

Clinical Practice Snapshot

Testicular cancer

FINAL, 231004

1. Please update the common data elements. (*Changes might have occurred in patient status/hospital or treatment/genetics/diagnostics etc.*) [Radio button, one selection]
 - I have changed nothing
 - I have added (previously unknown) information

2. Diagnosis
 - a. Type of tumor [Radio button, one selection]
 - Seminoma Other (Germ cell tumors unrelated to GCNIS, sex cord/stromal tumors/miscellaneous non-specific stromal tumors)
 - Non-seminomatous germ cell tumor (NSGCT) Unknown

(If 'NSGCT', please answer question 2b)
(If 'Other', please answer question 2c)
 - b. Type of NSGCT [Radio button, one selection]
 - Embryonal carcinoma Teratoma, post-pubertal type
 - Yolk sac tumor, post-pubertal type Teratoma with somatic malignant components
 - Trophoblastic tumor Mixed germ cell tumors
 - c. Other type of tumor [Radio button, one selection]
 - Germ cell tumors unrelated to GCNIS Sex cord/stromal tumors
 - Miscellaneous non-specific stromal tumors

(If 'Germ cell tumors unrelated to GCNIS', answer question 2d)
(If 'Sex cord/stromal tumors', answer question 2e)
(If 'Miscellaneous non-specific stromal tumors', answer question 2f)
 - d. Type of germ cell tumors unrelated to GCNIS [Radio button, one selection]
 - Spermatocytic tumor
 - Yolk sac tumor, pre-pubertal type
 - Mixed germ cell tumor, pre-pubertal type
 - e. Type of sex cord/stromal tumor [Radio button, one selection]
 - Malignant Leydig cell tumor Juvenile type Granulosa cell tumor
 - Malignant Sertoli cell tumor Thecoma/fibroma group of tumors
 - Large cell calcifying Sertoli cell tumor Mixed sex cord/gonadal stromal tumors
 - Intratubular large cell hyalinising Sertoli cell neoplasia Unclassified sex cord/gonadal stromal tumors
 - Adult type Granulosa cell tumor Gonadoblastoma
 - Lymphoma
 - f. Miscellaneous non-specific stromal tumor type [Radio button, one selection]
 - Ovarian epithelial tumors
 - Adenoma tumor of the collecting ducts and rete testis
 - Carcinoma tumor of the collecting ducts and rete testis
 - Adenomatoid tumor of paratesticular structures
 - Mesothelioma (epithelioid, biphasic) of paratesticular structures

- Epididymal tumor of paratesticular structures
 Cystadenoma of the epididymis
 Papillary cystadenoma
 Adenocarcinoma of the epididymis
 Mesenchymal tumors of the spermatic cord and testicular adnexae
- g. Clinical stage of disease [Radio button, one selection]
- IA IIA IIIA Unknown
 IB IIB IIIB
 IS IIC IIIC
- h. What is the prognosis of the disease according to the IGCCCG classification? [Radio button, one selection]
- Good Poor
 Intermediate IGCCCG classification not used/Unknown
- i. Moment of tumor marker measurement [Radio button, one selection]
- Prechemotherapy (if treated with systemic therapy)
 Postorchiectomy nadir (if treated with other method)
 Other
 Unknown
(If 'Other', answer question 2j)
- j. Other moment of tumor marker measurement
-
- k. Value alpha fetoprotein (AFP) [Numeric (integer)]
-
- l. Unit AFP [Radio button, one selection]
- µg/L ng/dL ng/100mL ng/mL
 ng% IU/mL Other
(If 'Other', answer question 2m)
- m. Other unit AFP [Free text, string]
-
- n. Were the levels of tumor marker human chorionic gonadotrophin (hCG) reported as under cut-off value? [Radio button, one selection]
- Yes Unknown
 No
(If not 'Yes', answer question 2o and 2p)
- o. Value human chorionic gonadotrophin (hCG) [Numeric (integer)]
-
- p. Unit hCG [Radio button, one selection]
- mIU/mL UI/L Other
(If 'Other', answer question 2q)
- q. Other unit hCG [Free text, string]
-
- r. Tumor markers: Value lactate dehydrogenase (LDH) [Numeric (integer)]
-
- s. Unit LDH [Radio button, one selection]
- nkat/L U/L µmol/(h*L)
 µkat/L IU/L µmol/(h*mL)
 nmol/(s*L) µmol/(min*L) Other
 µmol/(s*L)
(If 'Other', answer question 2t)
- t. Other unit LDH [Free text, string]
-
- u. Was the patient discussed in a multidisciplinary team (*a multidisciplinary team involves at least 3 specialists from different medical specialties*)? [Radio button, one selection]
- Yes No Unknown
- v. Was the patient seen by a specialized oncologic nurse "(specialised nurses who are involved with specific oncologic needs and care of patients)" [Radio button, one selection]

Yes No Unknown

w. Was this patient referred from another clinic?

Yes No Unknown

(If 'Yes', answer question 2y and 2z)

x. Why was the patient referred to the specialised centre (your hospital)?

Primary treatment Treatment of recurrence

Treatment of complications Other

Unknown

(If 'Other', answer question 2y)

y. Other reason patient was referred from another clinic

z. Were any RPLND (retroperitoneal lymph node dissection) procedures performed before the patient was referred to the specialized HCP (your hospital)?

Yes No Unknown

(If 'Yes', answer question 2aa)

aa. Number of previously performed RPLND procedures

3. Retroperitoneal lymph node dissection (RPLND)

a. Was RPLND performed at your hospital?

[Radio button, one selection]

Yes No Unknown

(If 'Yes', answer questions 3b-j, 4a-d and 5a-i)

b. Date of RPLND surgery

[Date, dd/mm/yyyy format; on/after DoST]

c. Which preoperative imaging techniques were performed before RPLND?

[Checkbox, multi selection]

CT PET-CT Unknown

MRI None

d. Was the RPLND performed as a primary treatment or post-chemotherapy?

[Radio button, one selection]

Primary treatment

Post-chemotherapy

Unknown

e. What was the type of RPLND surgery?

[Radio button, one selection]

Open surgery

Robotic surgery

Laparoscopic surgery

Unknown

f. Was the RPLND surgery performed unilaterally or bilaterally?

[Radio button, one selection]

Unilateral

Bilateral

Unknown

g. The RPLND surgery was

[Radio button, one selection]

Bilateral nerve-sparing

Unilateral nerve-sparing

Not nerve-sparing

Unknown

h. Was another RPLND procedure performed in the same line of treatment?

[Radio button, one selection]

Yes No Unknown

(If 'Yes', answer question 3i)

i. Details 2nd RPLND surgery at your hospital

[Free text, multiline]

j. Which other treatment was given?

[Radio button, one selection]

None

- Surgical intervention other than RPLND
- Chemotherapy
- Immunotherapy
- Radiotherapy
- Other
- Unknown

(If 'Surgical intervention other than RPLND', answer question 3l, 5a-i)

(If 'Chemotherapy', answer question 3n-3r)

(If 'Other', answer question 3k)

(If not 'None' or 'Unknown', answer question 3m)

- k. Other treatment [Free text, string]
- l. What kind of other surgery was performed? [Free text, string]
- m. (Start)date of other treatment or date of surgery (not RPLND) [Date, dd/mm/yyyy format; on/after DoST]
- n. What type of chemotherapy was given to the patient? [Radio button, one selection]
- Carboplatin
 - EP (cisplatin, etoposide)
 - BEP (bleomycin, etoposide, cisplatin)
 - VIP (etoposide, cisplatin, ifosfamide)
 - TIP (paclitaxel, ifosfamide, cisplatin)
 - HDCT (high dose chemotherapy)
 - GIP (gemcitabine, ifosfamide, cisplatin)
 - GOP (gemcitabine, oxaliplatin, paclitaxel)
 - Other
 - Unknown
- (If 'Other', answer question 3o)*
- o. What other type of chemotherapy was given to the patient? [Free text, string]
- p. How many cycles of chemotherapy were given to the patient? [Numeric (integer)]
- q. Did any complications related to the chemotherapy occur? [Radio button, one selection]
- No
 - Yes, early complications
 - Yes, late complications (chronic)
 - Unknown
- r. Was the chemotherapy delayed (deviations to the schedule)? [Radio button, one selection]
- Yes
 - No
 - Unknown

4. RPLND histology

- a. Vital carcinoma (%) [Numeric (integer)]
- b. Teratoma (%) [Numeric (integer)]
- c. Necrosis (%) [Numeric (integer)]
- d. Tick if the exact percentages are not known or if there is another histology subtype [Radio button, one selection]
-
- (If 4d is ticked, answer question 4e)*
- e. Clarification unknown percentages or other histology subtype [Free text, string]

5. Surgical outcome
- a. Did an intraoperative complication occur? [Radio button, one selection]
 Yes No Unknown
(If 'Yes', answer question 5b and 5d)
- b. Type of intraoperative complication [Checkbox, multi selection]
 Cava lesion Ureteral lesion Unknown
 Aortic lesion Bowel lesion
 Other vascular lesion Other lesion
(If 'Other lesion', answer question 5c)
- c. Other type of intraoperative complication [Free text, string]
- d. EAUiaiC classification of the worst intraoperative complication [Radio button, one selection]
 Grade 0 Grade 3 Grade 5A
 Grade 1 Grade 4A Grade 5B
 Grade 2 Grade 4B Unknown
- e. Did a postoperative complication occur within a year from the start date of treatment (question 2.5 in Common Data Elements)? [Radio button, one selection]
 Yes No Unknown
(If 'Yes', answer question 5f and 5h)
- f. Type of postoperative complication [Checkbox, multi selection]
 Thrombosis Lymphocele
 Pneumonia Other complication
 Transfusion Unknown
(If 'Other complication', answer question 5g)
- g. Other type of postoperative complication [Free text, string]
- h. Clavien-Dindo classification of the worst postoperative complication [Radio button, one selection]
 Grade I Grade IIIb Grade V
 Grade II Grade IVa Unknown
 Grade IIIa Grade IVb
- i. Did antegrade ejaculation take place? [Radio button, one selection]
 Yes No Unknown
6. Follow-up within a year from the start date of treatment (question 2.5 in Common Data Elements)
- a. Last date of follow-up [Date, dd/mm/yyyy format; on/after DoST]
- b. Has there been a recurrence of the tumor since the treatment in question 3? [Radio button, one selection]
 Yes No Unknown
(If 'Yes', answer question 6c, 6d and 6e)
- c. Date of recurrence diagnosis [Date, dd/mm/yyyy format; on/after DoST]
- d. Where did the tumor recur? [Checkbox, multiple selection]
 Inside the template
 Retroperitoneal outside the template
 Distant recurrence
 Unknown
- e. Which treatment was used to treat the recurrence? [Radio button, one selection]
 Chemotherapy Other
 Radiotherapy None
 Surgery Unknown
 Immunotherapy
(If 'Other', answer question 6f)
- f. Other recurrence treatment [Free text, string]



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