

Macroscopic extent of invasion (Required)

Reason/Evidentiary Support

The macroscopic extent of the disease may be difficult to discern even on close inspection of the testis and hilar structures. The vast majority of radical orchidectomies will not include the scrotum unless the surgeon finds evidence of invasion at surgery. The testis parenchyma is bound by the tunica albuginea except in the region where the rete testis connects with the epididymis and vas deferens. Adjacent to the hilum in this area is a small amount of hilar fat. The tunica albuginea is bound by a double layer of mesothelium, termed the tunica vaginalis (Figure 1). Involvement of the hilar soft tissue epididymis or tunica vaginalis may be challenging to detect. Also diffusely infiltrative tumours such as intertubular seminoma which infiltrate between the tubules may not be easy to detect, meaning that the size of the tumour may in fact be larger than that suspected macroscopically. Therefore all suspected areas of invasion seen macroscopically should be conformed microscopically by appropriate sampling for confirmation (see below).

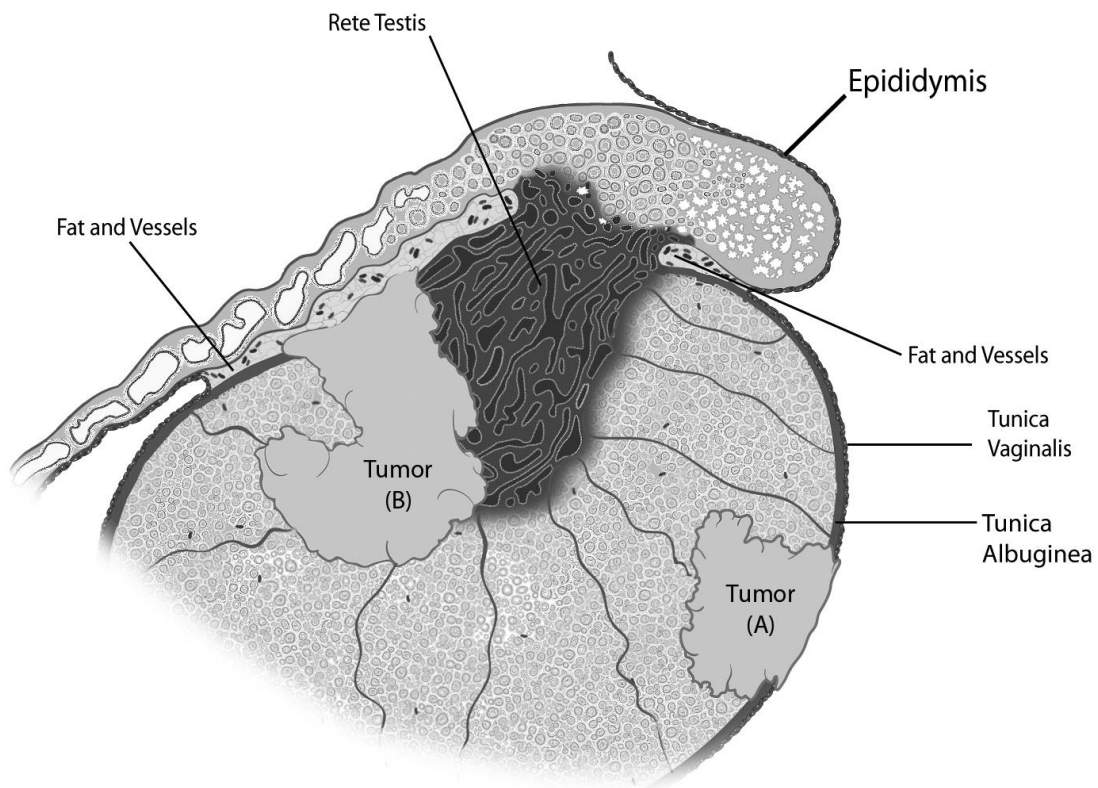


Figure 1. Diagrammatic representation of a tumor (Tumor A) invading the tunica vaginalis, perforating through the mesothelium, and another tumor (Tumor B) partly involving the rete testis and invading the hilar soft tissue. Figure courtesy of Satish K. Tickoo, MD. Source: College of American Pathologists (CAP) *Protocol for the examination of specimens from patients with malignant germ cell and sex cord-stromal tumors of the testis (October 2013)*.