TESTIS MASS

Initial Consultation
• Testicular Ultrasound
• Serum AFP, HCG, LDH

Inguinal Orchiectomy

Confirmed Diagnosis of Germ Cell Tumor (GCT)

Staging
• CT Abdomen/Pelvis with contrast
• Chest Imaging (CXR or CT)
• Serum AFP, HCG, LDH measured post-orchiectomy

Alternatives
• CT chest if evidence of nodal metastatic disease or rising tumor markers
• MRI as alterative to CT A/P if contraindications exist

Special considerations
• Repeat imaging if equivocal findings AND normal AFP, HCG.
• Patients with elevated AFP, HCG, pre orchiectomy should be followed to establish nadir levels

Pure Seminoma

Mixed GCT/NSGCT
PURE SEMINOMA

Stage I
Preferred: Surveillance

Alternatives
• Adjuvant para-aortic radiotherapy
  OR
• Adjuvant carboplatin chemotherapy

Stage IIA/IIB with mass <3cm
• Dog leg radiotherapy ≤30 Gy
  OR
• Risk-appropriate multi-agent, cisplatin-based chemotherapy

Stage IIB with mass >3cm
• Risk-appropriate multi-agent, cisplatin-based chemotherapy

*IGCCCG good risk chemotherapy BEPx3 or EPx4.
MIXED GCT/NSGCT

Rising Post-orchietomy AFP or HCG with clinical stage I, IIA, or IIB

Risk-appropriate multi-agent, cisplatin-based chemotherapy

Special Considerations
- Patients with stable or borderline elevated AFP or HCG should be followed to confirm rising levels
- Isolated elevated LDH alone is not an indication for chemotherapy

Normal post orchiectomy AFP, HCG

STAGE I

IA
- Preferred: Surveillance
  Alternatives
  - RPLND
  - BEPx1 Chemotherapy

STAGE IIA
- RPLND
- Risk-appropriate multi-agent, cisplatin-based chemotherapy

STAGE IIB
- Preferred: Risk-appropriate multi-agent, cisplatin-based chemotherapy
  Alternative
  - RPLND

Post RPLND: Pathological Stage II
PN1: Observation
  Alternative: Adjuvant chemotherapy BEPx2/EPx2
PN2/3: Adjuvant chemotherapy BEPx2/EPx2
  Alternative: Observation

*IGCCCG good risk chemotherapy BEPx3 or EPx4. Intermediate or poor risk BEPx4.