

ERN eUROGEN registry

Report on Expertise Area 3.2

INTRODUCTION

This report entails the 2025 ERN eUROGEN registry analysis of the Expertise Area 3.2: Testicular cancer. This report aims to give insight in the current clinical practices using the Clinical Practice Snapshot data about the patients entered. Only HCPs that entered more than 5 patients for 3.2 Testicular cancer were included in these analyses. HCPs that entered less than 5 patients, were grouped in an 'Other' HCP. This 'Other' HCP consists of DE37 (N=1) and HR05 (N=4). As patient numbers are not similar across HCPs, the results cannot be equally compared between HCPs, but the analyses give an indication of trends. Please keep in mind that only Stage II and Stage III patients are included in the analyses, as only those patients are eligible for Clinical Practice Snapshot data entry.

The Clinical Practice Snapshots should only contain data about the first year of treatment, which starts at the date the patient first visits the ERN eUROGEN HCP for testicular cancer. However, sometimes information outside the 1-year window was added, and at other times, the dates are unknown. If this occurs, we interpreted this variable for this patient as 'Not performed'. An example: A patient had the first visit to the hospital (start treatment) at 23-01-2021, and the RPLND surgery took place at 08-02-2022 (more than a year after the start of treatment). This surgery should not be entered in the Clinical Practice Snapshot of the ERN eUROGEN registry. If this information was there, we interpreted it as 'No RPLND'.

Please keep in mind these reports are meant to inform you about some general treatment characteristics using the Clinical Practice Snapshot data, not to perform in-depth statistical analyses. If you have any suggestions about information to add to these reports, or to delete because the information is not relevant, please let us know and it will be considered for the next report.

EA 3.2; TESTICULAR CANCER

Descriptive statistics

The table below provides an overview of the descriptive statistics for patients from Expertise Area 3.2, testicular cancer. Corresponding figures were made of the variables, and they are displayed on the next pages.

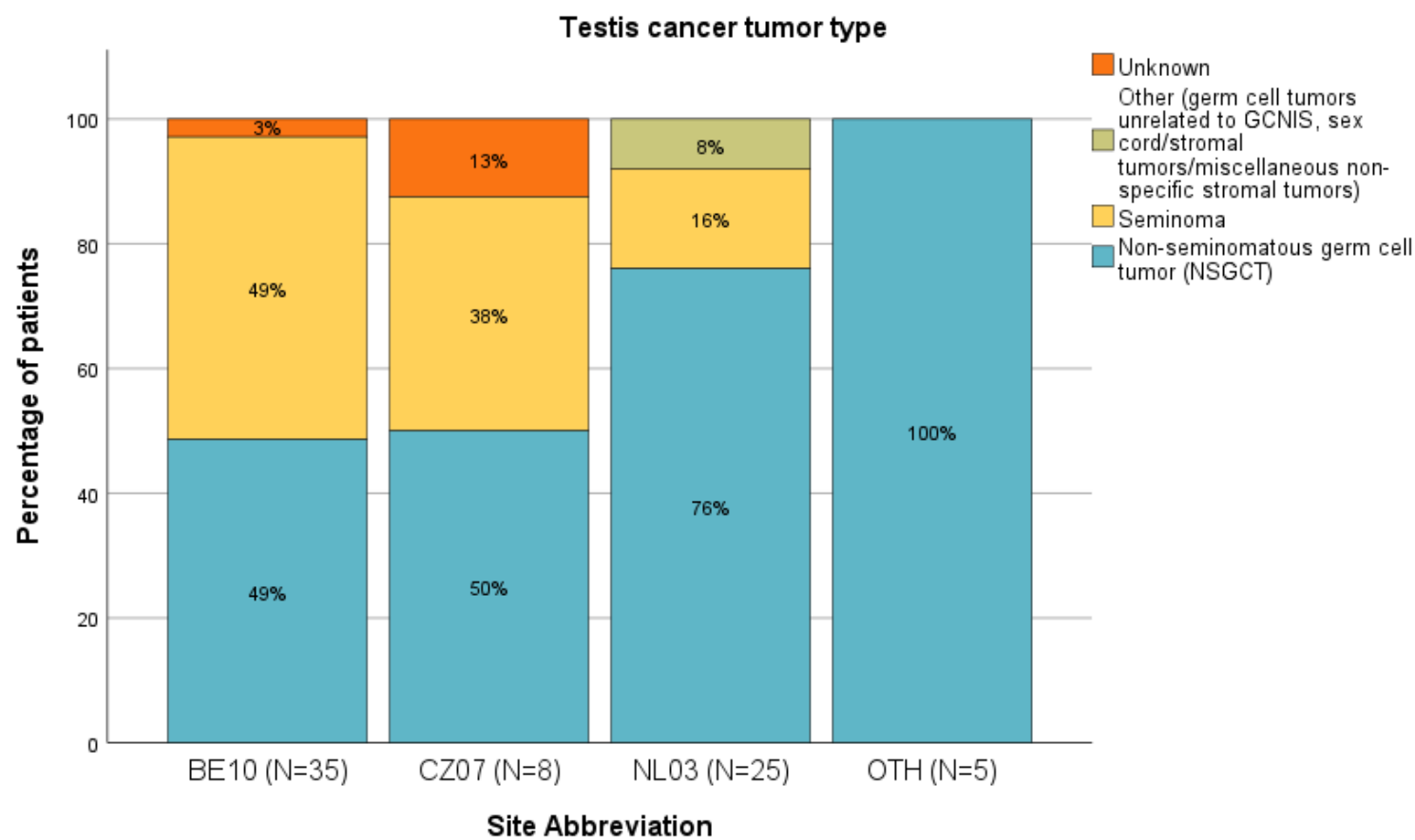
	Total (N=73)	Belgium BE10 (N=35)	Czechia CZ07 (N=8)	The Netherlands NL03 (N=25)	Others OTH (N=5)
Diagnostics					
Type of tumour					
Seminoma; N (%)	24 (32.9%)	17 (48.6%)	3 (37.5%)	4 (16.0%)	-
Non-seminomatous germ cell tumour; N (%)	45 (61.6%)	17 (48.6%)	4 (50.0%)	19 (76.0%)	5 (100%)
Other; N (%)	2 (2.7%)	-	-	2 (8.0%)	-
Unknown; N (%)	2 (2.7%)	1 (2.9%)	1 (12.5%)	-	-
Clinical stage of disease					
Stage II; N (%)	55 (75.3%)	24 (68.6%)	6 (75.0%)	21 (84.0%)	4 (80.0%)
Stage III; N (%)	17 (23.2%)	10 (28.6%)	2 (25.0%)	4 (16.0%)	1 (20.0%)
Unknown; N (%)	1 (1.4%)	1 (2.9%)	-	-	-
Prognosis of disease					
Good; N (%)	48 (65.8%)	23 (65.7%)	4 (50.0%)	20 (80.0%)	1 (20.0%)
Intermediate; N (%)	8 (11.0%)	6 (17.1%)	1 (12.5%)	1 (4.0%)	-
Poor; N (%)	6 (8.2%)	2 (5.7%)	2 (25.0%)	2 (8.0%)	-
Unknown; N (%)	11 (15.1%)	4 (11.4%)	1 (12.5%)	2 (8.0%)	4 (80.0%)
RPLND surgery					
RPLND performed at HCP					
Yes; N (%)	42 (57.5%)	16 (54.3%)	-	25 (100%)	1 (20.0%)
No; N (%)	31 (42.5%)	19 (45.7%)	8 (100%)	-	4 (80.0%)
Preoperative imaging					
CT; N (%)	41 (97.6%)	15 (93.8%)	-	25 (100%)	1 (100%)
MRI; N (%)	6 (14.3%)	1 (6.3%)	-	5 (20.0%)	-
PET-CT; N (%)	7 (16.7%)	1 (6.3%)	-	6 (24.0%)	-
Days between startdat. of trt* and RPLND (median, range)	0 days (0;184)	122 days (0;184)	-	0 days (-)	0 days (-)
Type of RPLND surgery	27 (64.3%)	13 (81.3%)	-	13 (52.0%)	1 (100%)
Open surgery; N (%)	3 (7.1%)	1 (6.3%)	-	2 (8.0%)	-
Laparoscopic surgery; N (%)	12 (28.6%)	2 (12.5%)	-	10 (40.0%)	-
Robotic surgery; N (%)	-	-	-	-	-
RPLND as pre-chemotherapy or primary treatment					
Primary treatment; N (%)	16 (38.1%)	4 (25.0%)	-	12 (48.0%)	-
Pre-chemotherapy; N (%)	26 (61.9%)	12 (75.0%)	-	13 (52.0%)	1 (100%)
RPLND performed unilateral or bilateral					
Unilateral; N (%)	32 (76.2%)	10 (62.5%)	-	21 (84.0%)	1 (100%)
Bilateral; N (%)	7 (16.7%)	3 (18.8%)	-	4 (16.0%)	-
Unknown; N (%)	3 (7.1%)	3 (18.8%)	-	-	-
RPLND level of nerve-sparing					
Unilateral nerve-sparing; N (%)	2 (4.8%)	1 (6.3%)	-	1 (4.0%)	-
Bilateral nerve-sparing; N (%)	1 (2.4%)	-	-	-	1 (100%)
Not nerve-sparing; N (%)	15 (35.7%)	-	-	15 (60.0%)	-
Unknown; N (%)	24 (57.1%)	15 (93.8%)	-	9 (36.0%)	-
Intraoperative complications					
Yes; N (%)	2 (4.8%)	-	-	2 (8.0%)	-
No; N (%)	40 (95.2%)	16 (100%)	-	23 (92.0%)	1 (100%)
Postoperative complications					
Yes; N (%)	5 (11.9%)	2 (12.5%)	-	3 (12.0%)	-
No; N (%)	37 (88.1%)	14 (87.5%)	-	22 (88.0%)	1 (100%)
Other treatment if no RPLND					
Other type of treatment					
None; N (%)	1 (3.2%)	1 (5.3%)	-	-	-
Chemotherapy; N (%)	26 (83.9%)	15 (78.9%)	7 (87.5%)	-	4 (100%)
Radiotherapy; N (%)	3 (9.7%)	3 (15.8%)	-	-	-
Other; N (%)	1 (3.2%)	-	1 (12.5%)	-	-
Follow-up					
Recurrence of tumour					
Yes; N (%)	6 (8.2%)	1 (2.9%)	1 (12.5%)	4 (16.0%)	-
No; N (%)	67 (91.8%)	34 (97.1%)	7 (87.5%)	21 (84.0%)	5 (100%)

startdat. of trt: startdate of treatment; RPLND: Retroperitoneal Lymph Node Dissection

Diagnosis

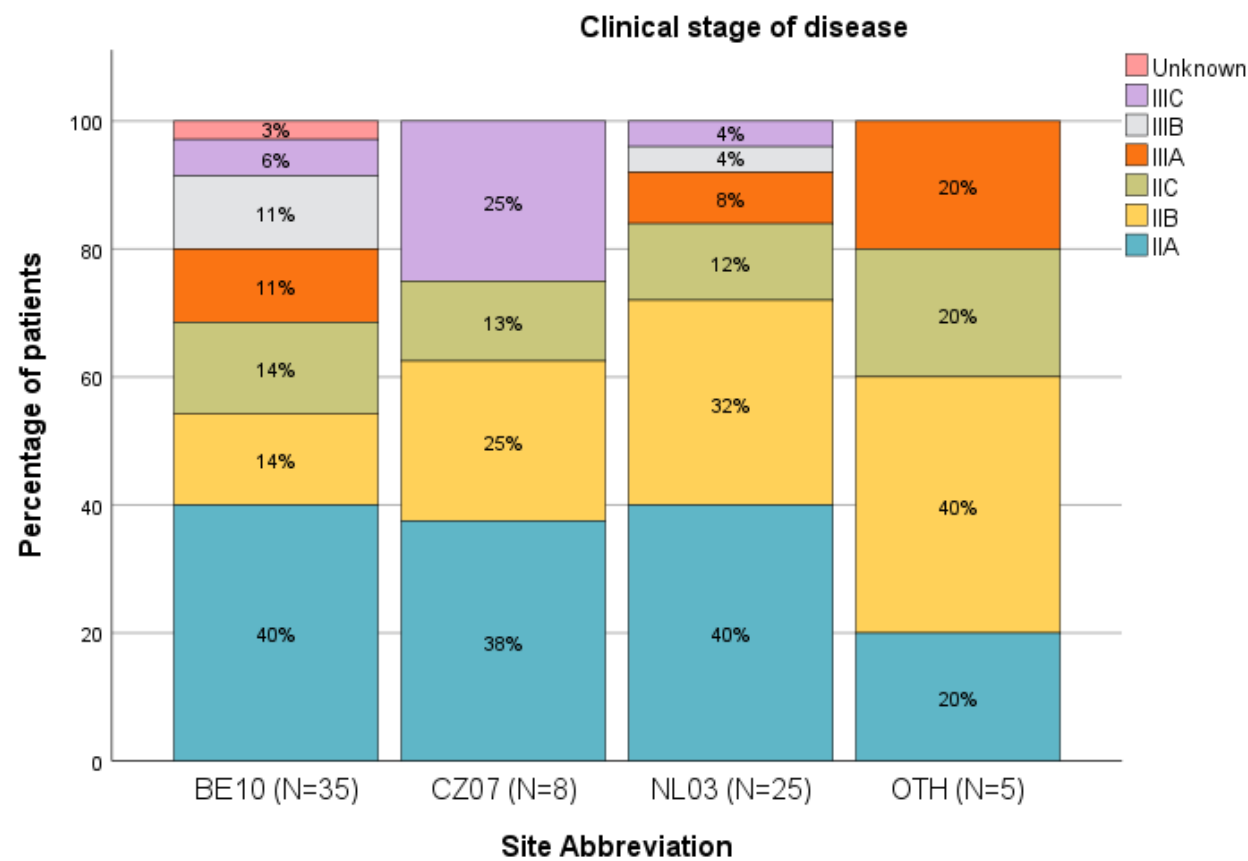
Type of tumour

The majority of patients was diagnosed with NSGCT, followed by seminoma.



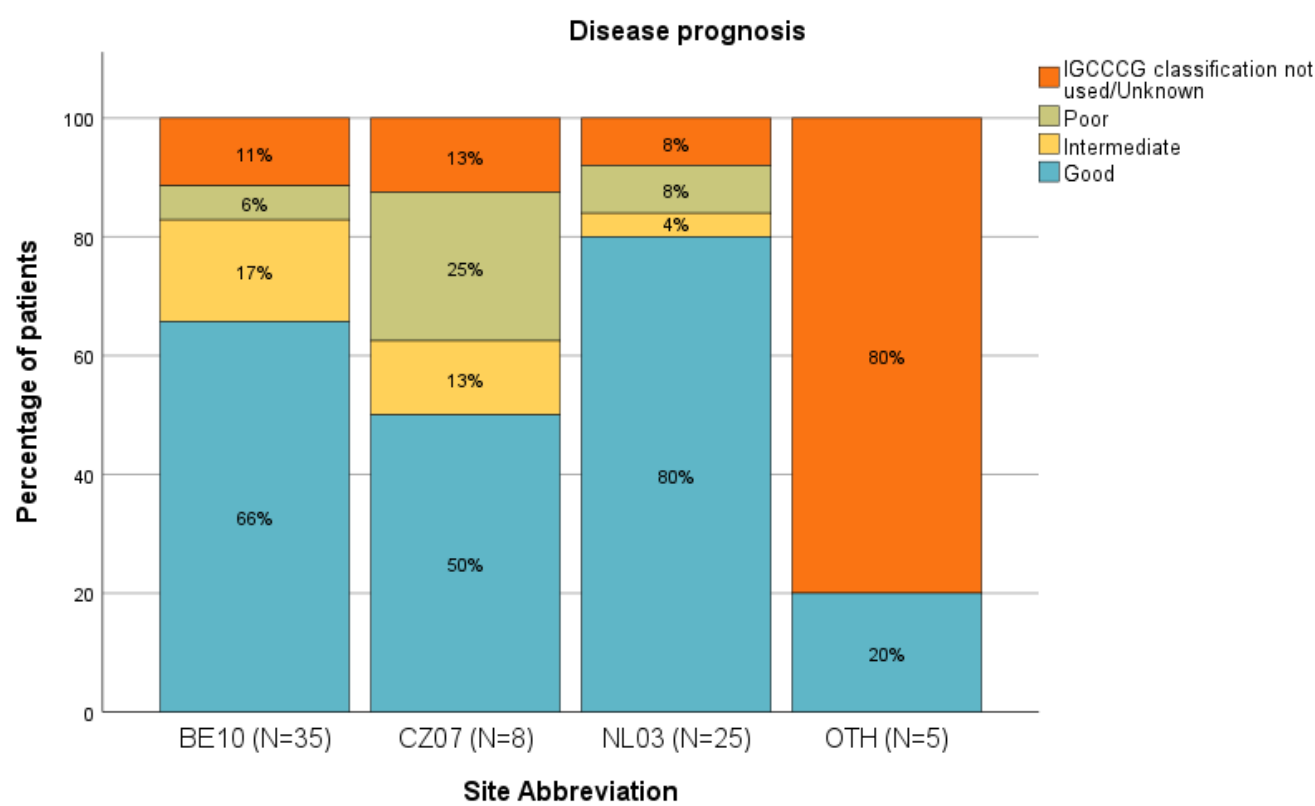
Clinical stage of disease

There is great variety in the clinical stage of disease for patients. Most patients have stage II disease.



Disease prognosis

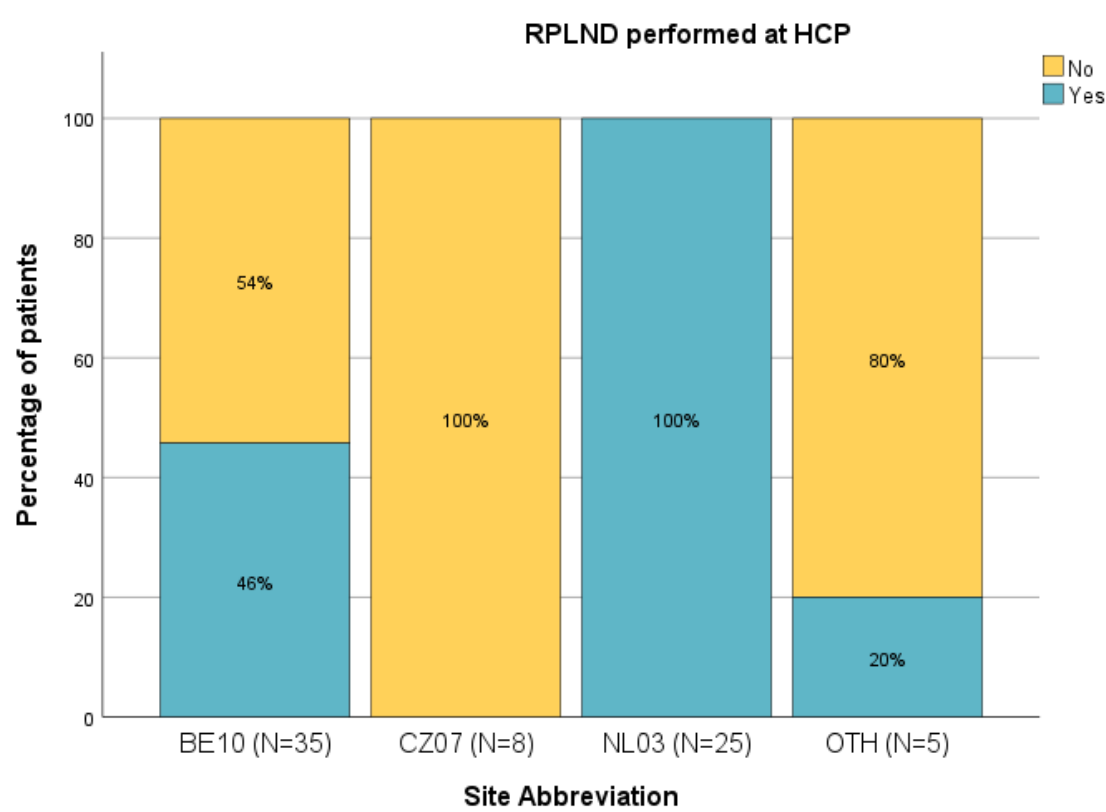
Most patients have a ‘good’ disease prognosis according to the IGCCCG classification, but also ‘intermediate’ and ‘poor’ disease prognosis occur.



Surgery

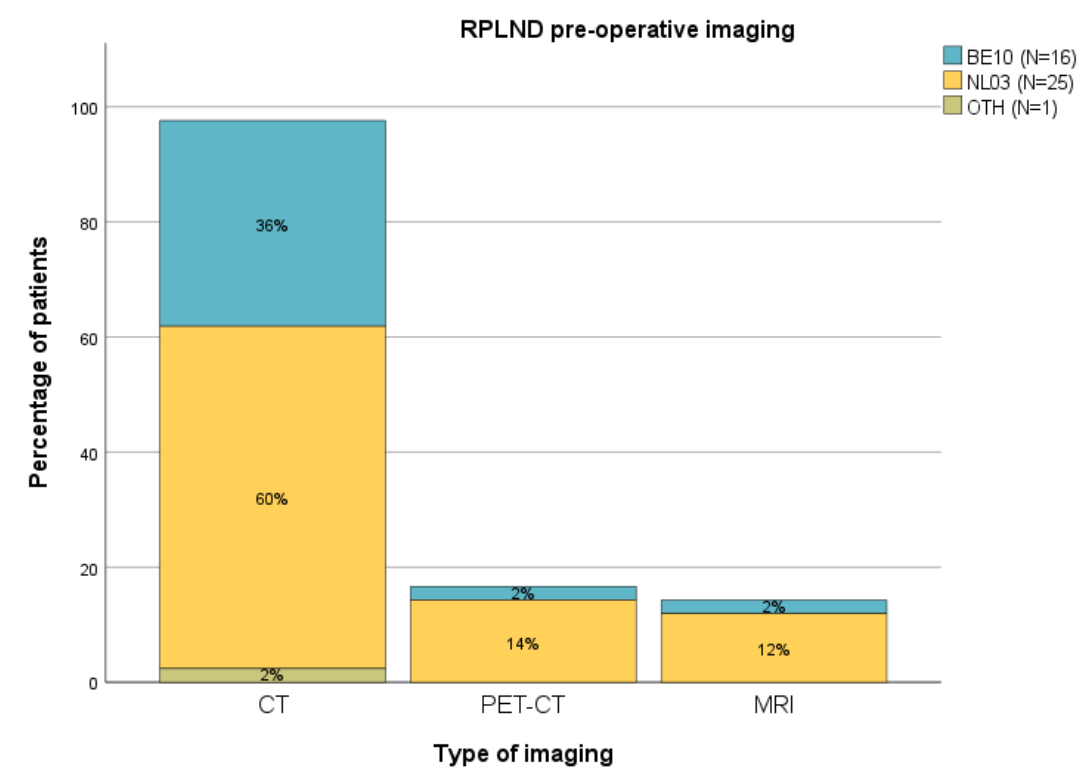
RPLND performed in HCP

RPLND was performed for all patients of NL03 and for almost half of BE10 patients. For OTH patients, only 1 patients received RPLND, and none of CZ07 patients received RPLND.



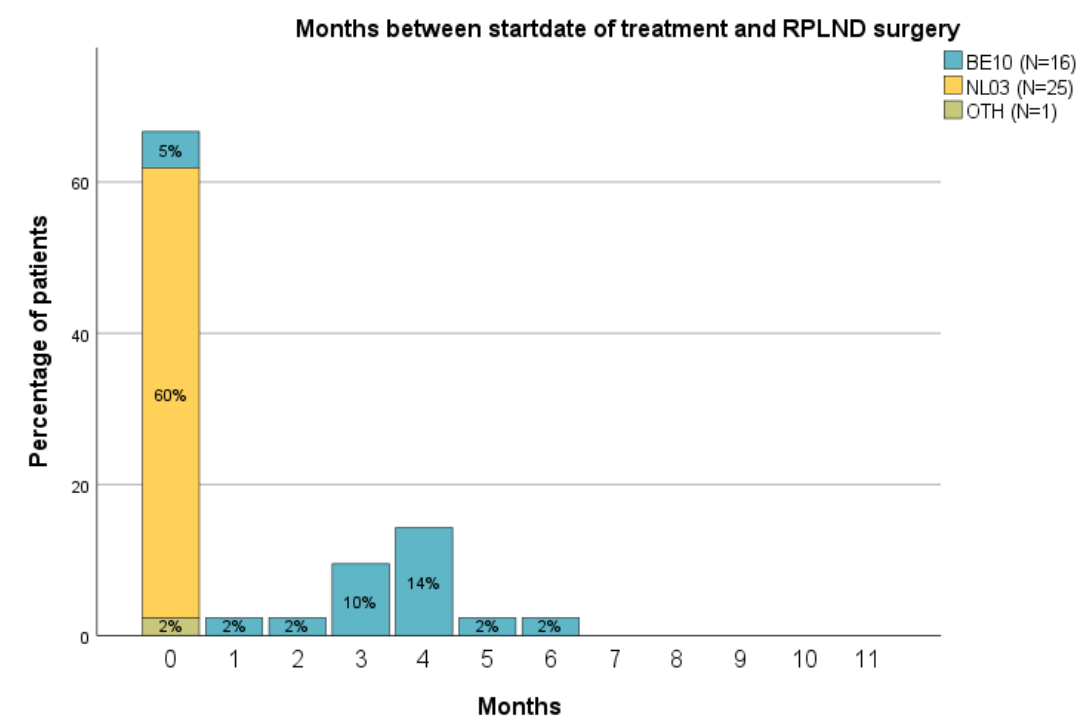
Preoperative imaging

Almost all patients had a preoperative CT scan, a few patients had a PET-CT or MRI.



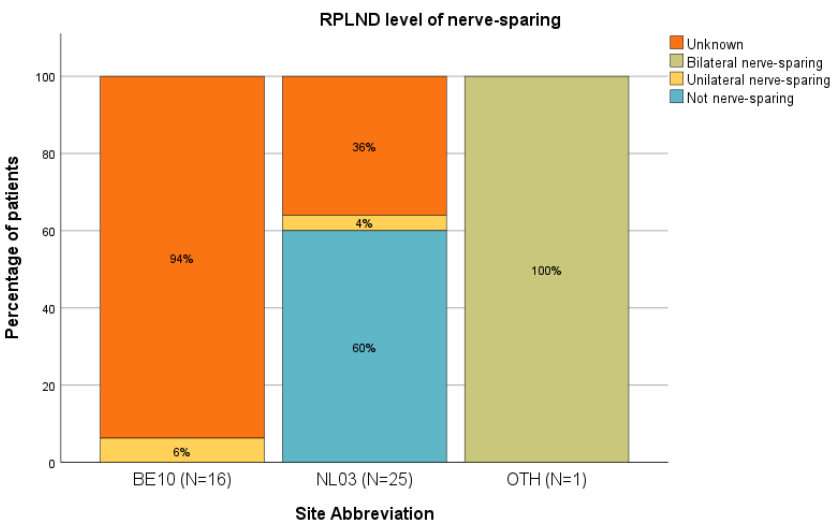
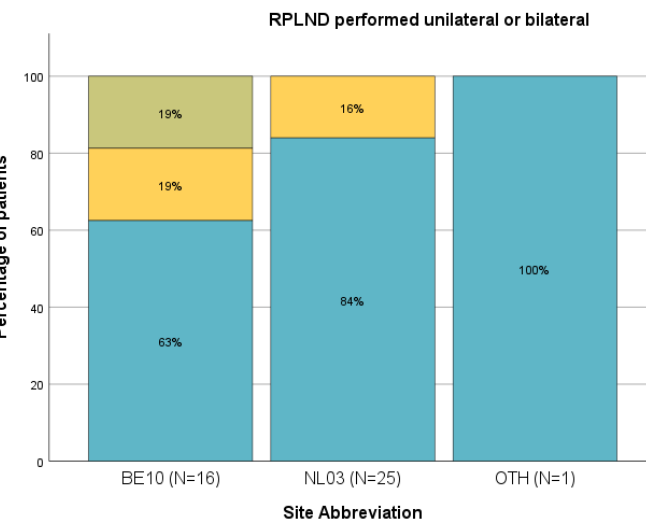
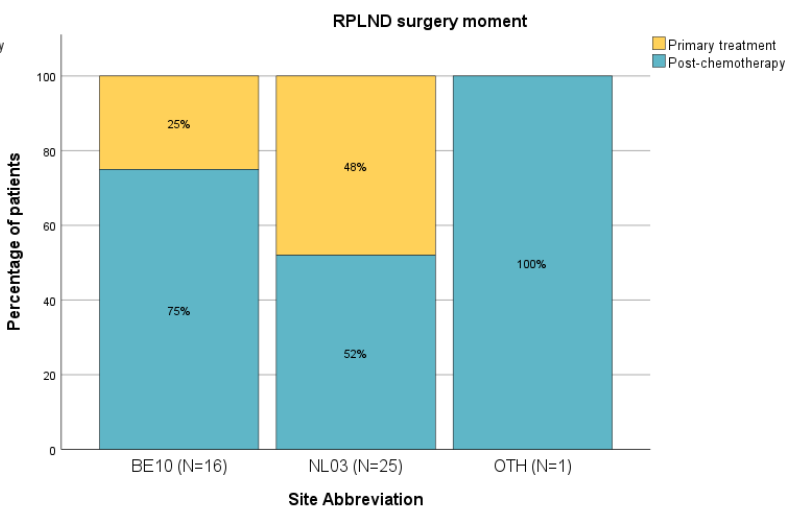
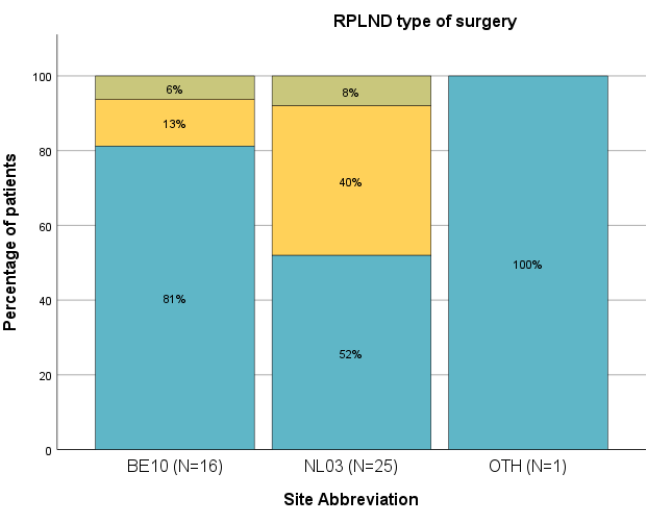
Time between first contact with HCP and RPLND surgery

In NL03, all patients visited the HCP for the first time when they received RPLND surgery. This suggests that the patients were diagnosed elsewhere and referred to NL03 for the surgery. For BE10, RPLND surgery could take place up until half a year after the first contact with the HCP.



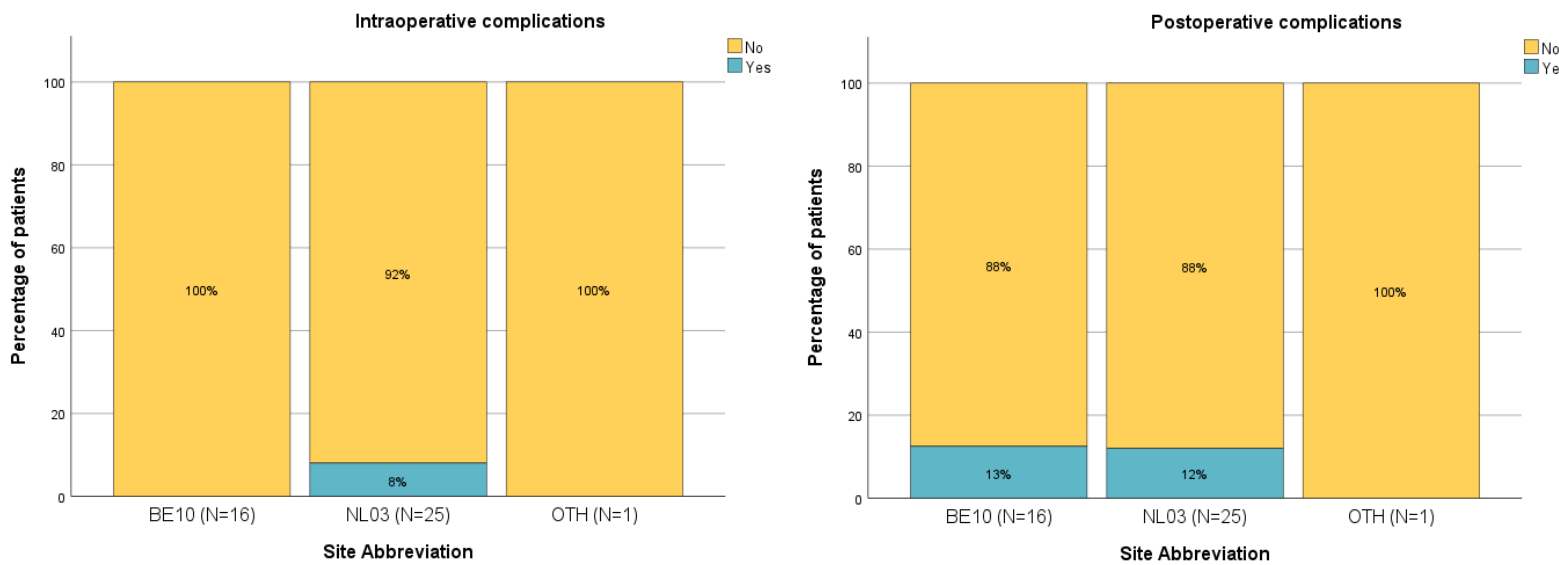
RPLND surgery characteristics

Below an overview of multiple RPLND surgery characteristics can be found. Most surgeries were open surgeries in all HCPs. Surgeries occurred as both primary treatment and post-chemotherapy, with a majority of the surgeries being post-chemotherapy. Most RPLND surgeries were performed unilateral. Information about the surgery being nerves-sparing was unknown for most patients. If it was known, the surgery was mostly not nerve-sparing.



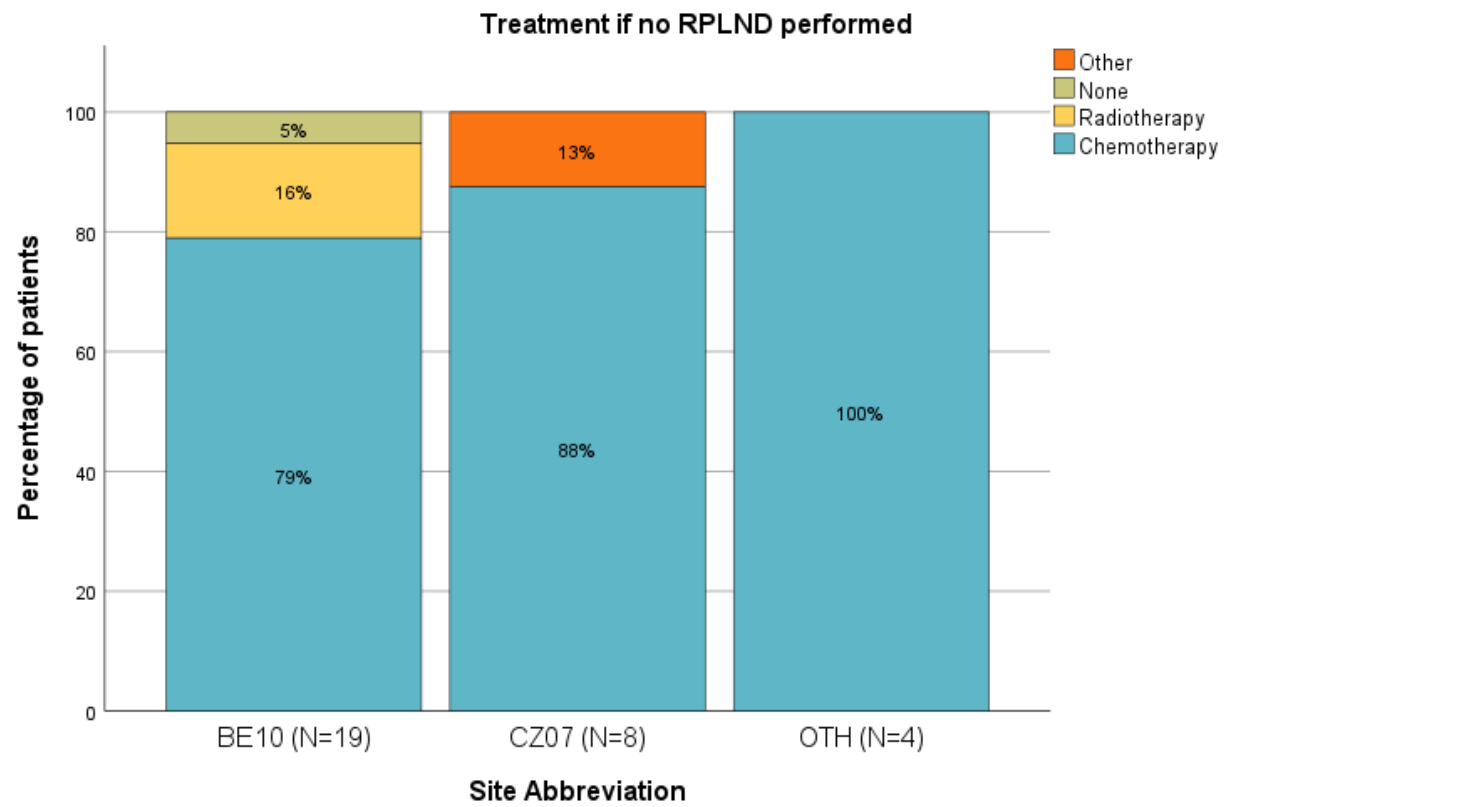
Complications after surgery

Most patients did not have any intra- or -postoperative complications.



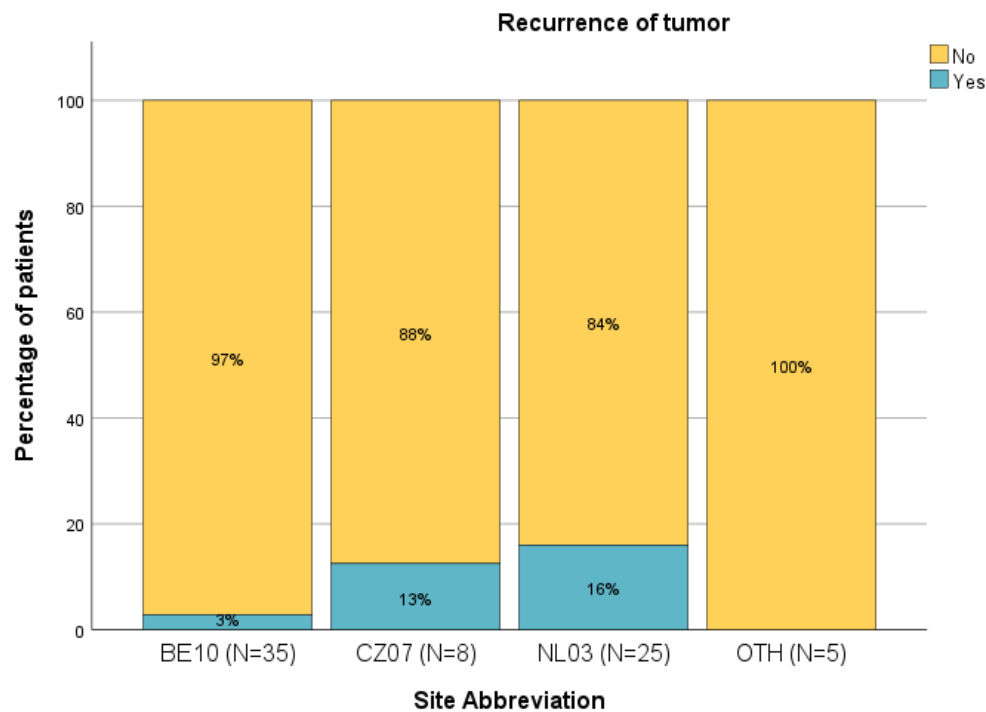
Treatment if no RPLND

If no RPLND was performed at the HCP, patients received another treatment. Most used treatment was chemotherapy, and some patients received another treatment or radiotherapy.



Recurrence of tumor

A minority of patients had a recurrence of their tumour within 1 year after the start of their treatment.



ERN eUROGEN is one of the 24 European Reference Networks (ERNs) approved by the ERN Board of Member States. The ERNs are co-funded by the European Commission. For more information about the ERNs and the EU health strategy, please visit <http://ec.europa.eu/health/ern>