

Form 2122 R2.0: Testicular/Germ Cell Cancer Post-HSCT Data

Center:

CRID:

Key Fields

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 (check all that apply):

Autologous

Allogeneic, unrelated

Allogeneic, related

Syngeneic (identical twin)

Product type (check all that apply):

Marrow

PBSC

Cord blood

Other product

Specify:

Visit:

100 day 6 months 1 year 2 years > 2 years,

Specify:

Disease Assessment at the Time of Best Response to HSCT Questions: 1 - 3

1 Compared to the disease status prior to the preparative regimen, what was the best response to HSCT since the date of the last report? (Include response to any post-HSCT treatment planned as of Day 0.)

continued complete response (CCR) - continued absence of all disease after a complete response to a previous line of therapy

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

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

stable disease (SD) - tumor regression not fulfilling the requirement for partial response or tumor progression < 25% increase in the bidimensionally measurable tumor parameters

no response (NR) - <=50% reduction in disease or tumor markers

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

markers elevated (ME) - no measurable disease, but tumor markers elevated

not evaluable, toxic death (NETD)

2 date of best response was previously reported

Date the best response first began:

3 Was the response documented surgically?

yes no Unknown

Relapse or Progression Post-HSCT Questions: 4 - 18


4 Has the disease relapsed or progressed since the date of the last report?

yes no Unknown

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5  Date of progression/relapse unknown



Date of progression / relapse: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

6 *Allogeneic HSCTs only:* Was there subsequent disease stability or regression without further therapy (so-called graft-versus-tumor effect)?

 yes  no  Unknown

7 Did this change in disease status qualify as a partial response or better if compared to a post-HSCT imaging study?

(Partial response is defined as  $\geq 50\%$  reduction in the sum of the perpendicular diameters of measurable lesions for  $\geq 1$  month and/or  $\geq 50\%$  reduction in tumor markers.)




 yes  no

8  Date unknown




Date of response: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Specify site(s) of disease progression / recurrence:**




9 Central nervous system

 yes  no  Unknown




10 Liver-parenchymal

 yes  no  Unknown




11 Lung

 yes  no  Unknown




12 Lymph nodes - distant

 yes  no  Unknown




13 Lymph nodes - regional

 yes  no  Unknown




14 Pelvis

 yes  no  Unknown




15 Pleura

 yes  no  Unknown

16 Tumor markers (AFP, HCG, LDH)

 yes  no  Unknown

17 Other site:



 yes  no  Unknown

18 Specify site: \_\_\_\_\_

## Post-HSCT Planned Treatment for Testicular Cancer

Questions: 19 - 57

19 Was planned treatment given per protocol since the date of the last report? (Include any maintenance therapy, but exclude any treatment for relapse / progressive disease.)

 yes  no

20 Was surgical resection performed for persistent radiographic abnormalities?

 yes  no

21 Specify date of surgery: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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22 Specify type of surgery:

- ☐ biopsy only (not debulking)
- ☐ debulking
- ☐ orchiectomy only
- ☐ removal of extra-abdominal metastatic lesion
- ☐ unilateral retroperitoneal lymph node dissection and orchiectomy
- ☐ other type of surgery, specify

23 Specify surgery: \_\_\_\_\_

24 Was the extent of the resection confirmed radiographically?

- ☐ yes ☐ no ☐ Unknown

25 Was any persistent, viable tumor detected?

- ☐ yes ☐ no ☐ Unknown

26 Was radiation therapy given?

- ☐ yes ☐ no

27 Specify date radiation started: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

28 Specify date radiation stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Specify the radiation field(s):

29 Pelvis

- ☐ yes ☐ no

30 Total dose: \_\_\_\_\_ cGy (rads)

31 Total abdomen

- ☐ yes ☐ no

32 Total dose: \_\_\_\_\_ cGy (rads)

33 Other site:

- ☐ yes ☐ no

34 Specify field: \_\_\_\_\_

35 Total dose: \_\_\_\_\_ cGy (rads)

36 Was chemotherapy / immunotherapy given?

- ☐ yes ☐ no

37 Specify date therapy started: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

38 Specify date therapy stopped: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Specify systemic treatment(s):

39 aldesleukin (interleukin-2)

- ☐ yes ☐ no

40 altretamine (Hexalen)

- ☐ yes ☐ no

41 bleomycin (BLM, Blenoxane)

- ☐ yes ☐ no

42 carboplatin (Paraplatin)

- ☐ yes ☐ no

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43 cisplatin (CDDP, Platinol)

☐ yes ☐ no

44 cyclophosphamide (CTX)

☐ yes ☐ no

45 dactinomycin (Cosmegen)

☐ yes ☐ no

46 Doxorubicin (Adriamycin)

☐ yes ☐ no

47 Doxorubicin liposomal (Doxil)

☐ yes ☐ no

48 Etoposide (VP-16, VePesid)

☐ yes ☐ no

49 Gemcitabine (Gemzar)

☐ yes ☐ no

50 Ifosfamide (Ifex)

☐ yes ☐ no

51 Mitoxantrone (Novantrone)

☐ yes ☐ no

52 methotrexate (MTX, Folex)

☐ yes ☐ no

53 paclitaxel (Taxol)

☐ yes ☐ no

54 thiotepa (Thioplex)

☐ yes ☐ no

55 vinblastine (Velban, VLB)

☐ yes ☐ no

56 other therapy

☐ yes ☐ no

57 Specify treatment: \_\_\_\_\_

Most Recent Laboratory Studies Post-HSCT

Questions: 58 - 77

Specify the results of any imaging studies performed for the following disease sites since the date of the last report:

58 Abdomen - CT

☐ disease present ☐ disease absent ☐ Not tested

59 Bone - bone scan

☐ disease present ☐ disease absent ☐ Not tested

60 Bone - CT

☐ disease present ☐ disease absent ☐ Not tested

61 Bone - MRI

☐ disease present ☐ disease absent ☐ Not tested

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62 Bone - x-ray

☐ disease present

☐ disease absent

☐ Not tested

63 Chest - CT

☐ disease present

☐ disease absent

☐ Not tested

64 Chest - x-ray

☐ disease present

☐ disease absent

☐ Not tested

65 Head - CT

☐ disease present

☐ disease absent

☐ Not tested

66 Head - MRI

☐ disease present

☐ disease absent

☐ Not tested

67 Pelvis - CT

☐ disease present

☐ disease absent

☐ Not tested

68 PET scan

☐ disease present

☐ disease absent

☐ Not tested

Specify the following tumor markers determined since the date of the last report:

69 Serum alpha-fetoprotein (AFP):

☐ Known

☐ Not known

70 \_\_\_\_\_ ng/mL

71 Serum beta-HCG (BHCG):

☐ Known

☐ Not known

72 \_\_\_\_\_ IU/L

73 LDH:

☐ Known

☐ Not known

74 \_\_\_\_\_ Specify units 

☐ U/L

☐ µkat/L

75 Other tumor marker?

☐ yes

☐ no

76 Specify tumor marker: \_\_\_\_\_

77 Specify value: \_\_\_\_\_

Disease Status at the Time of Assessment for this Reporting Period

Questions: 78 - 79

78 What is the current status of testicular cancer at the time of this report, or at the time of death?

☐ Complete response

☐ not in complete response

79 Date the current disease status was established in this reporting period: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_