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| AA      | Cancer Centre Referrals | | • All patients post-orchiectomy warrant Cancer Center referral  
• Multidisciplinary case conference discussion may be considered for all patients, and is important for all patients with high-risk features or nodal/visceral metastatic disease | |
| A       | Diagnosis | | • Pathology and local staging via inguinal orchiectomy  
• Patients presenting with non-testis primary or widely metastatic disease with strongly elevated markers may be diagnosed in the absence of histopathology | |
| B       | Pathology | Synoptic Report | • Synoptic reporting as per accepted standard  
• Information germane to risk-stratification is included (e.g. size, invasion, stage, etc.) | College of American Pathologists (CAP) Guideline  
Synoptic Template |
| C       | History and Physical exam | | • Must include scrotal, abdominal examination, lymph node palpation  
• Respiratory examination in all patients who are considered for chemotherapy  
• Other evaluations as clinically indicated | |
| D       | Investigations | | • CT abdomen/pelvis and CXR  
• CT chest only if indicated (e.g. markers elevated post- | |
### E  Primary management

**Clinical Stage I**
- Non-risk-adapted surveillance is appropriate if indicated (patient acceptance, expectation of high compliance)
- Seminoma:
  - Discussion of the role of adjuvant single-agent carboplatin and abdominal radiation is appropriate for all patients, and these modalities are indicated in selected patients
- Non-Seminoma Germ Cell Tumour (NSGCT):
  - Discussion of adjuvant Bleomycin-Etoposide-Cisplatin (BEP) chemotherapy (2 cycles) or Primary Retroperitoneal Lymph Node Dissection (RPLND) is appropriate for all patients, and these modalities are indicated in selected patients

**Reference(s)**
- Canadian Consensus Statement (1)

### F  Primary management

**Clinical Stage II**
- Seminoma:
  - BEP chemotherapy (3 cycles) or radiation therapy are indicated. Medical oncology and

**Reference(s)**
- Cancer Care Ontario Adjuvant/
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|         |          | Radiation oncology referral are indicated | • NSGCT  
  o BEP chemotherapy (3 cycles) or primary RPLND are indicated.  
  o If BEP contraindicated (e.g. due to lung function), EP (i.e. without Bleomycin) (4 cycles) | Curative/ Neo-Adjuvant Systemic Therapy |
| G       | Primary management | Clinical Stage III-IV | Risk stratification by International Germ Cell Cancer (IGCC) classification  
  • Good risk – BEP (3 cycles)  
  • Intermediate risk – BEP (3-4 cycles)  
  • Poor risk – BEP (4 cycles)  
  Clinical scenario may alter tolerability of some agents (especially Bleomycin) | Canadian Consensus Statement (1) |
| H       | End of Treatment Management | Seminoma and NSGCT | • Follow as per National Comprehensive Cancer Network (NCCN) Guideline | NCCN Guideline Link |
|         |          | Residual mass – seminoma | • PET scan indicated in select cases  
  • Post-Chemo RPLND in cases of PET+, discrete mass, markers normal | |
|         |          | Residual mass - NSGCT | • Consideration of Post-Chemo RPLND for any visible mass >1cm in site of prior disease; selected cases if <1cm  
  • Markers must be normal for Post-Chemo RPLND | |
| I       | Recurrent Disease | | • Management is dependent on clinical scenario (timing of recurrence, markers, prior treatment)  
  • All cases should be brought to Multidisciplinary Case | |
## Section J: Controversies

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<td>EPx4 chemotherapy instead of BEPx3 for some intermediate and good risk patients</td>
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<tr>
<td>VIP/TIP instead of EPx4 in patients with poor risk disease and pulmonary indications to avoid bleomycin may be considered</td>
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<td>Non-risk-adapted surveillance is not universally accepted in the management of clinical stage I disease</td>
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## Section K: Clinical Trials

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<td>Patients should be considered for clinical trials if available</td>
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References

Revisions

- 2014/02/13: Draft created
- 2014/04/02: Revisions to text, addition of links and references
- 2014/04/09: Revisions to text
- 2014/06/09: Revisions to text, addition of links and references
- 2014/06/25: Discussed at CCSEO Disease Site Group Chairs Council and conditionally approved pending minor revisions
- 2014/06/26: Revisions to text following discussion at CCSEO Disease Site Group Chairs Council (2014/06/25)