Neoplasia of the Testis - Orchidectomy Histopathology Reporting Guide

Family/Last name	
Given name(s)	Date of birth DD – MM – YYYY
Patient identifiers	Date of request Accession/Laboratory number DD - MM - YYYY
Elements in black text are REQUIRED. Elements in grey text a	are RECOMMENDED. SCOPE OF REPORTING GUIDE
CLINICAL INFORMATION	MAXIMUM TUMOUR DIMENSION (select all that apply)
	mm x mm x mm
	Dimensions of additional tumour nodules
Previous therapy, <i>specify</i>	mm x mm x mm
	mm x mm x mm
Other, <i>specify</i>	mm x mm x mm
 Provided Serum tumour markers within normal limits OR Specify serum tumour markers used, level and date markers were drawn Date 	 Invades tunica vaginalis Invades hilar structures Invades spermatic cord Invades scrotum Other, specify
LDH IU/L D-HcG IU/L	BLOCK IDENTIFICATION KEY E (<i>List overleaf or separately with an indication of the nature and origin of all tissue blocks</i>)
OPERATIVE PROCEDURE	HISTOLOGICAL TUMOUR TYPE (Value list from the World Health Organisation Classification of tumours. Pathology and genetics of urinary system and male genital organs (2016)) Germ cell tumour, specify type and percentage
Orchidectomy, radical	
○ Right ○ Left ○ Not specified ○ Other, <i>specify</i>	
Cannot be assessed Indeterminate	
Wultifocal, specify number of tumours in specimen	Other, specify

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MICROSCOPIC EXTENT OF INVASION	Radical orchidectomy
Rete testis of stromal/interstitial type	Cannot be assessed
Not submitted	Spermatic cord margin involved
Not involved	Spermatic cord margin not involved
🚫 Involved	Other margin involved, <i>specify</i>
Epididymis	
Not submitted	
	○ None identified
Hilar fat	Hemosiderin-laden macrophages
Not submitted	Atrophy
○ Not involved	Other, <i>specify</i>
Involved	
Tunica albuginea (white fibrous capsule around testicular parenchyma)	
Not involved	
	ANCILLARY STUDIES
Tunica vaginalis (either mesothelial layer of the tunica	Performed, <i>specify</i>
vaginalis)	
O Not submitted	
Not involved	
Involved	
Spermatic cord	RESPONSE TO NEOADJUVANT THERAPY
Not submitted	Response present
Not involved	Response present Response absent
	 No prior treatment
Scrotal wall	 Response cannot be assessed (explain reasons)
	₩ [
Not submitted Not involved	
LYMPHOVASCULAR INVASION	
Not identified Present	PATHOLOGIC STAGING (TNM 8th edition)**
	m - multiple primary tumours
Specify type	🗌 r - recurrent
	y - post-therapy
	Primary tumour (pT)
INTRATUBULAR LESIONS	TX Primary tumour cannot be assessed
Germ cell neoplasia in situ	T0 No evidence of primary tumour
Not identified Present	Tis Germ cell neoplasia in situ
0	T1 Tumour limited to testis without lymphovascular
Other intratubular lesions	invasion
○ Not identified ○ Present	 T1a* Tumour smaller than 3 cm in size T1b* Tumour 3 cm or larger in size
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Specify type	 T2 Tumour limited to testis with lymphovascular invasion, or tumour invading hilar soft tissue or epididymis or penetrating visceral mesothelial layer covering the external surface of tunica albuginia with or without lymphovascular invasion
MARGIN STATUS	T3 Tumour invades spermatic cord with or without lymphovascular invasion
Partial orchidectomy	T4 Tumour invased scrotum with or without
Cannot be assessed	lymphovascular invasion
 Involved Not involved 	 * Subclassification of pT1 applies only to pure seminoma. ## Used with the permission of the American College of Surgeons,
	Chicago, Illinois. The original source for this information is the
Distance of tumour from	AJCC Cancer Staging Manual, Eighth Edition (2016) published by Springer Science+Business Media.
closest margin mm	 Please note that implementation of AJCC TNM 8th edition has
	been deferred until January 2018 in some jurisdictions. UICC 7th edition or AJCC 7th edition may be useful in the interim.