

INSERT XXXII
Testicular Cancer

FOR REGISTRY USE ONLY:
I.D. **M** - -
Date received: _____

TEAM: IUBMID:
(Institutional Unique Blood or Marrow Transplant Identification Number)

Registry (circle one): **IBMTR** **ABMTR**

Date of transplant for which this form is being completed: / /
Month Day Year

Date of report: / /
Month Day Year

Pretransplant Information*

** If this is a report of a second (or subsequent) transplant, check here and go to Q.211*

1. Date of pathologic diagnosis of testicular cancer: / /
Month Day Year

Origin of primary tumor at diagnosis (check all that apply):
Yes No Unknown

2. Testicular primary
3. Extra-gonadal germ cell tumor

Specify site(s) (check all that apply):
Yes No Unknown
4. Abdominal nodes
5. Bone
6. CNS
7. Liver
8. Lung, parenchymal
9. Mediastinum
10. Testis
11. Other, specify: _____

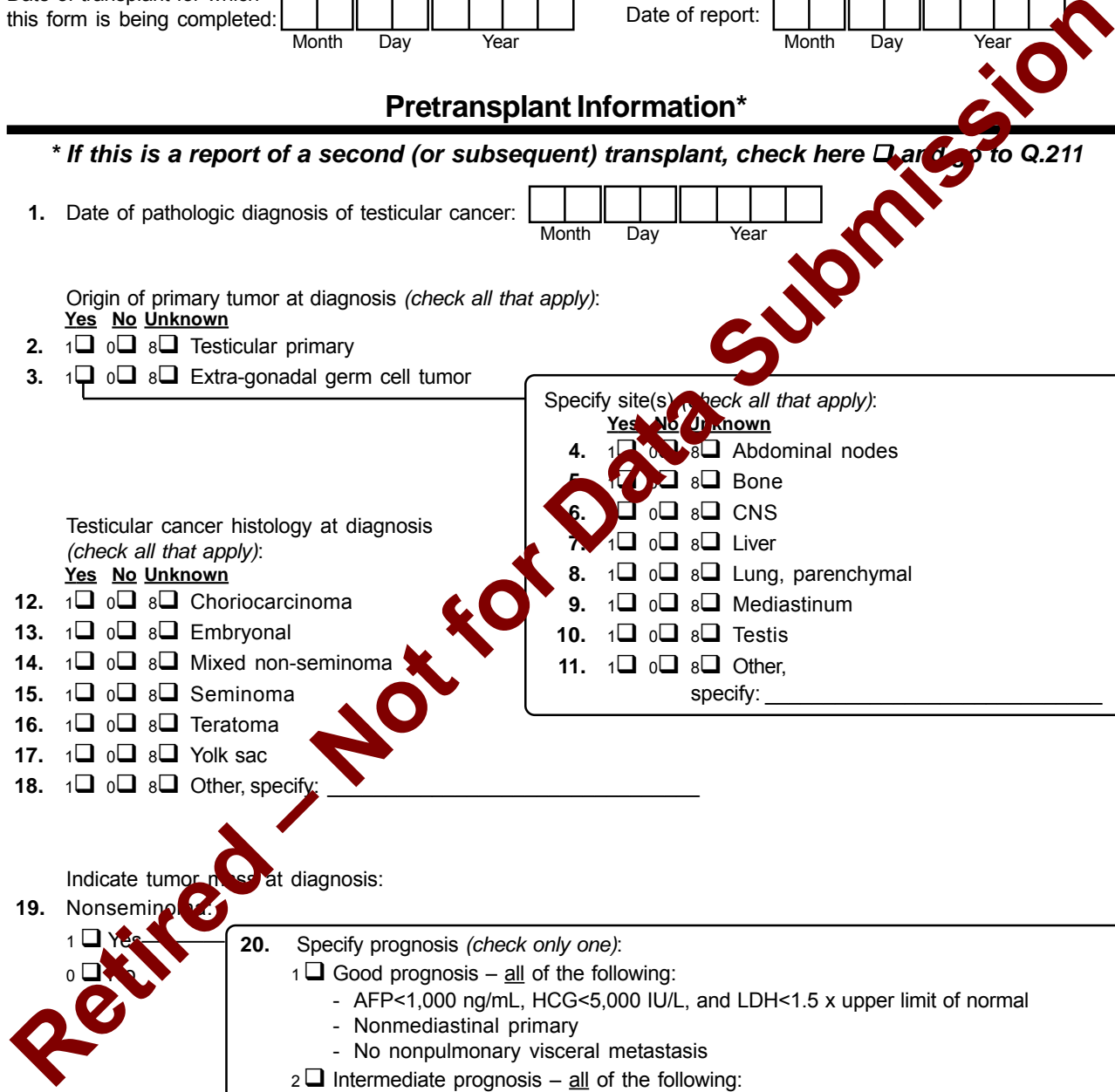
Testicular cancer histology at diagnosis (check all that apply):
Yes No Unknown

12. Choriocarcinoma
13. Embryonal
14. Mixed non-seminoma
15. Seminoma
16. Teratoma
17. Yolk sac
18. Other, specify: _____

Indicate tumor mass at diagnosis:

19. Nonseminoma:
1 Yes
0 No

20. Specify prognosis (check only one):
1 Good prognosis – 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
- No nonpulmonary visceral metastasis
2 Intermediate prognosis – 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



TEAM:

IUBMID:

21. Seminoma (must have normal AFP):

- 1 Yes
- 0 No

22. Specify prognosis (check only one):

- 1 Good prognosis – no nonpulmonary visceral metastasis
- 2 Intermediate prognosis – nonpulmonary visceral metastasis present

23. Were extra-gonadal metastases present at diagnosis?

- 1 Yes
- 0 No
- 8 Unknown

	Yes	No	Unknown
24.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
25.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
26.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
27.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
28.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
29.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
30.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
31.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>

Other, specify: _____

Tumor markers at diagnosis:

- 32. Serum alpha-fetoprotein (AFP): . ng/ml Unknown
- 33. Serum beta-HCG (BHCG): . IU/L Unknown
- 34. LDH: . U/L 2 μ kat/L Unknown
- 35. Other, specify: _____ Unknown

36. Did patient have surgery as part of initial treatment?

- 1 Yes
- 0 No
- 8 Unknown

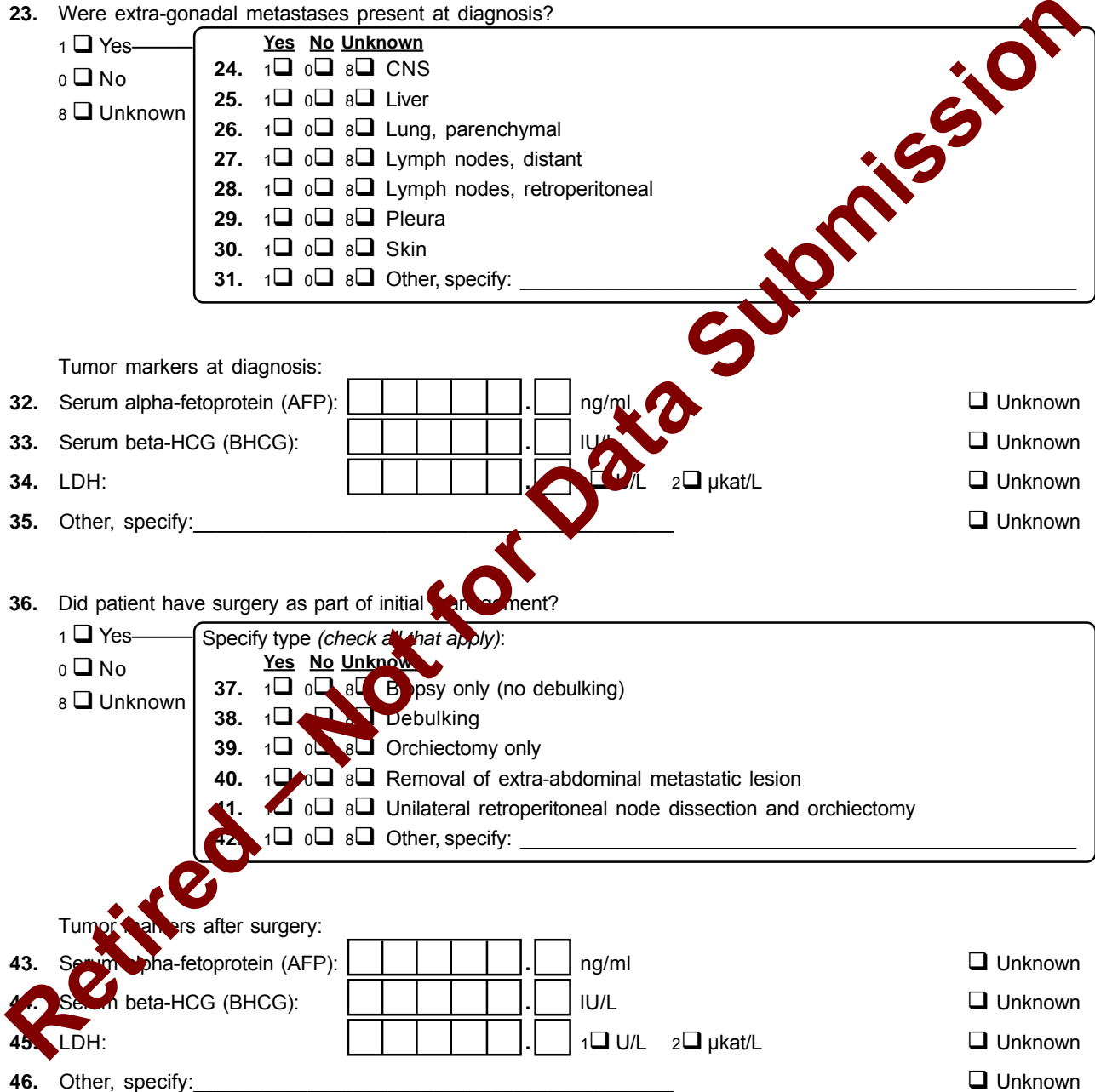
Specify type (check all that apply):

	Yes	No	Unknown
37.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
38.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
39.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
40.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
41.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>
42.	1 <input type="checkbox"/>	0 <input type="checkbox"/>	8 <input type="checkbox"/>

Other, specify: _____

Tumor markers after surgery:

- 43. Serum alpha-fetoprotein (AFP): . ng/ml Unknown
- 44. Serum beta-HCG (BHCG): . IU/L Unknown
- 45. LDH: . U/L 2 μ kat/L Unknown
- 46. Other, specify: _____ Unknown



TEAM:

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Initial Management

Describe initial management (include surgery, neo-adjuvant and adjuvant therapy) on pages 4 and 5.

List the therapies (surgery, chemotherapy, radiation) in the order they were given (1st, 2nd, 3rd, etc.).

If two agents or modalities (e.g., chemotherapy and radiation) were given in combination, then enter both therapies in the same column as a single line of therapy.

DEFINITIONS

Overall Response

Use the following codes to indicate patient's overall radiographic/cytologic/tumor marker response:

- 0 = Continued Complete Response (CCR) = continued absence of all disease after a complete response to a previous line of therapy.
- 1 = 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.
- 2 = Partial Response (PR) = $\geq 50\%$ reduction in the sum of the perpendicular diameters of measurable lesions for ≥ 1 month and/or $\geq 50\%$ reduction in tumor markers.
- 3 = Stable Disease (SD) = Tumor regression not fulfilling the requirements for partial response or tumor progression $< 25\%$ increase in the bidimensionally measurable tumor parameters.
- 4 = No response (NR) = $< 50\%$ reduction in disease or tumor markers.
- 5 = 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 is related to progressive viable cancer.
- 6 = Markers Elevated (ME) = No measurable disease, but tumor markers elevated.
- 18 = Not evaluable, toxic death (NETD)
- 19 = Not evaluable (NE); specify reason.

Type of Surgery

- 1 = Orchiectomy only
- 2 = Unilateral retroperitoneal node dissection & orchiectomy
- 3 = Biopsy only (no debulking)
- 4 = Removal of extra-abdominal metastatic lesion
- 5 = Debulking
- 8 = Other, specify

Retired - Not for Data Submission

TEAM: [][][][]

IUBMID: [][][][][][][][]

Line of Therapy

1st

2nd

Date started: 47. [][][][][][][][][][]
Month Day Year

88. [][][][][][][][][][]
Month Day Year

Date stopped: 48. [][][][][][][][][][]

89. [][][][][][][][][][]

SURGICAL (OTHER THAN INITIAL SURGERY: IN Q.36)

49. 1 Yes 0 No

90. 1 Yes 0 No

Type of Surgery: (see definitions on pg 3)

50. If other, specify: _____

91. If other, specify: _____

Date: 51. [][][][][][][][][][]
Month Day Year
-8 Unknown

92. [][][][][][][][][][]
Month Day Year
-8 Unknown

CHEMOTHERAPY/IMMUNOTHERAPY:

52. 1 Yes 0 No

93. 1 Yes 0 No

of cycles: 53. [][] -8 Unknown

94. [][] -8 Unknown

Treatment

Systemic:

Systemic:

Adriamycin: 54. 1 Yes 0 No

95. 1 Yes 0 No

Bleomycin: 55. 1 Yes 0 No

96. 1 Yes 0 No

Carboplatin: 56. 1 Yes 0 No

97. 1 Yes 0 No

Cisplatin: 57. 1 Yes 0 No

98. 1 Yes 0 No

Cyclophosphamide: 58. 1 Yes 0 No

99. 1 Yes 0 No

Etoposide (VP-16): 59. 1 Yes 0 No

100. 1 Yes 0 No

Gemcitabine: 60. 1 Yes 0 No

101. 1 Yes 0 No

Hexamethylmelamine: 61. 1 Yes 0 No

102. 1 Yes 0 No

Ifosfamide: 62. 1 Yes 0 No

103. 1 Yes 0 No

Interleukin-2: 63. 1 Yes 0 No

104. 1 Yes 0 No

Liposomal Doxorubicin: 64. 1 Yes 0 No

105. 1 Yes 0 No

Mitoxantrone: 65. 1 Yes 0 No

106. 1 Yes 0 No

Taxol: 66. 1 Yes 0 No

107. 1 Yes 0 No

Thiotepa: 67. 1 Yes 0 No

108. 1 Yes 0 No

Vinblastine: 68. 1 Yes 0 No

109. 1 Yes 0 No

Other: 69. 1 Yes, specify: _____

110. 1 Yes, specify: _____

RADIATION THERAPY:

70. 1 Yes 0 No

111. 1 Yes 0 No

Local/Regional: 71. 1 Yes [][][][] 0 No

112. 1 Yes [][][][] 0 No

Sites of non-contiguous extra-abdominal metastases: 72. 1 Yes [][][][] 0 No

113. 1 Yes [][][][] 0 No

Specify: 73. 1 Yes [][][][]

114. 1 Yes [][][][]

Fractionation schedule: 74. 1 Single 3 Multiple daily

115. 1 Single 3 Multiple daily

Best response (see pg 3): (check one only) 75. 1 CR 2 PR

116. 0 CCR 1 CR 2 PR

3 SD 4 NR 5 PD 6 ME

3 SD 4 NR 5 PD 6 ME

18 NETD 19 NE 88 Unk

18 NETD 19 NE 88 Unk

76. Specify: _____

117. Specify: _____

Date response evaluated: 77. [][][][][][][][][][]

118. [][][][][][][][][][]

Did patient relapse or progress after this line of therapy? 78. 1 Yes 0 No

119. 1 Yes 0 No

Date of relapse/progression: 79. [][][][][][][][][][]

120. [][][][][][][][][][]

Site of relapse:

CNS: 80. 1 Yes 0 No 8 Unknown

121. 1 Yes 0 No 8 Unknown

Liver: 81. 1 Yes 0 No 8 Unknown

122. 1 Yes 0 No 8 Unknown

Lung, parenchymal: 82. 1 Yes 0 No 8 Unknown

123. 1 Yes 0 No 8 Unknown

Lymph nodes, distant: 83. 1 Yes 0 No 8 Unknown

124. 1 Yes 0 No 8 Unknown

Lymph nodes, retroperitoneal: 84. 1 Yes 0 No 8 Unknown

125. 1 Yes 0 No 8 Unknown

Pleura: 85. 1 Yes 0 No 8 Unknown

126. 1 Yes 0 No 8 Unknown

Skin: 86. 1 Yes 0 No 8 Unknown

127. 1 Yes 0 No 8 Unknown

Other: 87. 1 Yes, specify: _____

128. 1 Yes, specify: _____

Continued on next page

TEAM: [][][][]

IUBMID: [][][][][][][][]

Continued from previous page

Copy this page for recording more than 4 instances

Line of Therapy

129. Date started: [][][][][][] 3rd Month Day Year

170. [][][][][][] 4th Month Day Year

130. Date stopped: [][][][][][]

171. [][][][][][]

SURGICAL (OTHER THAN INITIAL SURGERY: IN Q.36)

131. 1 [] Yes 0 [] No

172. 1 [] Yes 0 [] No

Type of Surgery: (see definitions on pg 3)

132. [] If other, specify: _____

173. [] If other, specify: _____

133. Date: [][][][][][] -8 [] Unknown

174. [][][][][][] -8 [] Unknown

CHEMOTHERAPY/IMMUNOTHERAPY:

134. 1 [] Yes 0 [] No

175. 1 [] Yes 0 [] No

of cycles:

135. [][] -8 [] Unknown

176. [][] -8 [] Unknown

Treatment

Systemic:

- Adriamycin: 136. 1 [] Yes 0 [] No
Bleomycin: 137. 1 [] Yes 0 [] No
Carboplatin: 138. 1 [] Yes 0 [] No
Cisplatin: 139. 1 [] Yes 0 [] No
Cyclophosphamide: 140. 1 [] Yes 0 [] No
Etoposide (VP-16): 141. 1 [] Yes 0 [] No
Gemcitabine: 142. 1 [] Yes 0 [] No
Hexamethylmelamine: 143. 1 [] Yes 0 [] No
Ifosfamide: 144. 1 [] Yes 0 [] No
Interleukin-2: 145. 1 [] Yes 0 [] No
Liposomal Doxorubicin: 146. 1 [] Yes 0 [] No
Mitoxantrone: 147. 1 [] Yes 0 [] No
Taxol: 148. 1 [] Yes 0 [] No
Thiotepa: 149. 1 [] Yes 0 [] No
Vinblastine: 150. 1 [] Yes 0 [] No
Other: 151. 1 [] Yes, specify: _____

- 177. 1 [] Yes 0 [] No
178. 1 [] Yes 0 [] No
179. 1 [] Yes 0 [] No
180. 1 [] Yes 0 [] No
181. 1 [] Yes 0 [] No
182. 1 [] Yes 0 [] No
183. 1 [] Yes 0 [] No
184. 1 [] Yes 0 [] No
185. 1 [] Yes 0 [] No
186. 1 [] Yes 0 [] No
187. 1 [] Yes 0 [] No
188. 1 [] Yes 0 [] No
189. 1 [] Yes 0 [] No
190. 1 [] Yes 0 [] No
191. 1 [] Yes 0 [] No
192. 1 [] Yes, specify: _____

RADIATION THERAPY:

152. 1 [] Yes 0 [] No

193. 1 [] Yes 0 [] No

Local/Regional:

Sites of non-contiguous extra-abdominal metastases:

153. 1 [] Yes [][][][][] Total cGy (rads) 0 [] No
154. 1 [] Yes [][][][][] 0 [] No
155. 1 [] Yes [][][][][]

194. 1 [] Yes [][][][][] 0 [] No
195. 1 [] Yes [][][][][] 0 [] No
196. 1 [] Yes [][][][][]

Specify:

Fractionation schedule:

156. 1 [] Single 3 [] Multiple daily 2 [] Single daily 7 [] Other

197. 1 [] Single 3 [] Multiple daily 2 [] Single daily 7 [] Other

Best response (see pg 3): (check one only)

157. 1 [] CR 2 [] PR 3 [] SD 4 [] NR 5 [] PD 6 [] ME 18 [] NETD 19 [] NE 88 [] Unk

198. 0 [] CCR 1 [] CR 2 [] PR 3 [] SD 4 [] NR 5 [] PD 6 [] ME 18 [] NETD 19 [] NE 88 [] Unk

158. Specify: _____

199. Specify: _____

Date response evaluated:

159. [][][][][][] Month Day Year

200. [][][][][][] Month Day Year

Did patient relapse or progress after this line of therapy?

160. 1 [] Yes 0 [] No

201. 1 [] Yes 0 [] No

Date of relapse/progression:

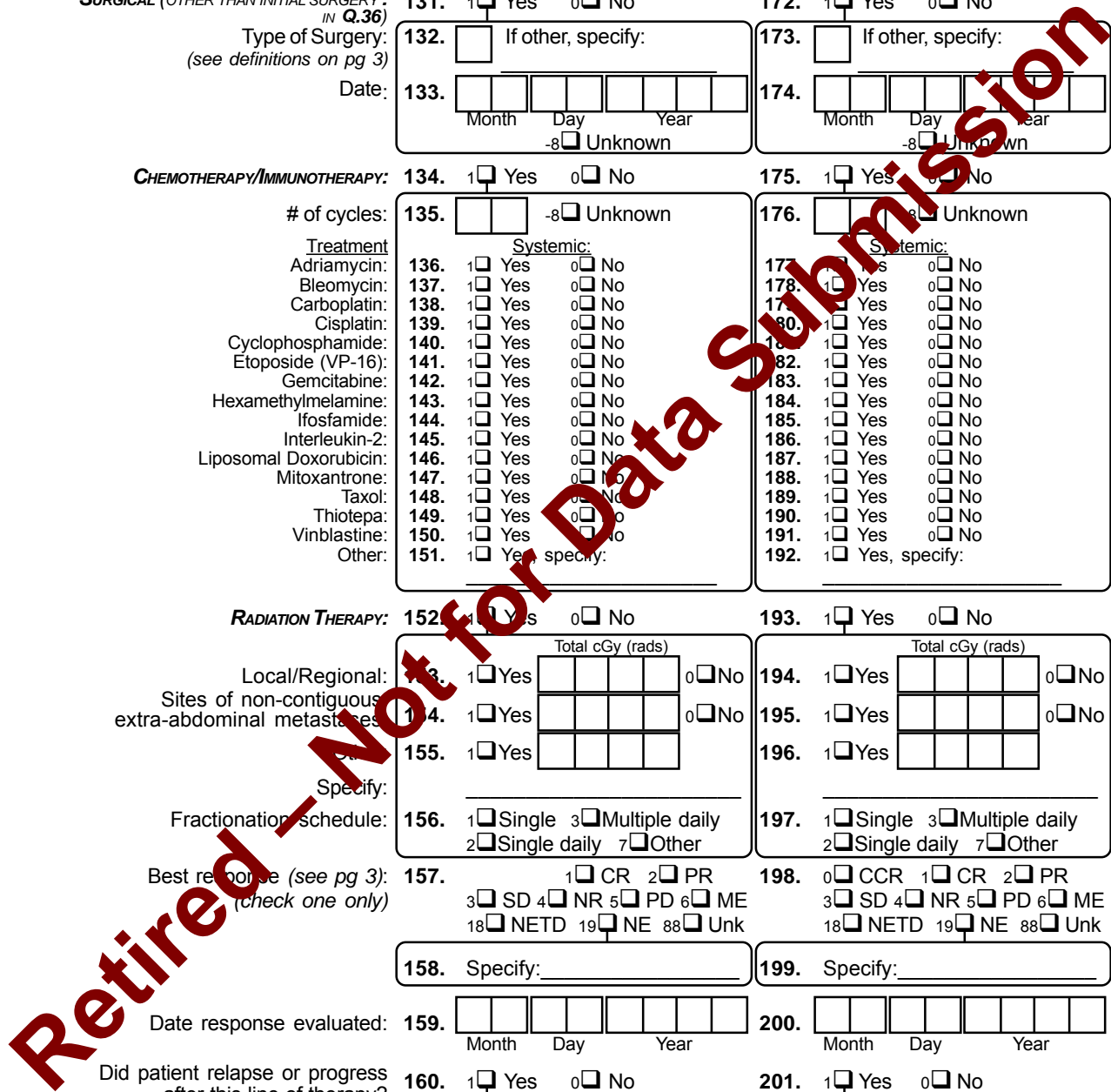
161. [][][][][][] Month Day Year

202. [][][][][][] Month Day Year

Site of relapse:

- CNS: 162. 1 [] Yes 0 [] No 8 [] Unknown
Liver: 163. 1 [] Yes 0 [] No 8 [] Unknown
Lung, parenchymal: 164. 1 [] Yes 0 [] No 8 [] Unknown
Lymph nodes, distant: 165. 1 [] Yes 0 [] No 8 [] Unknown
Lymph nodes, retroperitoneal: 166. 1 [] Yes 0 [] No 8 [] Unknown
Pleura: 167. 1 [] Yes 0 [] No 8 [] Unknown
Skin: 168. 1 [] Yes 0 [] No 8 [] Unknown
Other: 169. 1 [] Yes, specify: _____

- 203. 1 [] Yes 0 [] No 8 [] Unknown
204. 1 [] Yes 0 [] No 8 [] Unknown
205. 1 [] Yes 0 [] No 8 [] Unknown
206. 1 [] Yes 0 [] No 8 [] Unknown
207. 1 [] Yes 0 [] No 8 [] Unknown
208. 1 [] Yes 0 [] No 8 [] Unknown
209. 1 [] Yes 0 [] No 8 [] Unknown
210. 1 [] Yes, specify: _____



TEAM:

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211. Indicate sensitivity of patient's testicular carcinoma to any chemotherapeutic agent prior to conditioning (response to last chemotherapy given prior to transplant; chemotherapy must include ≥2 cycles of treatment given ≤6 months prior to transplant):

- 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 transplant)
- 3 Untreated (with chemotherapy within 6 months of transplant or only one cycle)
- 8 Unknown

212. Indicate sensitivity of patient's testicular carcinoma to any platinum-containing chemotherapeutic agent prior to conditioning (response to last platinum therapy given prior to transplant; chemotherapy must include ≥2 cycles of treatment given ≤6 months prior to transplant):

- 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)
- 8 Unknown

Tests Prior to Conditioning:

	No	Yes	Normal	Abnormal	Unknown
213. Head imaging	<input type="checkbox"/>	<input type="checkbox"/>	Tests used: _____		8 <input type="checkbox"/>
214. CT	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	215. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>
216. MRI	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	217. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>
218. Chest X-ray	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	219. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>
220. CT scan of chest	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	221. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>
222. CT scan of abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	223. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>
224. CT scan of pelvis	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	225. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>
226. PET scan	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	227. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>
228. Bone imaging	<input type="checkbox"/>	<input type="checkbox"/>	Tests used: _____		8 <input type="checkbox"/>
229. X-ray	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	230. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>
231. CT	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	232. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>
233. MRI	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	234. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>
235. Bone scan	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	236. <input type="checkbox"/>	<input type="checkbox"/> Specify: _____ 8 <input type="checkbox"/>

Tumor markers:

- 237. Serum alpha-fetoprotein (AFP): . ng/ml
- 238. Serum beta-HCG (BHCG): . IU/L
- 239. LDH: . 1 U/L 2 μkat/L
- 240. Other, specify: _____

TEAM:

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Indicate new sites of disease involvement at any time after diagnosis but before start of conditioning regimen for transplant (if reporting a second or subsequent transplant, list sites of disease involvement between last transplant and before current conditioning regimen/transplant):

Yes No Unknown

- 241. 1 0 8 CNS
- 242. 1 0 8 Liver, parenchymal
- 243. 1 0 8 Lung
- 244. 1 0 8 Lymph nodes, distant
- 245. 1 0 8 Lymph nodes, retroperitoneal
- 246. 1 0 8 Pelvis
- 247. 1 0 8 Pleura
- 248. 1 0 8 Tumor markers (AFP, HCG, LDH)
- 249. 1 0 8 Other, specify: _____

250. Did patient have prior transplant for testicular cancer?

- 1 Yes
- 0 No
- 8 Unknown

251. Is this transplant a planned tandem transplant? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unknown
252. Is this transplant in response to residual disease? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 8 <input type="checkbox"/> Unknown

253. Indicate the status of disease prior to start of high-dose therapy (conditioning):

- 1 No evidence of disease surgically defined, tumor markers within normal limits
- 2 No evidence of disease clinically defined, tumor markers within normal limits
- 3 Tumor marker elevation only
- 4 Residual tumor mass, elevated tumor markers
- 5 Residual tumor mass, tumor markers within normal limits
- 7 Not evaluable
- 8 Unknown

254. Date of disease status evaluated prior to high-dose conditioning:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

Retired - Not for Data Submission

TEAM:

IUBMID:

Posttransplant Information

To be completed 100 days posttransplant, or at time of death if death occurred <100 days posttransplant, or immediately prior to start of high-dose therapy (conditioning) for second transplant if second transplant done <100 days after first transplant.

255. Indicate patient's best response to transplant excluding planned posttransplant therapy (surgical resection or radiation):

- 0 CCR
- 1 CR
- 2 PR
- 3 SD
- 4 NR
- 5 PD
- 6 ME
- 18 NETD
- 19 NE

See Definitions on pg 3

Specify:

256. Date of evaluation of best response excluding planned posttransplant therapy:
Month Day Year

257. Was additional planned treatment per protocol given posttransplant?

- 1 Yes
- 0 No

Go to Q.289

258. Surgical resection of persistent radiographic abnormality:

- 1 Yes
- 0 No

259. Date of surgery:
Month Day Year

260. Type of surgery: (See Definitions on pg 3)

261. Was extent of resection confirmed radiographically?

- 1 Yes
- 0 No
- 8 Unknown

262. Was persistent viable tumor detected?

- 1 Yes
- 0 No
- 8 Unknown

263. Radiation therapy:

- 1 Yes
- 0 No

264. Date started:
Month Day Year

265. Date stopped:

Radiation field

Total cGy (rads)

266. Total abdomen: 1 Yes 0 No

267. Pelvis: 1 Yes 0 No

268. Other: 1 Yes 0 No

Specify:

Continued on next page

TEAM:

IUBMID:

Continued from previous page

269. Chemotherapy/Immunotherapy:
1 Yes
0 No

270. Date started:
Month Day Year

271. Date stopped:

272. Number of cycles: -8 Unknown

	<u>Treatment</u>	<u>Systemic:</u>
273.	Adriamycin:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
274.	Bleomycin:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
275.	Carboplatin:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
276.	Cisplatin:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
277.	Cyclophosphamide:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
278.	Etoposide (VP-16):	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
279.	Gemcitabine:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
280.	Ifosfamide:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
281.	Interleukin-2:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
282.	Liposomal Doxorubicin:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
283.	Mitoxantrone:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
284.	Taxol:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
285.	Vinblastine:	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
286.	Other:	1 <input type="checkbox"/> Yes

Specify: _____

287. Indicate patient's best response to transplant including planned posttransplant therapy (surgical resection, chemotherapy or radiation):
0 CCR
1 CR See Definitions on pg 3
2 PR
3 SD
4 NR
5 PD
6 ME
18 NETD
19 NE

Specify: _____

288. Date of evaluation of best response including planned posttransplant therapy:
Month Day Year

Retired - Not for Data Submission

TEAM:

IUBMID:

Disease Evaluation Posttransplant

	No	Yes		Normal	Abnormal		Unknown
289. Head imaging	<input type="checkbox"/>	<input type="checkbox"/>	Tests used: _____				<input type="checkbox"/>
290. CT	<input type="checkbox"/>	<input type="checkbox"/>	Results: 291.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
292. MRI	<input type="checkbox"/>	<input type="checkbox"/>	Results: 293.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
294. Chest X-ray	<input type="checkbox"/>	<input type="checkbox"/>	Results: 295.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
296. CT scan of chest	<input type="checkbox"/>	<input type="checkbox"/>	Results: 297.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
298. CT scan of abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Results: 299.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
300. CT scan of pelvis	<input type="checkbox"/>	<input type="checkbox"/>	Results: 301.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
302. PET scan	<input type="checkbox"/>	<input type="checkbox"/>	Results: 303.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
304. Bone imaging	<input type="checkbox"/>	<input type="checkbox"/>	Tests used: _____				<input type="checkbox"/>
305. X-ray	<input type="checkbox"/>	<input type="checkbox"/>	Results: 306.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
307. CT	<input type="checkbox"/>	<input type="checkbox"/>	Results: 308.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
309. MRI	<input type="checkbox"/>	<input type="checkbox"/>	Results: 310.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
311. Bone scan	<input type="checkbox"/>	<input type="checkbox"/>	Results: 312.	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>

Tumor markers posttransplant:

313. Serum alpha-fetoprotein (AFP):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	. <input type="checkbox"/>	ng/ml	<input type="checkbox"/>
314. Serum beta-HCG (BHCG):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	. <input type="checkbox"/>	IU/L	<input type="checkbox"/>
315. LDH:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	. <input type="checkbox"/>	1 <input type="checkbox"/> U/L 2 <input type="checkbox"/> μ kat/L	<input type="checkbox"/>
316. Other, specify: _____								<input type="checkbox"/>

Retired - Not for Data Submission

TEAM:

IUBMID:

317. Indicate day 100 status of testicular cancer (for patients who died <100 days, report status at time of death):

- 0 CCR — See Definitions on pg 3
- 1 Free of testicular cancer; no recurrence posttransplant
- 2 Persistent testicular cancer without progression (never achieved complete remission posttransplant)
- 3 Progressive testicular cancer (never achieved complete remission posttransplant) _____
- 4 Recurrent testicular cancer (relapse after achieving posttransplant complete remission) _____
- 5 Free of testicular cancer after posttransplant recurrence/progression _____
- 6 Free of testicular cancer after posttransplant recurrence except for persistent elevation of tumor markers _____
- 7 Toxic death (death <30 days posttransplant, no autopsy)
- 19 Not evaluable, specify: _____

318. Date of relapse or progression: Unknown
Month Day Year

Indicate first site(s) of tumor progression/recurrence:
Yes No Unknown

- 319. 1 0 8 CNS
- 320. 1 0 8 Liver, parenchymal
- 321. 1 0 8 Lung
- 322. 1 0 8 Lymph nodes, distant
- 323. 1 0 8 Lymph nodes, retroperitoneal
- 324. 1 0 8 Pelvis
- 325. 1 0 8 Pleura
- 326. 1 0 8 Tumor markers (AFP, HCG, LDH)
- 327. 1 0 8 Other, specify: _____

Retired - Not for Data Submission