

**FOLLOW-UP 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

**Follow-up Information\***

**\* Report data for date of last contact as reported in Q.3 of Follow-up Care Form or immediately prior to death**

1. 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 below

19  NE Specify: \_\_\_\_\_

2. Date of best response excluding planned posttransplant therapy:

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Month Day Year

**DEFINITIONS**

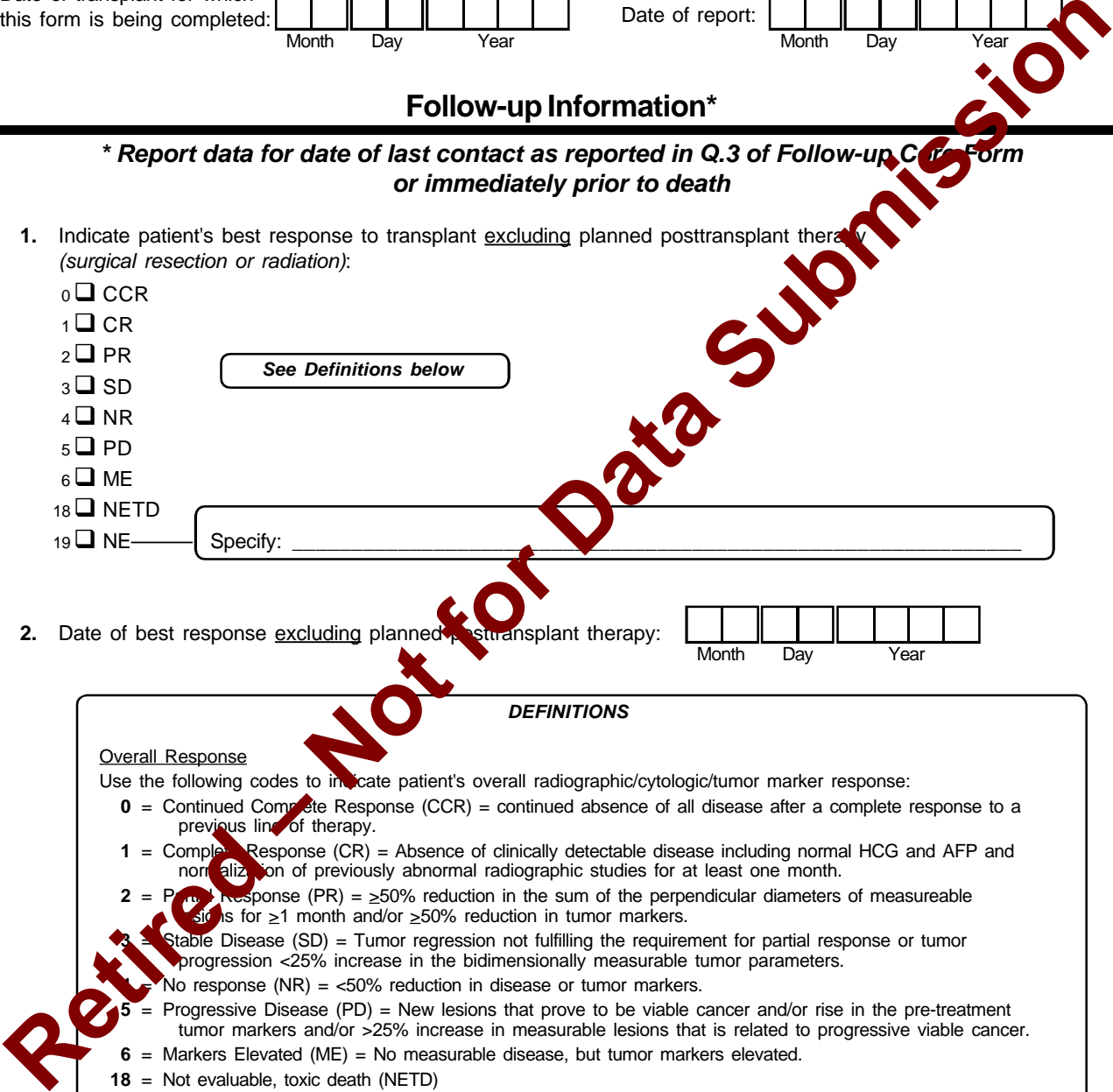
Overall Response

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  $\geq 1$  month and/or  $\geq 50\%$  reduction in tumor markers.
- 3** = Stable Disease (SD) = Tumor regression not fulfilling the requirement 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



TEAM:

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3. Was response documented surgically?

- 1  Yes
- 0  No
- 8  Unknown

4. Was additional planned treatment per protocol given posttransplant?

- 1  Yes
- 0  No

Go to  
**Q.36**

5. Surgical resection of persistent radiographic abnormality:

- 1  Yes
- 0  No

6. Date of surgery:        
Month Day Year

7. Type of surgery:  (See Definitions on pg 1)

8. Was extent of resection confirmed radiographically?  
1  Yes 0  No 8  Unknown

9. Was persistent viable tumor detected?  
1  Yes 0  No 8  Unknown

10. Radiation therapy:

- 1  Yes
- 0  No

11. Date started:        
Month Day Year

12. Date stopped:        
Month Day Year

**Radiation Fields**

**Total cGy (rads)**

13. Total abdomen: 1  Yes     0  No

14. Pelvis: 1  Yes     0  No

15. Other: 1  Yes     0  No

Specify: \_\_\_\_\_

Continued on next page

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Continued from previous page

16. Chemotherapy/Immunotherapy:

- 1  Yes
- 0  No

- 17. Date started:        
Month Day Year
- 18. Date stopped:
- 19. Number of cycles:   -8  Unknown

**Treatment**

**Systemic:**

- 20. Adriamycin: 1  Yes 0  No
- 21. Bleomycin: 1  Yes 0  No
- 22. Carboplatin: 1  Yes 0  No
- 23. Cisplatin: 1  Yes 0  No
- 24. Cyclophosphamide: 1  Yes 0  No
- 25. Etoposide (VP-16): 1  Yes 0  No
- 26. Gemcitabine: 1  Yes 0  No
- 27. Ifosfamide: 1  Yes 0  No
- 28. Interleukin-2: 1  Yes 0  No
- 29. Liposomal Doxorubicin: 1  Yes 0  No
- 30. Mitoxantrone: 1  Yes 0  No
- 31. Taxol: 1  Yes 0  No
- 32. Vinblastine: 1  Yes 0  No
- 33. Other: 1  Yes  
Specify: \_\_\_\_\_

34. Indicate patient's best response to transplant including planned posttransplant therapy (surgical resection, chemotherapy or radiation):

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

See Definitions on pg 1

Specify: \_\_\_\_\_

35. Date of evaluation of best response including planned posttransplant therapy:

Month Day Year

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### Disease Evaluation Posttransplant

	<u>No</u>	<u>Yes</u>		<u>Normal</u>	<u>Abnormal</u>		<u>Unknown</u>
36. Head imaging	<input type="checkbox"/>	<input type="checkbox"/>	Tests used: _____				<input type="checkbox"/>
37. CT	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	38. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
39. MRI	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	40. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
41. Chest X-ray	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	42. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
43. CT scan of chest	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	44. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
45. CT scan of abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	46. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
47. CT scan of pelvis	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	48. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
49. PET scan	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	50. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
51. Bone imaging	<input type="checkbox"/>	<input type="checkbox"/>	Tests used: _____				<input type="checkbox"/>
52. X-ray	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	53. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
54. CT	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	55. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
56. MRI	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	57. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>
58. Bone scan	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____	59. <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	<input type="checkbox"/>

Tumor markers at time of this report:

60. Serum alpha-fetoprotein (AFP):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	. <input type="checkbox"/>	ng/ml	<input type="checkbox"/>
61. Serum beta-HCG (BHCG):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	. <input type="checkbox"/>	IU/L	<input type="checkbox"/>
62. LDH:	<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"/> $\mu$ kat/L	<input type="checkbox"/>
63. Other, specify: _____							<input type="checkbox"/>

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TEAM:

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64. Indicate current status of testicular cancer (see Q.3 of COREFU):

- 0  CCR — See Definitions on pg 1
- 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: \_\_\_\_\_

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

Indicate first site(s) of tumor progression/recurrence:

**Yes No Unknown**

- 66. 1  0  8  CNS
- 67. 1  0  8  Liver, parenchymal
- 68. 1  0  8  Lung
- 69. 1  0  8  Lymph nodes, distant
- 70. 1  0  8  Lymph nodes, retroperitoneal
- 71. 1  0  8  Pelvis
- 72. 1  0  8  Pleura
- 73. 1  0  8  Tumor markers (AFP, HCG, LDH)
- 74. 1  0  8  Other, specify: \_\_\_\_\_

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