CLINICAL Extent of disease before any treatment	STAGE CATEGOR	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 TU The extent of primary tumor is usually clas for this reason, a pathologic stage is assign Primary tumor cannot be assessed No evidence of primary tumor (e.g., histolo Intratubular germ cell neoplasia (carcinoma 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. agic scar in testis) a in situ) s without vascular/lymphatic invasion; inea but not the tunica vaginalis with vascular/lymphatic invasion, or uginea with involvement of the tunica without vascular/lymphatic invasion vascular/lymphatic invasion	□ pTX □ pT0 □ pTis □ pT1 □ pT2 □ pT3 □ pT4
□ NX □ N0 □ N1 □ pN1 □ N2 □ pN2 □ pN2 □ pN3 □ pN3	Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis with a lymph node mass 2 cmultiple lymph nodes, none more than 2 Metastasis with a lymph node mass 2 cm of than or equal to 5 nodes positive, none of Metastasis with a lymph node mass more greatest dimension; or multiple lymph or 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 of Metastasis with a	□ NX □ N0 N1 □ pN1 □ pN2 □ pN3	
☐ M0 ☐ M1 ☐ M1a ☐ M1b	No distant metastasis Distant metastasis No regional nodal or pulmonary metastasis Distant metastasis other than to non-region	6	☐ M1 ☐ M1a ☐ M1b

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			Δ	NATOMIC STAGE • PR	OGNOSTI	c Group	s		
	ANATOMIC STAGE • PROGNOSTIC GROUPS CLINICAL PATHOLOGIC								
GROUP	T	N	M	S (serum tumor markers)	GROUP	T	N	M	S (serum tumor markers)
0	pTis	N0	M0	S0	0	pTis	N0	MO	S0
	pT1-4	N0	M0	SX		pT1-4	N0	M0	SX
□ IA	pT1	N0	M0	S0	□ IA	pT1	N0	M0	S0
☐ IB	pT2	N0	M0	S0	☐ IB	pT2	N0	M0	S0
	pT3	NO NO	M0	S0 S0		pT3	NO NO	M0	S0 S0
□ IS	pT4 Any pT/Tx	N0 N0	M0 M0	S1-3 (post orchiectomy)	□ IS	pT4 Any pT/Tx	N0 N0	M0 M0	S1-3 (post orchiectomy)
	Any pT/Tx	N1–3	M0	SX (post ordinectority)		Any pT/Tx	N1-3	M0	SX
□ IIA	Any pT/Tx	N1	MO	SO	□ IIA	Any pT/Tx	N1	MO	S0
	Any pT/Tx	N1	M0	S1		Any pT/Tx	N1	MO	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
□ IIC	Any pT/Tx	N3	M0	S0	□ IIC	Any pT/Tx	N3	M0	S0
	Any pT/Tx	N3	M0	S1 SX		Any pT/Tx	N3	M0	S1
□ III □ IIIA	Any pT/Tx Any pT/Tx	Any N Any N	M1 M1a	S0	☐ IIIA	Any pT/Tx Any pT/Tx	Any N Any N		SX 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		S2
	Any pT/Tx	Any N	M1a	S2		Any pT/Tx	Any N	l M1a	S2
	Any pT/Tx	N1-3	M0	S3		Any pT/Tx	N1-3		S3
	Any pT/Tx	Any N	M1a	S3		Any pT/Tx	Any N		S3
Ctono.	Any pT/Tx	Any N	M1b	Any S	□ Ctogo	Any pT/Tx	Any N	l M1b	Any S
☐ Stage (JUKUOMU				☐ Stage	unknown			
SX M S0 M S1 L S2 L S3 L *N indic Serum The on serum t The Se Alpha Huma	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 SUMX and "y, "r," and "a prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.						ation of special cases of NM classifications, the "m" y," "r," and "a" prefixes are ugh they do not affect the bing, they indicate cases parate analysis. dicates the presence of mary tumors in a single		
Size of	CLINICALLY SIGNIFICANT: Size of Largest Metastases in Lymph Nodes: Radical Orchiectomy Performed:								

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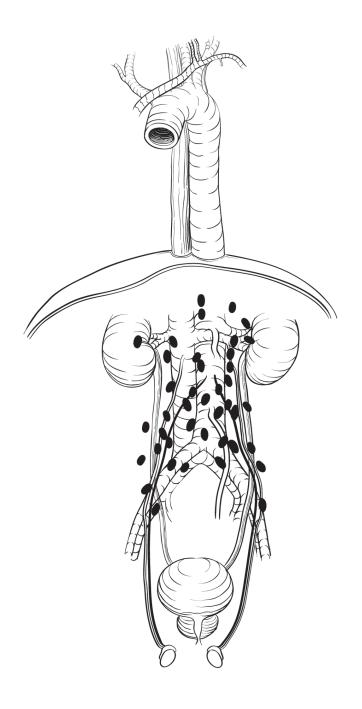
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Histolo	ogic Grade (G) (also known as overall grade)				General Notes (continued):		
	□ 3 grade system □ Grade II or 2				y prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor		
ADDITIONAL DESCRIPTORS Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.					actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.		
☐ Ly	ymph-Vascular Invasion Not Present (absent) ymph-Vascular Invasion Present/Identified ot Applicable nknown/Indeterminate	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.		
Residual Tumor (R) The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection. RX Presence of residual tumor cannot be assessed RO No residual tumor				surgical margins is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.			
☐ R	Microscopic residual tumor 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.		
☐ Cli	inical stage was used in treatment planning	(des	cribe):				
□ Na	ational guidelines were used in treatment pl	annir	ng 🗖 NCCN	Other (describe):			
Physic	ian signature			Da	te/Time		
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Illustration

Indicate on diagram primary tumor and regional nodes involved.



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