

SEER Inquiry System - Report

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Question 20210050

References:

2018 EOD Manual. General Instructions; Testis schema

Question:

EOD 2018/Extension--Testis: How is Extent of Disease (EOD) Primary Tumor coded if it appears limited to testis on scrotal ultrasound and is treated with neoadjuvant chemotherapy prior to the orchiectomy when there is no residual tumor (staged as ypT0 disease) and in cases where there is residual tumor? See Discussion.

Discussion:

Unless there is a biopsy that proves in situ tumor (EOD code 000, Tis) or extratesticular invasion into the scrotum, penis, or further contiguous extension (EOD code 700, T4), EOD Primary Tumor must be coded based on the PATHOLOGICAL assessment (orchiectomy). There are no other CLINICAL codes because the AJCC indicates imaging is not used for local T-categorization, and the EOD derives the AJCC TNM staging. If the case can not be coded to either EOD Primary Tumor codes 000 or 700 clinically, the only clinical code that seems to apply is 999 (Unknown).

We are seeing more cases treated with neoadjuvant chemotherapy prior to orchiectomy, especially in patients with distant metastatic disease. The EOD Manual indicates that clinical evidence takes priority over pathological evidence when neoadjuvant treatment is given, unless the extent of disease following neoadjuvant treatment is greater than pre-treatment clinical findings. If the clinical and pathological information are the same, code the extension based on the clinical information.

Do these general rules also apply to testis even though we cannot code CLINICAL findings for these tumors? If so, will EOD Primary Tumor be coded to 999 (Unknown) for any testis primary that is not in situ or invasive into the scrotum, etc., that is treated with neoadjuvant therapy? Or should the post-neoadjuvant PATHOLOGICAL assessment be coded for these tumors because the CLINICAL assessment would otherwise be unknown?

How is the EOD Primary Tumor coded for the following two cases?

1. Left testicular mixed germ cell tumor, biopsy-proven metastasis to a supraclavicular lymph node. The left testis contained a small mass on scrotal ultrasound. The patient underwent neoadjuvant chemotherapy, and the post-treatment orchiectomy proved no residual primary tumor (ypT0). Is EOD Primary Tumor 999 because it is clinically unknown (even though it was clinically limited) or 800 (No evidence of primary tumor) because there was no pathological evidence of tumor following neoadjuvant treatment?
2. Right testicular mixed germ cell tumor with biopsy-proven inguinal lymph node metastasis. There was a palpable mass in right testis on physical exam (not described as fixed or involving scrotum). The patient underwent neoadjuvant chemotherapy, and the post-treatment orchiectomy proved a residual 2 cm tumor limited to the testis without lymphovascular invasion (LVI). Is EOD Primary Tumor 999 because it is clinically unknown or 200 (PATHOLOGICAL assessment only - Limited to testis WITHOUT LVI)?

Answer:

Assign code 999 to EOD Primary Tumor for testis when neoadjuvant therapy is given and clinical assignment is unknown and the extent of the primary tumor is not fully assessed due to post neoadjuvant treatment effect as with the two case scenarios.

Both clinical examination and histologic (pathologic) confirmation are required by AJCC for clinical assessment and was not met in these scenarios.

While EOD Primary Tumor is based on pathologic assessment, the EOD general instructions are to code the clinical information if that is the farthest extension when the patient received neoadjuvant systemic therapy unless the post-neoadjuvant surgery shows more extensive disease. As there is neoadjuvant treatment effect and there is no clinical assessment, the primary tumor cannot be fully assessed.

Cancer Site Category:

N/A

Data Item Category:

EOD 2018

Other Category:

N/A

Year:

2021