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. □ yes □ no Testicular primary
3. □ yes □ no Extra-gonal tumor

Specify the testicular cancer histology at diagnosis:
13. □ yes □ no Choriocarcinoma
14. □ yes □ no Embryonal carcinoma
15. □ yes □ no Mixed non-seminoma
16. □ yes □ no Seminoma
17. □ yes □ no Teratoma
18. □ yes □ no Yolk sac
19. □ yes □ no Other histology

Specify site(s) of extra-gonal germ cell tumor:
4. □ yes □ no Abdominal nodes
5. □ yes □ no Bone
6. □ yes □ no Central nervous system (CNS)
7. □ yes □ no Liver
8. □ yes □ no Lung, parenchymal
9. □ yes □ no Mediastinum
10. □ yes □ no Testis
11. □ yes □ no Other site

20. Specify histology: ____________________________
Specify the tumor mass classification at diagnosis:
21. 1 yes 2 no Seminoma (must have normal levels of alpha-fetoprotein (AFP))

Specify prognosis:
22. 1 good prognosis – no nonpulmonary visceral metastasis
   2 intermediate prognosis – nonpulmonary visceral metastasis present

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

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:
38. Other tumor marker?
   1 yes
   2 no

39. Specify other tumor marker:

40. Specify value:
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 Orchietomy 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 2 □ not known

50. Serum beta-human chorionic gonadotropin (βhCG):
1 □ known 2 □ not known

51. LDH:
1 □ known 2 □ not known

52. Other tumor marker?
1 □ yes 2 □ no

53. Specify tumor marker:
54. Specify value:

Specify units:
1 □ U/L 2 □ µkat/L

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
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.)

<table>
<thead>
<tr>
<th>Line of Therapy:</th>
<th>1st Line of Therapy</th>
<th>2nd Line of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Systemic Therapy:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date therapy started:</td>
<td></td>
<td></td>
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<tr>
<td>Date therapy stopped:</td>
<td></td>
<td></td>
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<tr>
<td>Number of cycles:</td>
<td></td>
<td></td>
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<tr>
<td>Was therapy given prior to any surgery (neo-adjuvant)?</td>
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<tr>
<td>aldesleukin (interleukin-2)</td>
<td></td>
<td></td>
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<tr>
<td>altretamine (Hexalen)</td>
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<tr>
<td>bleomycin (BLM, Bleomaxane)</td>
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<tr>
<td>carboplatin (Paraplatin)</td>
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<td></td>
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<tr>
<td>cisplatin (CDDP, Platinol)</td>
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<tr>
<td>cyclophosphamide (CTX)</td>
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<tr>
<td>daunomycin (Cosmegen)</td>
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<tr>
<td>doxorubicin (Adriamycin)</td>
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<tr>
<td>doxorubicin liposomal (Doxil)</td>
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<td></td>
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<tr>
<td>etoposide (VP-16, Vepesid)</td>
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<tr>
<td>gemcitabine (Gemzar)</td>
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<td></td>
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<tr>
<td>ifosfamide (Iflex)</td>
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<tr>
<td>mitoxantrone (Novantrone)</td>
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<td></td>
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<tr>
<td>methotrexate (MTX, Folex)</td>
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<tr>
<td>paclitaxel (Taxol)</td>
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<tr>
<td>thiopeta (Thioplex)</td>
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<tr>
<td>vinblastine (Velban, VLB)</td>
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<tr>
<td>other therapy</td>
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<tr>
<td>specify other therapy</td>
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<tr>
<td><strong>Radiation Therapy:</strong></td>
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<tr>
<td>Date therapy started:</td>
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<tr>
<td>Date therapy stopped:</td>
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<tr>
<td>Local / regional</td>
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<tr>
<td>Specify total dose:</td>
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<tr>
<td>Other radiotherapy site</td>
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<tr>
<td>Specify other radiation site</td>
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<tr>
<td>Specify total dose:</td>
<td></td>
<td></td>
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<tr>
<td>Fractionation schedule:</td>
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<tr>
<td>Surgery (other than initial):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of surgery:</td>
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<tr>
<td>Type of surgery:</td>
<td></td>
<td></td>
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<tr>
<td>(see codes on page 5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was this line of therapy given for stem cell priming?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CIBMTR Form 2022 (TC) v1.0 (5–7) July 2007

**Best Response to Line of Therapy:**

- CCR 2
- CR 3
- PR 4
- SD 149
- ME 8
- NETD 5
- NR 6
- PD 7

**Date response evaluated:** 99

**Did patient relapse/progress following this line of therapy?**

- yes
- no

**Date of relapse/progression:**

**Site(s) of relapse:**

- central nervous system
- liver
- lung, parenchymal
- lymph nodes, distant
- lymph nodes, retroperitoneal
- pleura
- skin
- other site of relapse

**Specify other site of relapse:**

**Codes for Testicular Cancer Disease Response / Status**

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 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

---

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
**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:

<table>
<thead>
<tr>
<th>Disease Site</th>
<th>Present at any time between diagnosis and HSCT?</th>
<th>Present immediately prior to the start of the preparative regimen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen — CT.</td>
<td>Yes: 165, 2</td>
<td>No: 3</td>
</tr>
<tr>
<td>Bone — bone scan</td>
<td>167, 1</td>
<td>2</td>
</tr>
<tr>
<td>Bone — CT</td>
<td>169, 1</td>
<td>2</td>
</tr>
<tr>
<td>Bone — MRI</td>
<td>171, 1</td>
<td>2</td>
</tr>
<tr>
<td>Bone — x-ray</td>
<td>173, 1</td>
<td>2</td>
</tr>
<tr>
<td>Chest — CT</td>
<td>175, 1</td>
<td>2</td>
</tr>
<tr>
<td>Chest — x-ray</td>
<td>177, 1</td>
<td>2</td>
</tr>
<tr>
<td>Head — CT</td>
<td>179, 1</td>
<td>2</td>
</tr>
<tr>
<td>Head — MRI</td>
<td>181, 1</td>
<td>2</td>
</tr>
<tr>
<td>Pelvis — CT</td>
<td>183, 1</td>
<td>2</td>
</tr>
<tr>
<td>PET scan</td>
<td>185, 1</td>
<td>2</td>
</tr>
</tbody>
</table>

**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
2. □ not known

188. Serum beta-human chorionic gonadotropin (βhCG):  
1. □ known
2. □ not known

189. LDH:  
1. □ known
2. □ not known

190. Other tumor marker?  
1. □ yes
2. □ no

Fax this form to your designated campus (Milwaukee 414-805-0714 or Minneapolis 612-627-5895).
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. □ yes  □ no Central nervous system
194. □ yes  □ no Liver, parenchymal
195. □ yes  □ no Lung
196. □ yes  □ no Lymph nodes, distant
197. □ yes  □ no Lymph nodes, retroperitoneal
198. □ yes  □ no Pelvis
199. □ yes  □ no Pleura
200. □ yes  □ no Tumor markers (AFP, HCG, LDH)
201. □ yes  □ 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:  __________  __________  ______

208. Signed: ____________________________

Person completing form

Please print name: ____________________________

Phone: (__________) ____________________________

Fax: (__________) ____________________________

E-mail address: ____________________________