CIBMTR
CENTER FOR INTERNATIONAL BLOOD & MARROW TRANSPLANT RESEARCH

Testicular / Germ Cell Cancer Pre-HSCT Data

CIBMTR Center Number: | | | | | |

CIBMTR Recipient ID: | | | | | | | | | | |

Today's Date: | | | | | 2 | 0 | | |
Month Day Year

Date of HSCT for which this form is being completed: 🕮 | | | | | 2 | 0 | | |
Month Day Year

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

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

Registry Use Only

Sequence Number:

Date Received:

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? | | | | | | | | | | |
Month Day Year

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: _____

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

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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 (βhCG):
- 1 ☐ known → ☐☐☐☐☐.☐ IU/L
- 2 ☐ not known

37. LDH:
- 1 ☐ known → ☐☐☐☐☐.☐☐
- 2 ☐ not known

Specify units:
- 1 ☐ U/L
- 2 ☐ µkat/L

38. Other tumor marker?
- 1 ☐ yes →
- 2 ☐ no

39. Specify other tumor marker: _____

40. Specify value: _____

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Pre-HSCT Treatment for Testicular Cancer

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

1 ☐ yes → Specify surgery type(s) performed:
2 ☐ no
3 ☐ unknown

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 (βhCG):
1 ☐ known → | | | | | | . | | IU/L
2 ☐ not known

51. LDH:
1 ☐ known → | | | | | | . | | | Specify units: 1 ☐ U/L 2 ☐ µkat/L
2 ☐ not known

52. Other tumor marker?
1 ☐ yes → 53. Specify tumor marker: _____
2 ☐ no 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

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

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Best Response to Line of Therapy: *(see definitions on page 5)*	97.	1 ☐ CCR 2 ☐ CR 3 ☐ PR 4 ☐ SD 5 ☐ NR 6 ☐ PD 7 ☐ ME 8 ☐ NETD 9 ☐ NA → 98. Specify reason:	149. 1 ☐ CCR 2 ☐ CR 3 ☐ PR 4 ☐ SD 5 ☐ NR 6 ☐ PD 7 ☐ ME 8 ☐ NETD 9 ☐ NA → 150. Specify reason:
Date response evaluated:	99.	Month / Day / Year	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.	Month / Day / Year	153. Month / Day / Year
Site(s) of relapse:			
central nervous system	102.	1 ☐ yes 2 ☐ no	154. 1 ☐ yes 2 ☐ no
liver	103.	1 ☐ yes 2 ☐ no	155. 1 ☐ yes 2 ☐ no
lung, parenchymal	104.	1 ☐ yes 2 ☐ no	156. 1 ☐ yes 2 ☐ no
lymph nodes, distant	105.	1 ☐ yes 2 ☐ no	157. 1 ☐ yes 2 ☐ no
lymph nodes, retroperitoneal	106.	1 ☐ yes 2 ☐ no	158. 1 ☐ yes 2 ☐ no
pleura	107.	1 ☐ yes 2 ☐ no	159. 1 ☐ yes 2 ☐ no
skin	108.	1 ☐ yes 2 ☐ no	160. 1 ☐ yes 2 ☐ no
other site of relapse	109.	1 ☐ yes 2 ☐ no	161. 1 ☐ yes 2 ☐ 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 measureable 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. 1 ☐	2 ☐	3 ☐	166. 1 ☐	2 ☐	3 ☐
Bone — bone scan	167. 1 ☐	2 ☐	3 ☐	168. 1 ☐	2 ☐	3 ☐
Bone — CT	169. 1 ☐	2 ☐	3 ☐	170. 1 ☐	2 ☐	3 ☐
Bone — MRI	171. 1 ☐	2 ☐	3 ☐	172. 1 ☐	2 ☐	3 ☐
Bone — x-ray	173. 1 ☐	2 ☐	3 ☐	174. 1 ☐	2 ☐	3 ☐
Chest — CT	175. 1 ☐	2 ☐	3 ☐	176. 1 ☐	2 ☐	3 ☐
Chest — x-ray	177. 1 ☐	2 ☐	3 ☐	178. 1 ☐	2 ☐	3 ☐
Head — CT	179. 1 ☐	2 ☐	3 ☐	180. 1 ☐	2 ☐	3 ☐
Head — MRI	181. 1 ☐	2 ☐	3 ☐	182. 1 ☐	2 ☐	3 ☐
Pelvis — CT	183. 1 ☐	2 ☐	3 ☐	184. 1 ☐	2 ☐	3 ☐
PET scan	185. 1 ☐	2 ☐	3 ☐	186. 1 ☐	2 ☐	3 ☐

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: 1 ☐ U/L 2 ☐ µkat/L
2 ☐ not known

190. Other tumor marker?
1 ☐ yes →
2 ☐ no

191. Specify other tumor marker: _____

192. Specify value: _____

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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 →
  - 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
- 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) | 2 0 | | (Year)

208. Signed: _____
Person completing form

Please print name: _____

Phone: (_____) _____

Fax: (_____) _____

E-mail address: _____