



Testicular / Germ Cell Cancer Pre-HSCT Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number:

CIBMTR Recipient ID:

Today's Date: / /

Date of HSCT for which this form is being completed: / /

HSCT type: autologous allogeneic, unrelated allogeneic, related syngeneic (identical twin)

Product type: marrow PBSC cord blood other product, specify: _____

This form must be accompanied by Form 2000 – Recipient Baseline Data. All information in the box above, including the date, should be identical with the corresponding Form 2000. Information should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HSCT, or abstraction of the recipient's medical records.

If this is a report of a second (or subsequent) transplant, check here and continue with question 163.

Disease Assessment at Diagnosis

1. What was the date of pathologic diagnosis of Testicular Cancer? / /

Specify the origin of the primary tumor at diagnosis:

- 2. 1 yes 2 no Testicular primary
- 3. 1 yes 2 no Extra-gonadal germ cell tumor

Specify site(s) of extra-gonadal germ cell tumor:

- 4. 1 yes 2 no Abdominal nodes
- 5. 1 yes 2 no Bone
- 6. 1 yes 2 no Central nervous system (CNS)
- 7. 1 yes 2 no Liver
- 8. 1 yes 2 no Lung, parenchymal
- 9. 1 yes 2 no Mediastinum
- 10. 1 yes 2 no Testis
- 11. 1 yes 2 no Other site →

12. Specify tumor site: _____

Specify the testicular cancer histology at diagnosis:

- 13. 1 yes 2 no Choriocarcinoma
- 14. 1 yes 2 no Embryonal carcinoma
- 15. 1 yes 2 no Mixed non-seminoma
- 16. 1 yes 2 no Seminoma
- 17. 1 yes 2 no Teratoma
- 18. 1 yes 2 no Yolk sac
- 19. 1 yes 2 no Other histology

20. Specify histology: _____

Mail this form to your designated campus (Milwaukee or Minneapolis). Retain the original at the transplant center.

CIBMTR Center Number:

CIBMTR Recipient ID:

Specify the tumor mass classification at diagnosis:

21. 1 yes 2 no Seminoma (must have normal levels of alpha-fetoprotein (AFP))

22. Specify prognosis:

- 1 good prognosis – no nonpulmonary visceral metastasis
2 intermediate prognosis – nonpulmonary visceral metastasis present

23. 1 yes 2 no Non-seminoma

24. Specify prognosis:

- 1 good prognosis – requires all of the following: • AFP < 1,000 ng/mL, HCG < 5,000 IU/L, and LDH < 1.5 x upper limit of normal • nonmediastinal primary mass • no nonpulmonary visceral metastasis
2 intermediate prognosis – requires all of the following: • AFP = 1,000–10,000 ng/mL, HCG = 5,000–50,000 IU/L, or LDH = 1.5–10 x upper limit of normal • nonmediastinal primary site • no nonpulmonary visceral metastasis
3 poor prognosis – any of the following: • AFP > 10,000 ng/mL, HCG > 50,000 IU/L, or LDH > 10 x upper limit of normal • mediastinal primary site • nonpulmonary visceral metastasis present

25. Were extra-gonadal metastases present at diagnosis?

- 1 yes
2 no
3 unknown

Specify site(s) of extra-gonadal metastases present at diagnosis:

26. 1 yes 2 no Central nervous system
27. 1 yes 2 no Liver
28. 1 yes 2 no Lung, parenchymal
29. 1 yes 2 no Lymph nodes, distant
30. 1 yes 2 no Lymph nodes, retroperitoneal
31. 1 yes 2 no Pleura
32. 1 yes 2 no Skin
33. 1 yes 2 no Other site

34. Specify site:

Laboratory Studies at Diagnosis

Specify the following tumor markers present prior to any first treatment for testicular cancer.

35. Serum alpha-fetoprotein (AFP):

- 1 known . ng/mL
2 not known

36. Serum beta-human chorionic gonadotropin (β hCG):

- 1 known . IU/L
2 not known

37. LDH:

- 1 known . Specify units:
2 not known 1 U/L
2 μ kat/L

38. Other tumor marker?

- 1 yes 39. Specify other tumor marker: _____
2 no 40. Specify value: _____

CIBMTR Center Number:

CIBMTR Recipient ID:

Pre-HSCT Treatment for Testicular Cancer

41. Did the recipient undergo surgery as part of the initial disease management plan?

- 1 yes
- 2 no
- 3 unknown

Specify surgery type(s) performed:

- 42. 1 yes 2 no Biopsy only (not debulking)
- 43. 1 yes 2 no Debulking
- 44. 1 yes 2 no Orchiectomy only
- 45. 1 yes 2 no Removal of extra-abdominal metastatic lesion
- 46. 1 yes 2 no Unilateral retroperitoneal lymph node dissection and orchiectomy
- 47. 1 yes 2 no Other surgery

48. Specify surgery:

Specify the following tumor markers determined after surgery was performed:

49. Serum alpha-fetoprotein (AFP):

- 1 known . ng/mL
- 2 not known

50. Serum beta-human chorionic gonadotropin (β hCG):

- 1 known . IU/L
- 2 not known

51. LDH:

- 1 known . Specify units:
1 U/L
- 2 not known 2 μ kat/L

52. Other tumor marker?

- 1 yes
 - 2 no
53. Specify tumor marker:
54. Specify value:

55. Was tumor staging performed?

- 1 yes
 - 2 no
56. Specify the testicular cancer stage:
- 1 stage I — cancer remains localized to the testis
 - 2 stage II — cancer involves the testis and metastasis to retroperitoneal / paraaortic lymph nodes
 - 3 stage III — the cancer involves the testis and metastasis beyond the retroperitoneal and paraaortic lymph nodes
57. Is a copy of the pathology report attached?
- 1 yes
 - 2 no

CIBMTR Center Number:

CIBMTR Recipient ID:

58. Was therapy given between diagnosis and the start of the preparative regimen? (Include surgery other than the initial surgery, and/or neo-adjuvant and adjuvant therapy.)

1 yes
2 no

Line of Therapy:	1st Line of Therapy			2nd Line of Therapy		
Systemic Therapy:	59. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 83	111. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 135
Date therapy started:	60. <input type="text"/>	<input type="text"/>	<input type="text"/>	112. <input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year	Month	Day	Year
Date therapy stopped:	61. <input type="text"/>	<input type="text"/>	<input type="text"/>	113. <input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year	Month	Day	Year
Number of cycles:	62. <input type="text"/>	<input type="checkbox"/> unknown/not applicable		114. <input type="text"/>	<input type="checkbox"/> unknown/not applicable	
Was therapy given prior to any surgery (neoadjuvant)?	63. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	115. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
aldesleukin (interleukin-2)	64. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	116. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
altretamine (Hexalen)	65. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	117. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
bleomycin (BLM, Blenoxane)	66. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	118. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
carboplatin (Paraplatin)	67. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	119. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
cisplatin (CDDP, Platinol)	68. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	120. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
cyclophosphamide (CTX)	69. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	121. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
dactinomycin (Cosmegen)	70. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	122. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
doxorubicin (Adriamycin)	71. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	123. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
doxorubicin liposomal (Doxil)	72. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	124. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
etoposide (VP-16, VePesid)	73. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	125. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
gemcitabine (Gemzar)	74. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	126. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
ifosfamide (Ifex)	75. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	127. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
mitoxantrone (Novantrone)	76. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	128. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
methotrexate (MTX, Folex)	77. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	129. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
paclitaxel (Taxol)	78. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	130. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
thiotepa (Thioplex)	79. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	131. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
vinblastine (Velban, VLB)	80. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	132. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
other therapy	81. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	.....	133. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	
specify other therapy	82. _____			134. _____		
Radiation Therapy:	83. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 92	135. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 144
Date therapy started:	84. <input type="text"/>	<input type="text"/>	<input type="text"/>	136. <input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year	Month	Day	Year
Date therapy stopped:	85. <input type="text"/>	<input type="text"/>	<input type="text"/>	137. <input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year	Month	Day	Year
Local / regional	86. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 88	138. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 140
Specify total dose:	87. <input type="text"/>	cGy (rads)		139. <input type="text"/>	cGy (rads)	
Other radiotherapy site	88. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 91	140. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 143
Specify other radiation site:	89. _____			141. _____		
Specify total dose:	90. <input type="text"/>	cGy (rads)		142. <input type="text"/>	cGy (rads)	
Fractionation schedule:	91. 1 <input type="checkbox"/> single	2 <input type="checkbox"/> single daily		143. 1 <input type="checkbox"/> single	2 <input type="checkbox"/> single daily	
	3 <input type="checkbox"/> multiple daily	4 <input type="checkbox"/> other schedule		3 <input type="checkbox"/> multiple daily	4 <input type="checkbox"/> other schedule	
Surgery (other than initial):	92. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 96	144. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	→ cont. with q. 148
Date of surgery:	93. <input type="text"/>	<input type="text"/>	<input type="text"/>	145. <input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year	Month	Day	Year
Type of surgery:	94. <input type="text"/>			146. <input type="text"/>		
(see codes on page 5)						
Specify other surgery type:	95. _____			147. _____		
Was this line of therapy given for stem cell priming?	96. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	148. 1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	

CIBMTR Center Number:

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Best Response to Line of Therapy: 97. 2 CR 3 PR 4 SD 149. 1 CCR 2 CR 3 PR 4 SD
 5 NR 6 PD 7 ME 8 NETD 150. 5 NR 6 PD 7 ME 8 NETD
 9 NA → 98. Specify reason: 9 NA → 150. Specify reason:

Date response evaluated: 99. 151.
Month Day Year

Did patient relapse/progress following this line of therapy? 100. 1 yes 2 no → cont. with q. 111 152. 1 yes 2 no → cont. with q. 163

Date of relapse/progression: 101. 153.
Month Day Year

Site(s) of relapse:

central nervous system	102.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	154.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
liver	103.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	155.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
lung, parenchymal	104.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	156.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
lymph nodes, distant	105.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	157.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
lymph nodes, retroperitoneal	106.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	158.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
pleura	107.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	159.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
skin	108.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	160.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
other site of relapse	109.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no	161.	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
specify other site of relapse	110.	_____		162.	_____	

Copy this page to report more than 2 lines of therapy; check here if additional pages are attached.

- Codes for Type of Surgery**
- 1 biopsy only (not debulking)
 - 2 debulking
 - 3 orchiectomy only
 - 4 removal of extra-abdominal metastatic lesion
 - 5 unilateral retroperitoneal lymph node dissection and orchiectomy
 - 6 other type of surgery, specify

- Codes for Testicular Cancer Disease Response / Status**
- 1 continued complete response (CCR) – continued absence of all disease after a complete response to a previous line of therapy
 - 2 complete response (CR) – absence of clinically detectable disease including normal HCG and AFP and normalization of previously abnormal radiographic studies for at least one month
 - 3 partial response (PR) – ≥ 50% reduction in the sum of the perpendicular diameters of measurable lesions for ≥ 1 month and/or ≥ 50% reduction in tumor markers
 - 4 stable disease (SD) – tumor regression not fulfilling the requirement for partial response or tumor progression < 25% increase in the bidimensionally measurable tumor parameters
 - 5 no response (NR) – < 50% reduction in disease or tumor markers
 - 6 progressive disease (PD) – new lesions that prove to be viable cancer and/or rise in the pre-treatment tumor markers and/or > 25% increase in measurable lesions that are related to progressive viable cancer
 - 7 markers elevated (ME) – no measurable disease, but tumor markers elevated
 - 8 not evaluable, toxic death (NETD)
 - 9 not assessed (NA), specify reason

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Most Recent Disease Assessment Prior to the Start of the Preparative Regimen

163. Indicate the sensitivity of the testicular carcinoma to any chemotherapeutic agent administered prior to the preparative regimen: (Response to last chemotherapy given prior to HSCT; chemotherapy must include ≥ 2 cycles of treatment given ≤ 6 months prior to HSCT.)

- 1 sensitive — ≥ 50% reduction in bidimensional diameter of all disease sites with no new sites of disease; and ≥ 50% decrease in tumor markers, if elevated
- 2 resistant — < 50% reduction in disease or tumor marker elevation with chemotherapy within 6 months of HSCT
- 3 untreated — includes chemotherapy given more than 6 months prior to HSCT, or fewer than two treatment cycles
- 4 unknown

164. Indicate the sensitivity of the testicular carcinoma to any platinum-containing chemotherapeutic agent administered prior to the preparative regimen: (Response to last platinum therapy given prior to HSCT; therapy must include ≥ 2 cycles of treatment given ≤ 6 months prior to HSCT.)

- 1 sensitive — response to platinum with ≥ 50% reduction in bidimensional diameter of all disease sites with no new sites of disease; and > 50% decrease in tumor markers, if elevated (Note: a non-response to subsequent non-platinum chemotherapy does not affect designation)
- 2 resistant — < 50% response to platinum therapy in disease and tumor markers, or relapse ≤ 6 months after last platinum chemotherapy
- 3 untreated
- 4 refractory — progression of disease within 4 weeks of last Cisplatin dose
- 5 unknown

Specify the results of any imaging performed for the following disease sites:

	Present at any time between diagnosis and HSCT?			Present immediately prior to the start of the preparative regimen?		
	Yes	No	Unknown	Yes	No	Unknown
Abdomen — CT	165. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	166. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Bone — bone scan	167. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	168. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Bone — CT	169. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	170. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Bone — MRI	171. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	172. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Bone — x-ray	173. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	174. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Chest — CT	175. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	176. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Chest — x-ray	177. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	178. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Head — CT	179. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	180. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Head — MRI	181. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	182. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Pelvis — CT	183. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	184. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
PET scan	185. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	186. <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Laboratory Studies Prior to the Start of the Preparative Regimen

Specify the following tumor markers determined prior to the preparative regimen:

187. Serum alpha-fetoprotein (AFP):

- 1 known —————> . ng/mL
- 2 not known

188. Serum beta-human chorionic gonadotropin (βhCG):

- 1 known —————> . IU/L
- 2 not known

189. LDH:

- 1 known —————> . Specify units:
- 2 not known

- 1 U/L
- 2 μkat/L

190. Other tumor marker?

- 1 yes —————> 191. Specify other tumor marker: _____
 - 2 no
192. Specify value: _____

CIBMTR Center Number:

CIBMTR Recipient ID:

Disease Status at the Last Assessment Prior to the Preparative Regimen

Specify new sites of disease involvement at any time after diagnosis but before the preparative regimen: (If reporting a second or subsequent HSCT, list sites of disease involvement between last HSCT and before current preparative regimen.)

- 193. 1 yes 2 no Central nervous system
- 194. 1 yes 2 no Liver, parenchymal
- 195. 1 yes 2 no Lung
- 196. 1 yes 2 no Lymph nodes, distant
- 197. 1 yes 2 no Lymph nodes, retroperitoneal
- 198. 1 yes 2 no Pelvis
- 199. 1 yes 2 no Pleura
- 200. 1 yes 2 no Tumor markers (AFP, HCG, LDH)
- 201. 1 yes 2 no Other site

202. Specify other new site:

203. Was a prior HSCT performed for testicular cancer?

- 1 yes
- 2 no
- 3 unknown

204. Is this HSCT a planned tandem HSCT?

- 1 yes
- 2 no
- 3 unknown

205. Is this HSCT in response to residual disease?

- 1 yes
- 2 no
- 3 unknown

206. What was the disease status at the last evaluation prior to the preparative regimen?

- 1 no evidence of disease as defined surgically, tumor markers within normal limits
- 2 no evidence of disease as defined clinically, tumor markers within normal limits
- 3 tumor marker elevation only
- 4 residual tumor mass, tumor markers within normal limits
- 5 residual tumor mass, elevated tumor markers
- 6 not evaluable
- 7 unknown

207. Date of the most recent assessment for disease status prior to the preparative regimen:

Month Day Year

208. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____