

59. Testis

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Emerging Prognostic Factors for Clinical Care

The authors have not noted any emerging prognostic factors for clinical care at this time.

Risk Assessment Models

The AJCC recently established guidelines that will be used to evaluate published statistical prediction models for the purpose of granting endorsement for clinical use.¹ Although this is a monumental step toward the goal of precision medicine, this work was published only very recently. Therefore, the existing models that have been published or may be in clinical use have not yet been evaluated for this cancer site by the Precision Medicine Core of the AJCC. In the future, the statistical prediction models for this cancer site will be evaluated, and those that meet all AJCC criteria will be endorsed.

Recommendations for Clinical Trial Stratification

The following stratification criteria stem from the prognostic factors that are suggested for use in testicular cancer clinical trials, depending upon the specific objectives of the study, the cancer stage, and the population under study, including sample size. Because early stage testicular cancer is exquisitely curable, owing to the multidisciplinary approaches that employ both cisplatin-based systemic chemotherapy and surgery when appropriate, the clinical trial stratification factors are almost exclusively relevant in advanced stage disease. In particular, because less than 50% of patients who initially present with IGCCCG Poor Risk disease (Stage IIIC) have durable responses to conventional chemotherapy, prioritization for clinical trials in this subpopulation is preferred. Similarly, patients who experience a recurrence or do not have a complete response to first-line therapy have poor overall prognosis and should be prioritized for clinical trial stratification. These recommended criteria for clinical trials are listed here:

Site of primary (testicular vs. extragonadal)

Prior response to first-line therapy (complete vs. incomplete)

Site of metastases

 Nodal vs. pulmonary

 Nodal and/or pulmonary vs. non-pulmonary visceral

 Central nervous system vs. other site

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Serum tumor marker status (by S category)

IGCCCG Risk Category

Bibliography

1. Kattan MW, Hess KR, Amin MB, et al. American Joint Committee on Cancer acceptance criteria for inclusion of risk models for individualized prognosis in the practice of precision medicine. *CA: a cancer journal for clinicians*. 2016.