

GC 1

- 43 year old healthy gentleman, ECOG PS 0
- Found to have 3.6 cm mass in right testicle with preoperative AFP, β -hCG, and LDH within normal limits
- Undergoes right inguinal radical orchiectomy
 - Surgical path reads **embryonic-type neuroectodermal tumor arising in a teratoma, confined to testis, LVI present**

GC 1

- POD 8:
 - CT abdomen/pelvis notes 3.8 cm and 0.8 cm pre-aortic lymph nodes
 - CT chest negative
 - AFP, β -hCG, and LDH within normal limits



GC 1

You Recommend

- A. Surveillance
- B. Retroperitoneal lymph node dissection (RPLND)
- C. Chemotherapy with BEP x3
- D. Chemotherapy with EP x4
- E. Something else

GC 1

- Path slide from RPLND – Case S22-32939
- 2/21 lymph nodes positive
 - The involved pre-aortic node shows a population of glands compatible with a mature teratomatous component as well as nests of high-grade cells which strongly expression CD30 and cytokeratin with negative reactivity for SOX11 and synaptophysin, consistent with embryonal carcinoma
 - The involved pre-caval node shows only focal mature cartilage compatible with teratoma
 - Notably, there is no evidence of the neuroectodermal component identified on the patient's original testicular resection

GC 1

You Recommend

- A. Surveillance
- B. Chemotherapy with BEP x2
- C. Chemotherapy with EP x2
- D. Chemotherapy with BEP x3
- E. Chemotherapy with EP x4
- F. Something else

GC 1

- Patient initiated surveillance and is currently NED on 4 month post-RPLND surveillance imaging

GC 2

- At his initial presentation 4 years ago Mr. T was 27 years old
 - Right testicular pain, mass on exam and US
 - Radical orch, 4 cm seminoma, markers unremarkable
 - CT 3 months later suggestive of nodal mets, markers normal
 - Chemotherapy advised patient opted for alternative approaches
- 3 years later worsening pain,abd/pelvis CT demonstrates multiple RP nodes now wrapped around the right ureter
- Bhcg/AFP unremarkable, LDH 1888, creatinine 4.4
- Bilateral percs placed, creatinine improves
- BEP x 4 administered

GC 2

- First post chemotherapy CT chest NED, CT abd/pelvis stable nodal mass in RP
 - LDH 222, bhcg/AFP wnl
 - Doppler studies suggest occluded infrarenal IVC and R and L iliac veins

GC 2

You Recommend

- A. Surveillance repeat CT and markers 2-3 months
- B. Chemotherapy with TIP x 4
- C. PET/CT
- D. HD chemotherapy with stem cell rescue
- E. "RPLND"
- F. Some thing else

GC 2

- FDG PET/CT
- mild FDG avid persistent conglomerate RP nodal mass c/w metastasis extending from the level of the celiac axis to the level just below the aortic bifurcation, with ill-defined margins, measuring ~10.9cm with max SUV 4.5
- The mass was noted to encase the aorta and IVC, as well as extend to the left renal hilum
- Also noted were FDG and non-FDG avid lytic lumbar spinal metastases; mildly FDG avid small mesenteric and pelvic lymph nodes, favored reactive/inflammatory but nodal metastatic disease not excluded; and probable post-inflammatory process within the LLL

GC 2

You Recommend

- A. Surveillance repeat CT and markers 2-3 months
- B. Bx RP mass
- C. Chemotherapy with TIP x 4
- D. PET/CT and markers in 23 months
- E. HD chemotherapy with stem cell rescue
- F. "RPLND"
- G. Some thing else

GC 3

- 32 y/o M w/NSGCT (95% embryonal carcinoma, 5% teratoma)
- Baseline imaging post-orchietomy showed 3 retroperitoneal LNs and subcentimeter bibasilar pulmonary nodules
- Tumor markers on Day 1 of chemotherapy: HCG 10.7, AFP 23, LDH 317
- Received 4 cycles of EP, complicated by pancytopenia and hypomagnesemia
- Post-treatment CT showed:

CT Abdomen/Pelvis



- Similar scattered sub centimeter retroperitoneal lymph nodes, the largest measuring 0.6 cm

GC 3

You recommend

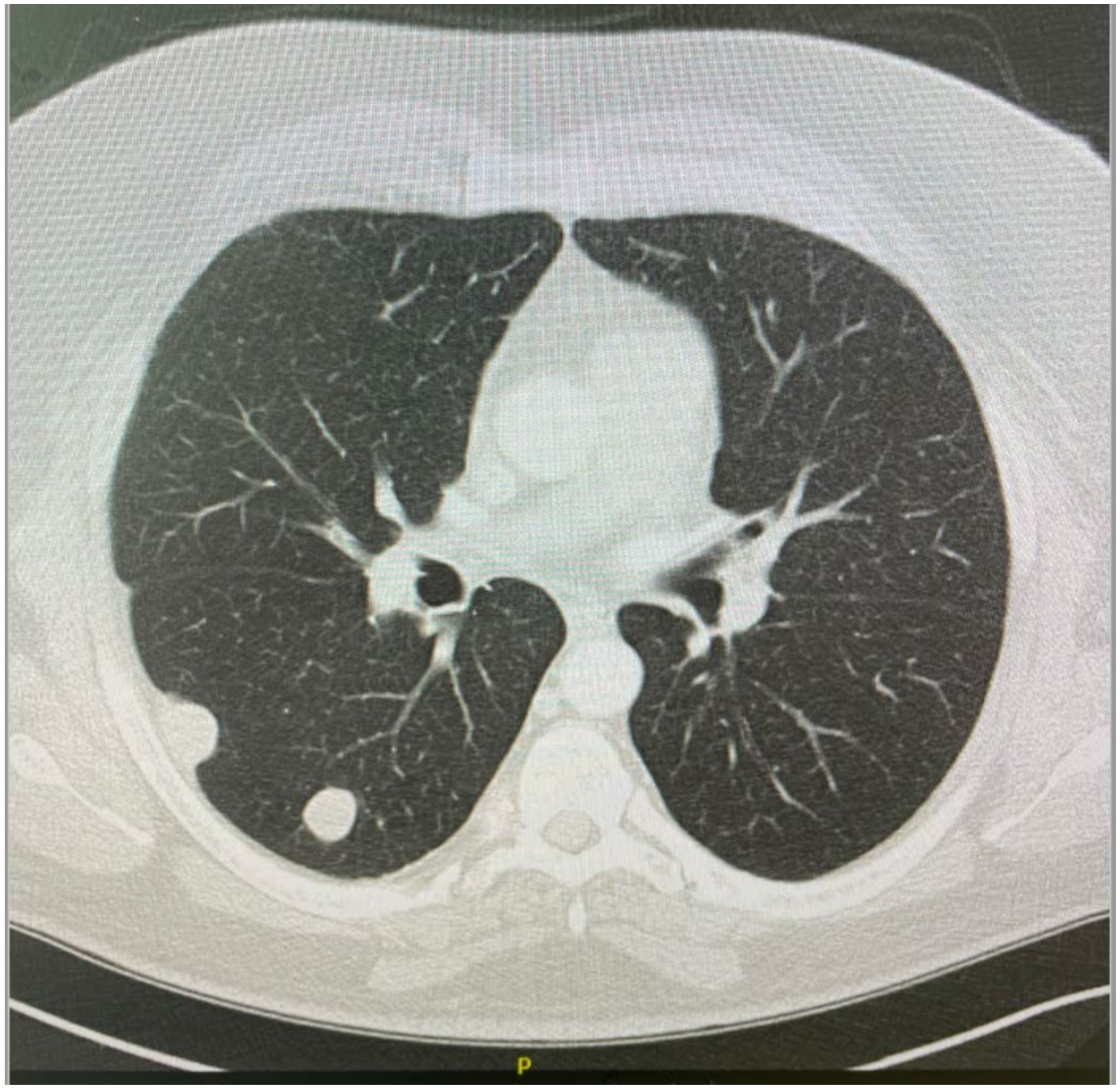
- A. Surveillance, repeat tumor markers and imaging
- B. Salvage chemotherapy
- C. RPLND
- D. Radiation
- E. Something else

GC 4

- 26 year old male presents with right sided testicular mass
- AFP/bhcg/LDH wnl
- Healthy no PMH
- Right radical orchiectomy
 - 50% Yolk sac tumor, 40% Embryonal Carcinoma, 5% Seminoma and 5% Teratoma
- CT chest/abd/pelvis NED
- Patient opts for surveillance

GC 4

- Patient is complaint with surveillance
- 12 months from orchiectomy
 - Clinically well
 - Markers WNL
 - CT abd/pelvis NED



GC 4

You Recommend

- A. PET/CT
- B. Lung bx
- C. Resection of two lung nodules
- D. BEP x 4
- E. BEP x 3
- F. VIP x 3
- G. SRS to lung nodules

GC 5

- 28 year old presents with a 4 month history of an enlarging right testicular mass
- Evaluated by a urologist, exam consistent
- U/S 3.4 cm mass in the left testicle
- AFP < 5, Bchg 1<, LDH normal
- Radical orchiectomy done

GC 5

- Testicle, right, orchiectomy - Seminoma, classic type is identified forming 3.2 x 3.2 x 1.9 cm mass
- The tumor is confined to the testis. The rete testis is focally involved by tumor
- Lymphovascular invasion is not present
- The spermatic cord resection margin is not involved by tumorThe pathologic tumor stage is pT1NxMx

GC 5

- Uneventful post op recovery
- CT chest/abd/pelvis NED
- Repeat markers all wnl

GC 5

You Recommend

- A. RPLND
- B. EP x 1
- C. Adjuvant radiotherapy
- D. Carboplatin x 1
- E. Carboplatin x 2
- F. Surveillance