A: Essential

B: Optimal

C: Optional

MANAGEMENT OF TESTICULAR TUMORS

Patient with testicular mass/lower abdominal mass with missing testis

↓

Clinical examination

(Suspicion of tumor)-Undescended testis

↓

Tumor Markers (A)

- AFP, BhCG,LDH (A)
- USG –Scrotum (A)
- CT scan(Thorax, Abdo, Pelvis)(A)
- Semen analysis (B)
- Sperm banking (B)

↓

High Inguinal Orchidectomy (A)

(Scrotal Orchidectomy should not be done)

↓

HPR, Post Orchidectomy tumor marker (A)

Staging and risk stratification (A)

- USG Testis(A)
- Ejaculated sperm preservation if family not completed (B)
- Risk Stratification (A)
- CT (T+A+P) (A)
- Repeat Tumour Markers after High Inguinal Orchidectomy at least after 7-10 days (A)

- USG guided FNAC (C)
- Onco TESE if ejaculated sperm cryopreservation not feasible.(C)
- Brain Imaging if case of symptoms and patients with metastatic disease with multiple lung metastases or high b-hCG values.(B)
- Fertility investigations: Total testosterone; Luteinising hormone; Follicle-stimulating hormone (C)

A: Essential

B: Optimal

C: Optional

STAGE – I SEMINOMA

Seminoma Stage I Disease

↓

High Inguinal Orchidectomy (A)

↓

Risk Stratification (B)

- Size > 4cm
- Stromal invasion of the rete testis

↓

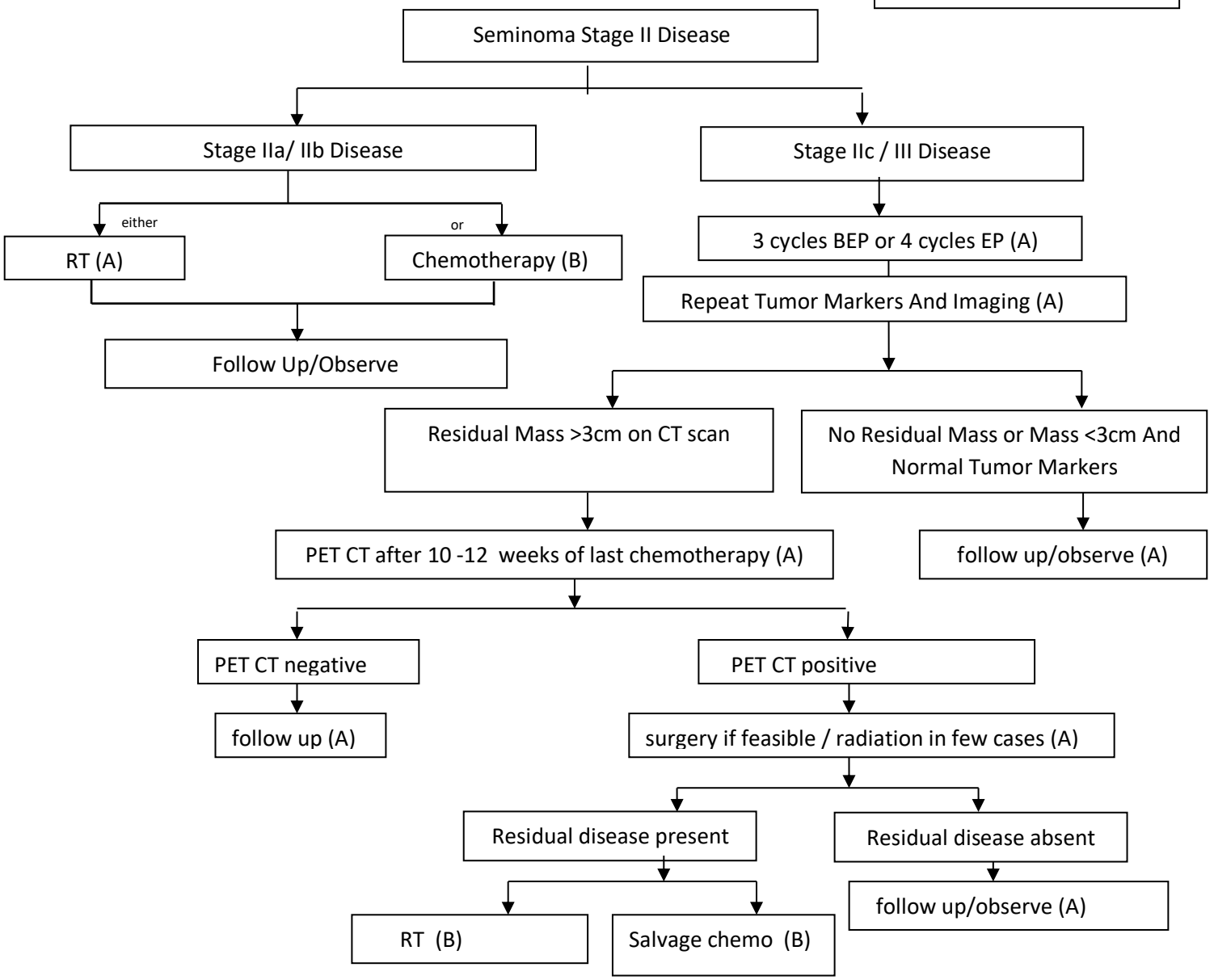
Single Agent Carboplatin AUC 7 x 1 cycle (A)
Dose of Carboplatin as per GFR calculated as per DTPA
Or as per 24 hr Urinary Creatinine (A)
Or
- Prophylactic RT to paraaortic nodes(A)
Or
2 cycle of Carboplatin AUC 7 (B)
Or
Close Surveillance (Imaging And Tumor Markers) (B)

A: Essential

B: Optimal

C: Optional

STAGE – II /III SEMINOMA



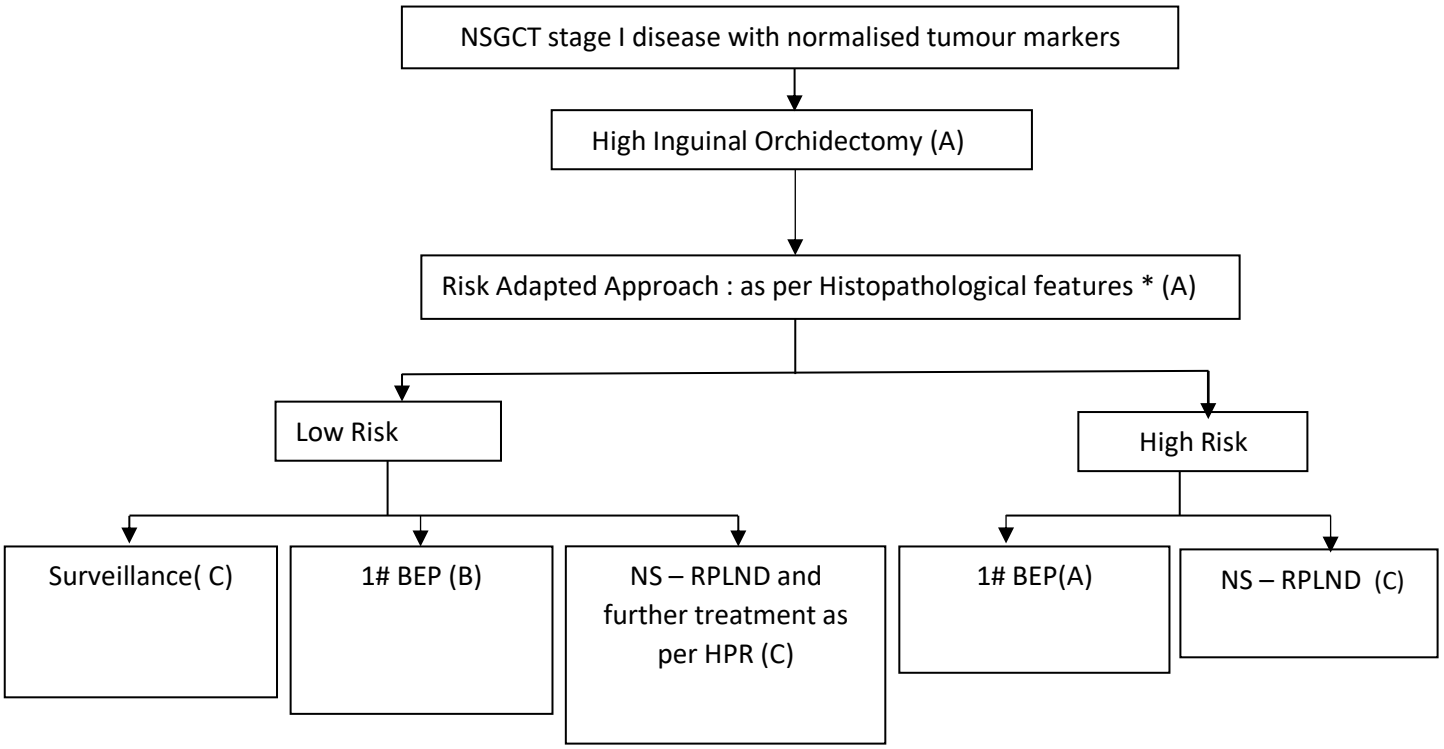
- For Stage II A: RT (A)
- For Stage II B: Chemotherapy (A)
- FDG PET CT for Post chemo seminoma if residual lesion > 3cm (A)
- For PET positive residual masses , consider surgery if feasible preferably at high volume centre (A)
- For Stage II A: Chemotherapy (B)
- For Stage II B: RT (B)
- RT to PET positive residual disease if inoperable (C)

A: Essential

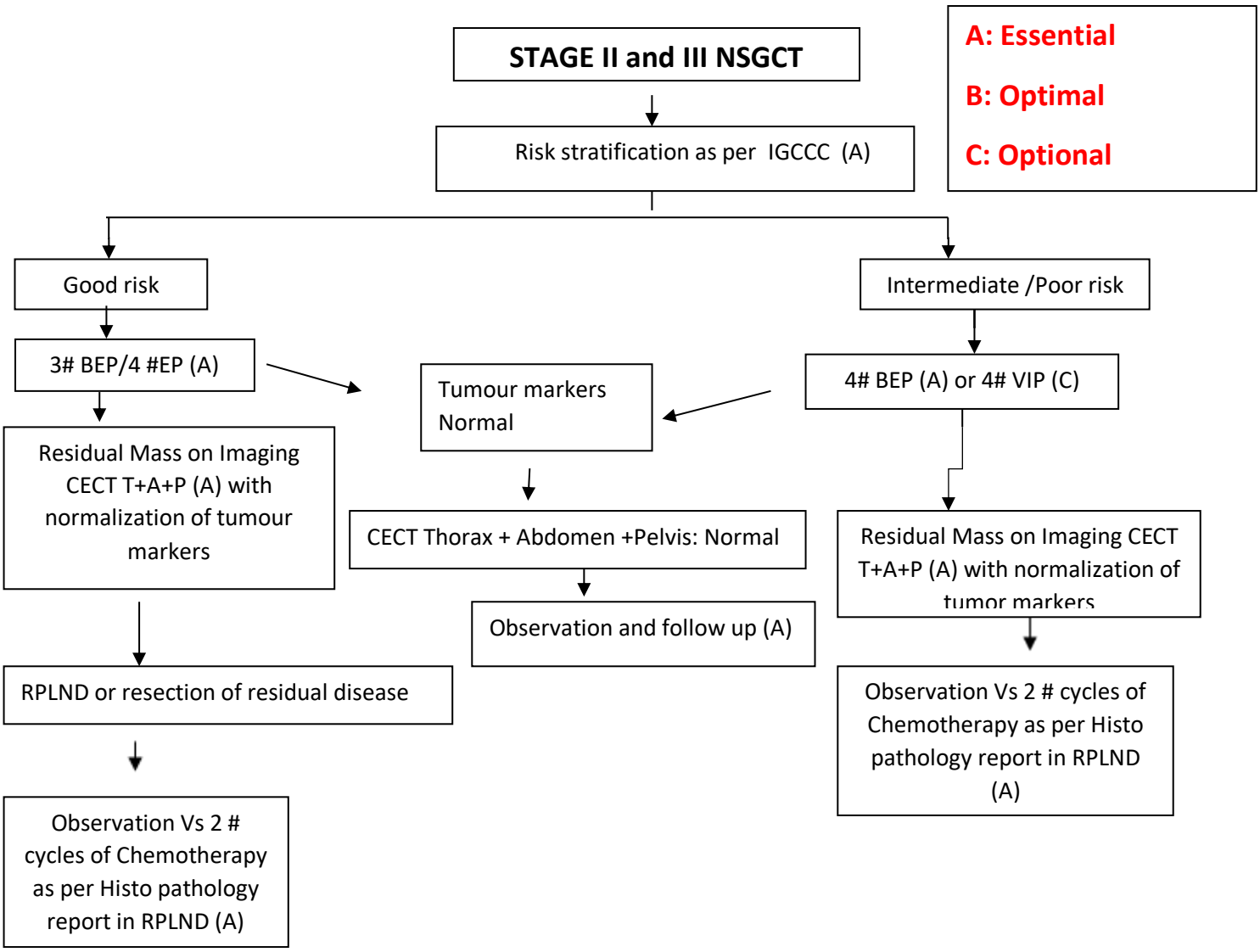
B: Optimal

C: Optional

STAGE I NSGCT



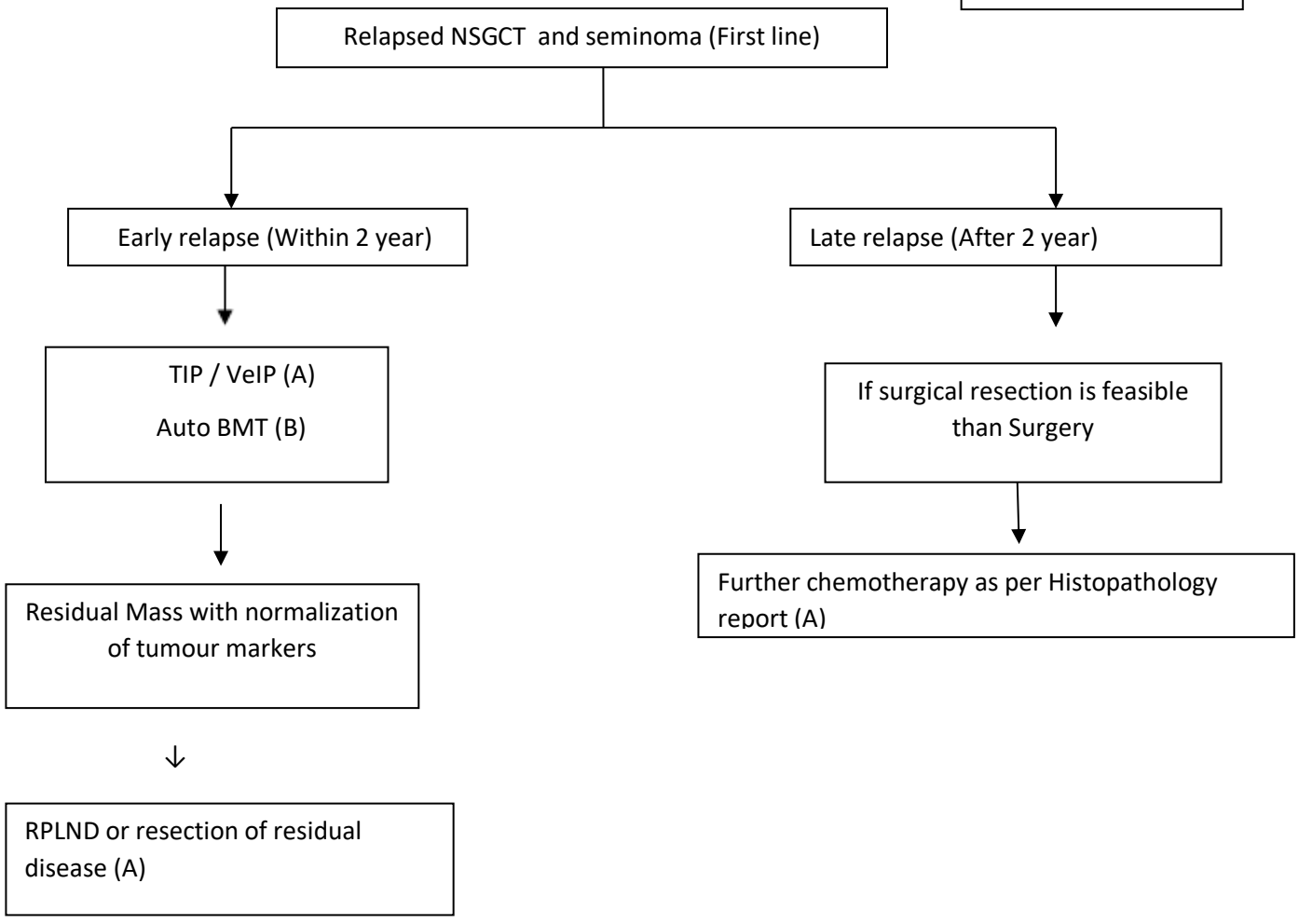
* High risk for stage I inclues: Lymphovascular invasion (LVI) + or Embryonal carcinoma component > 40%


STAGE II and III NSGCT
A: Essential
B: Optimal
C: Optional
Risk stratification as per IGCCC (A)
Good risk
Intermediate /Poor risk
3# BEP/4 #EP (A)
4# BEP (A) or 4# VIP (C)
Tumour markers Normal
Residual Mass on Imaging CECT T+A+P (A) with normalization of tumour markers
CECT Thorax + Abdomen +Pelvis: Normal
Residual Mass on Imaging CECT T+A+P (A) with normalization of tumor markers
Observation and follow up (A)
RPLND or resection of residual disease
Observation Vs 2 # cycles of Chemotherapy as per Histo pathology report in RPLND (A)
Observation Vs 2 # cycles of Chemotherapy as per Histo pathology report in RPLND (A)

A: Essential

B: Optimal

C: Optional



A: Essential

B: Optimal

C: Optional

Relapse NSGCT and Seminoma (Second relapse)

Gemcitabine and Oxaliplatin / Gemctabine and Paclitaxel / TIP (if not used previously) (B)

Or Auto BMT (B)

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