

|  |  |
| --- | --- |
| **Procedure** | **Description** |
| Lymphadenectomy | Includes specimens designated retroperitoneal lymphadenectomy |
| **Tumor Type** | **Description** |
| Germ cell tumors | Includes seminoma and variants, all non-seminomatous germ cell tumors, mixed germ cell tumors, Leydig cell tumors, Sertoli cell tumors, granulosa cell tumors, and placental site trophoblastic tumors |
| Sex cord-stromal tumors | Includes Leydig cell tumors, Sertoli cell tumors, granulosa cell tumors, and mixed sex cord tumors |

**The following should NOT be reported using this protocol:**

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| --- |
| **Procedure** |
| Radical orchiectomy (consider Testis Radical Orchiectomy protocol) |
| **Tumor Type** |
| Paratesticular malignancies (consider Soft Tissue protocol) |
| Non-testis germ cell tumors (consider Extragonadal Germ Cell protocol) |
| Lymphoma (consider the Hodgkin or non-Hodgkin Lymphoma protocols) |
| Sarcoma (consider the Soft Tissue protocol) |

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**Summary of Changes**

**Version 4.0.1.1:**

Separated Retroperitoneal Lymphadenectomy and Radical Orchiectomy into individual protocols

Surgical Pathology Cancer Case Summary

Protocol posting date: February 2019

# TESTIS: Retroperitoneal Lymphadenectomy

**Notes:**

**This case summary is recommended for reporting lymphadenectomy specimens but is** **NOT REQUIRED for accreditation purposes. Core data elements are bolded to help identify routinely reported elements.**

## Select a single response unless otherwise indicated.

## Specimen Site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Prelymphadenectomy Treatment

\_\_\_ Chemo/radiation therapy

\_\_\_ No chemo/radiation therapy

\_\_\_ Unknown

## Number of Nodal Groups Present: \_\_\_\_

## Histologic Viability of Tumor (if applicable) (select all that apply)

\_\_\_ Viable teratoma present

\_\_\_ Viable nonteratomatous tumor present

\_\_\_ No viable tumor present

## Histologic Type of Metastatic Tumor (Note A)

\_\_\_ Seminoma

\_\_\_ Seminoma with syncytiotrophoblastic cells

\_\_\_ Embryonal carcinoma

\_\_\_ Yolk sac tumor, postpubertal type

\_\_\_ Choriocarcinoma

\_\_\_ Mixed germ cell tumor (specify components and approximate percentages): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Non-choriocarcinomatous trophoblastic tumor, NOS

\_\_\_ Placental site trophoblastic tumor

\_\_\_ Epithelioid trophoblastic tumor

\_\_\_ Cystic trophoblastic tumor

\_\_\_ Teratoma, postpubertal type

\_\_\_ Teratoma with somatic-type malignancy (specify type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Spermatocytic tumor

\_\_\_ Spermatocytic tumor with a sarcomatous component

\_\_\_ Well-differentiated neuroendocrine tumor (monodermal teratoma)

\_\_\_ Other histologic type not listed (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Regional Lymph Nodes

**Number of Lymph Nodes Involved: \_\_\_\_\_**

**Specify Site(s)(if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Note: Sites may include interaortocaval, paraaortic, paracaval, preaortic, precaval, retroaortic, retrocaval, or other lymph nodes.*

*Lymph Node Metastasis (required only if lymph nodes involved)*

**Size of Largest Lymph Node (or Nodal Mass) Involved (centimeters): \_\_\_ cm**

Size of Largest Metastatic Deposit (centimeters): \_\_\_ cm

Specify Site: \_\_\_\_\_\_\_\_\_

**Extranodal Extension (ENE)**

\_\_\_ Not identified

\_\_\_ Present

\_\_\_ Cannot be determined

Histologic subtype of germ cell tumor in involved largest lymph node(s) (if applicable, specify): \_\_\_\_\_\_\_\_\_\_

**Number of Lymph Nodes Examined: \_\_\_\_\_**

## Nonregional Lymph Node Metastasis (M1a, AJCC 8th Edition) (Note B)

\_\_\_ Not applicable

\_\_\_ Not identified

\_\_\_ Present

Number of Lymph Nodes Involved: \_\_\_\_\_

Specify site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Lymph Nodes Examined: \_\_\_\_\_

**Pathologic Stage Classification (pN, AJCC 8th Edition)**

**N Descriptors (required only if applicable) (select all that apply)**

\_\_\_ r (recurrent)

\_\_\_ y (posttreatment)

## Regional Lymph Nodes (pN, AJCC 8th Edition)

*Note: Reporting of pN category is based on information available to the pathologist at the time the report is issued.*

\_\_\_ pNX: Regional lymph nodes cannot be assessed

\_\_\_ pN0: No regional lymph node metastasis

\_\_\_ pN1: Metastasis with a lymph node mass 2 cm or smaller in greatest dimension and less than or equal to five nodes positive, none larger than 2 cm in greatest dimension

\_\_\_ pN2: Metastasis with a lymph node mass larger than 2 cm but not larger than 5 cm in greatest dimension; or more than five nodes positive, none larger than 5 cm; or evidence of extranodal extension of tumor

\_\_\_ pN3: Metastasis with a lymph node mass larger than 5 cm in greatest dimension

## Comment(s)

Explanatory Notes

## A. Histologic Type

The protocol mainly applies to malignant tumors of the testis, the vast majority of which are of germ cell origin. It may also be applied to other malignant or potentially malignant tumors of the testis included in the classification shown below.1-12 For hematolymphoid neoplasms involving the testis, refer to the corresponding CAP protocols.

## World Health Organization (WHO) Histologic Classification of Testicular Tumors (2016)13

### Germ Cell Tumors Derived From Germ Cell Neoplasia In Situ

*Noninvasive germ cell neoplasia*

Germ cell neoplasia in situ

Specific forms of intratubular germ cell neoplasia

*Tumors of a single histologic type (pure forms)*

Seminoma

Seminoma with syncytiotrophoblastic cells

*Nonseminomatous germ cell tumors*

Embryonal carcinoma

Yolk sac tumor, postpubertal type

Trophoblastic tumors

Choriocarcinoma

Nonchoriocarcinomatous trophoblastic tumors

Placental site trophoblastic tumor

Epidermoid trophoblastic tumor

Cystic trophoblastic tumor

Teratoma, postpubertal type

Teratoma with somatic-type malignancy

*Nonseminomatous germ cell tumors of more than one histologic type*

Mixed germ cell tumor

*Germ cell tumors of unknown type*

Regressed germ cell tumor

Germ Cell Tumors Unrelated to Germ Cell Neoplasia In Situ

Spermatocytic tumor

Teratoma, prepubertal type

Dermoid cyst

Epidermoid cyst

Well-differentiated neuroendocrine tumor (monodermal teratoma)

Yolk sac tumor, prepubertal type

Mixed teratoma and yolk sac tumor, prepubertal type

York sac tumor, prepubertal type

### Sex Cord-Stromal Tumors

*Pure tumors*

Leydig cell tumor

Malignant Leydig cell tumor

Sertoli cell tumor

Malignant Sertoli cell tumor

Large cell calcifying Sertoli cell tumor

Intratubular large cell hyalinizing Sertoli cell neoplasia

Granulosa cell tumor

Adult granulosa cell tumor

Juvenile granulosa cell tumor

Tumors in the fibroma-thecoma group

*Mixed and unclassified sex cord stromal tumor*

Mixed sex cord-stromal tumor

Unclassified sex cord-stromal tumor

### Tumor Containing Both Germ Cell and Sex Cord-Stromal Elements

Gonadoblastoma

### Miscellaneous

Ovarian epithelial-type tumors

Serous cystadenoma

Serous tumor of borderline malignancy

Serous cystadenocarcinoma

Mucinous cystadenoma

Mucinous borderline tumor

Mucinous cystadenocarcinoma

Endometrioid adenocarcinoma

Clear cell adenocarcinoma

Brenner tumor

Juvenile xanthogranuloma

Hemangioma

Hematolymphoid Tumors

Diffuse large B-cell lymphoma

Follicular lymphoma

Extranodal NI/T-cell lymphoma, nasal type

Plasmacytoma

Myeloid sarcoma

Rosai-Dorfman disease

Tumors of Collecting Duct and Rete Testis

Adenoma

Adenocarcinoma

Tumors of Paratesticular Structures

Adenomatoid tumor

Mesothelioma

Well-differentiated papillary mesothelioma

Epididymal tumors

Cystadenoma of the epididymis

Papillary cystadenoma

Adenocarcinoma of the epididymis

Squamous cell carcinoma

Melanotic neuroectodermal tumor

Nephroblastoma

Paraganglioma

Mesenchymal Tumors of the Spermatic Cord and Testicular Adnexa

Apipocytic tumors

Lipoma

Well-differentiated liposarcoma

Dedifferentiated liposarcoma

Myxoid liposarcoma

Pleomorphic liposarcoma

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## B. Metastatic Tumor

Often the most important distinction in patients with metastatic testicular germ cell tumor following initial chemotherapy is the differentiation of metastatic residual teratoma from nonteratomatous types of germ cell tumor. Pure teratomatous metastasis is generally treated by surgical excision alone, whereas patients who have other residual germ cell tumor components are usually treated with additional chemotherapy.