ERN eUROGEN registry
Report on Expertise Area 3.2

INTRODUCTION

This report entails an analysis of the data on Expertise Area 3.2: Testicular cancer in the ERN eUROGEN registry. 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 individually in these analyses. HCPs that entered less than 5 patients, were grouped in an 'Other' HCP group. This 'Other' HCP group consists of: DE37 (N=1), HR01 (N=2) and HR05 (N=4). As patient numbers are not similar, 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 patients 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, and we interpreted it as 'No RPLND within the first year'.

Please keep in mind that 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 taken into account 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.

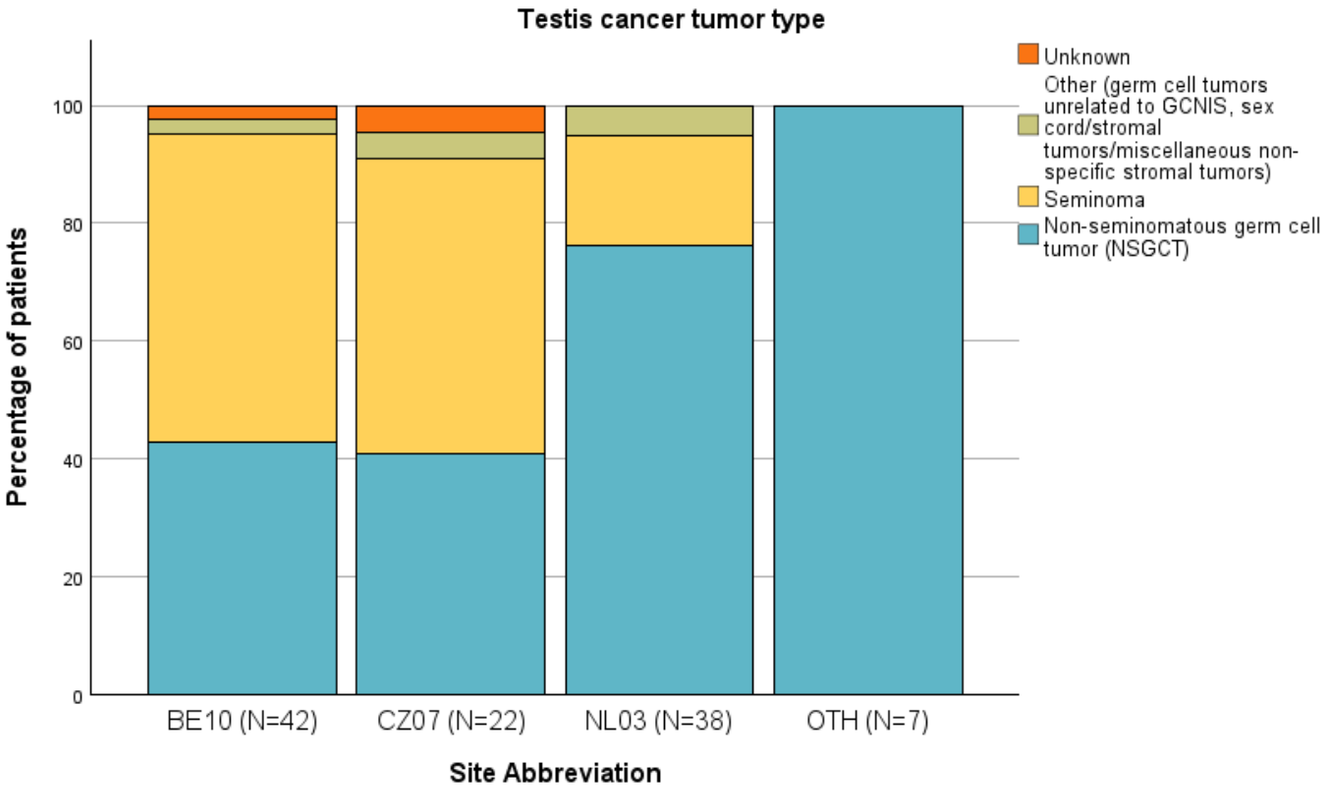
	Total (N=109)	Belgium BE10 (N=42)	Czechia CZ07 (N=22)	The Netherlands NL03 (N=38)	Others OTH (N=7)
Diagnostics					
Type of tumour					
Seminoma; N (%)	40 (36.7%)	22 (52.4%)	11 (50.0%)	7 (18.4%)	-
Non-seminomatous germ cell tumour; N (%)	63 (57.8%)	18 (42.9%)	9 (40.9%)	29 (76.3%)	7 (100%)
Other; N (%)	4 (3.7%)	1 (2.4%)	1 (4.5%)	2 (5.3%)	-
Unknown; N (%)	2 (1.8%)	1 (2.4%)	1 (4.5%)	-	-
Clinical stage of disease					
Stage I; N (%)	1 (0.9%)	-	1 (4.5%)	-	-
Stage II; N (%)	78 (71.6%)	30 (71.4%)	12 (54.5%)	31 (81.6%)	5 (71.4%)
Stage III; N (%)	29 (26.6%)	11 (26.2%)	9 (40.9%)	7 (18.4%)	1 (28.6%)
Unknown; N (%)	1 (0.9%)	1 (2.4%)	-	-	-
Prognosis of disease					
Good; N (%)	71 (65.1%)	30 (71.4%)	13 (59.1%)	25 (65.8%)	3 (42.9%)
Intermediate; N (%)	12 (11.0%)	6 (14.3%)	2 (9.1%)	4 (10.5%)	-
Poor; N (%)	8 (7.3%)	2 (4.8%)	4 (18.2%)	2 (5.3%)	-
Unknown, (%)	18 (16.5%)	4 (9.5%)	3 (13.6%)	7 (18.4%)	4 (57.1%)
RPLND surgery					
RPLND performed at HCP					
Yes; N (%)	57 (52.3%)	17 (40.5%)	-	37 (97.4)	3 (42.9%)
No; N (%)	52 (47.7%)	25 (59.5%)	22 (100%)	1 (2.6%)	4 (57.1%)
Preoperative imaging					
CT; N (%)	55 (96.5%)	16 (94.1%)	-	37 (100%)	2 (66.7%)
MRI; N (%)	8 (14.0%)	1 (5.9%)	-	6 (16.2%)	1 (33.3%)
PET-CT; N (%)	7 (12.3%)	1 (5.9%)	-	6 (16.2%)	-
Days between startdat. of trt and RPLND (median, range)	0 days (0;344)	126 days (0;184)	-	0 days (0;58)	107 days (0;344)
Type of RPLND surgery					
Open surgery; N (%)	33 (57.9%)	13 (76.5%)	-	19 (51.4%)	1 (33.3%)
Laparoscopic surgery; N (%)	6 (10.5%)	2 (11.8%)	-	2 (5.4%)	2 (66.7%)
Robotic surgery; N (%)	18 (31.6%)	2 (11.8%)	-	16 (43.2%)	-
RPLND as pre-chemotherapy or primary treatment					
Primary treatment; N (%)	23 (40.4%)	5 (29.4%)	-	18 (48.6%)	-
Pre-chemotherapy; N (%)	34 (59.6%)	12 (70.6%)	-	19 (51.6%)	3 (100%)
RPLND performed unilateral or bilateral					
Unilateral; N (%)	44 (77.2%)	11 (64.7%)	-	31 (83.8%)	2 (66.7%)
Bilateral; N (%)	10 (17.5%)	3 (17.6%)	-	6 (16.2%)	1 (33.3%)
Unknown; N (%)	3 (5.3%)	3 (17.6%)	-	-	-
RPLND level of nerve-sparing					
Unilateral nerve-sparing; N (%)	30 (52.6%)	1 (5.9%)	-	29 (78.4%)	-
Bilateral nerve-sparing; N (%)	3 (5.3%)	-	-	2 (5.4%)	1 (33.3%)
Not nerve-sparing; N (%)	4 (7.0%)	-	-	2 (5.4%)	2 (66.7%)
Unknown; N (%)	20 (35.1%)	16 (94.1%)	-	4 (10.8%)	-
Intraoperative complications					
Yes; N (%)	2 (3.5%)	-	-	2 (5.4%)	-
No; N (%)	55 (96.5%)	17 (100%)	-	35 (94.6%)	3 (100%)
Postoperative complications					
Yes; N (%)	7 (12.3%)	2 (11.8%)	-	5 (13.5%)	-
No; N (%)	50 (87.7%)	15 (88.2%)	-	35 (86.5%)	3 (100%)
Other treatment if no RPLND					
Other type of treatment					
None; N (%)	3 (5.8%)	2 (8.0%)	1 (4.5%)	-	-
Chemotherapy; N (%)	43 (82.7%)	19 (76.0%)	19 (86.4%)	1 (100%)	4 (100%)
Radiotherapy; N (%)	4 (7.7%)	3 (12.0%)	1 (4.5%)	-	-
Surgical intervention other than RPLND; N (%)	1 (1.9%)	1 (4.0%)	-	-	
Other; N (%)	1 (1.9%)	-	1 (4.5%)	-	-
Follow-up					
Recurrence of tumour					
Yes; N (%)	8 (7.3%)	1 (2.4%)	1 (4.5%)	6 (15.8%)	-
No; N (%)	101 (92.7%)	41 (97.6%)	21 (95.5%)	32 (84.2%)	7 (100%)

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

Diagnosis

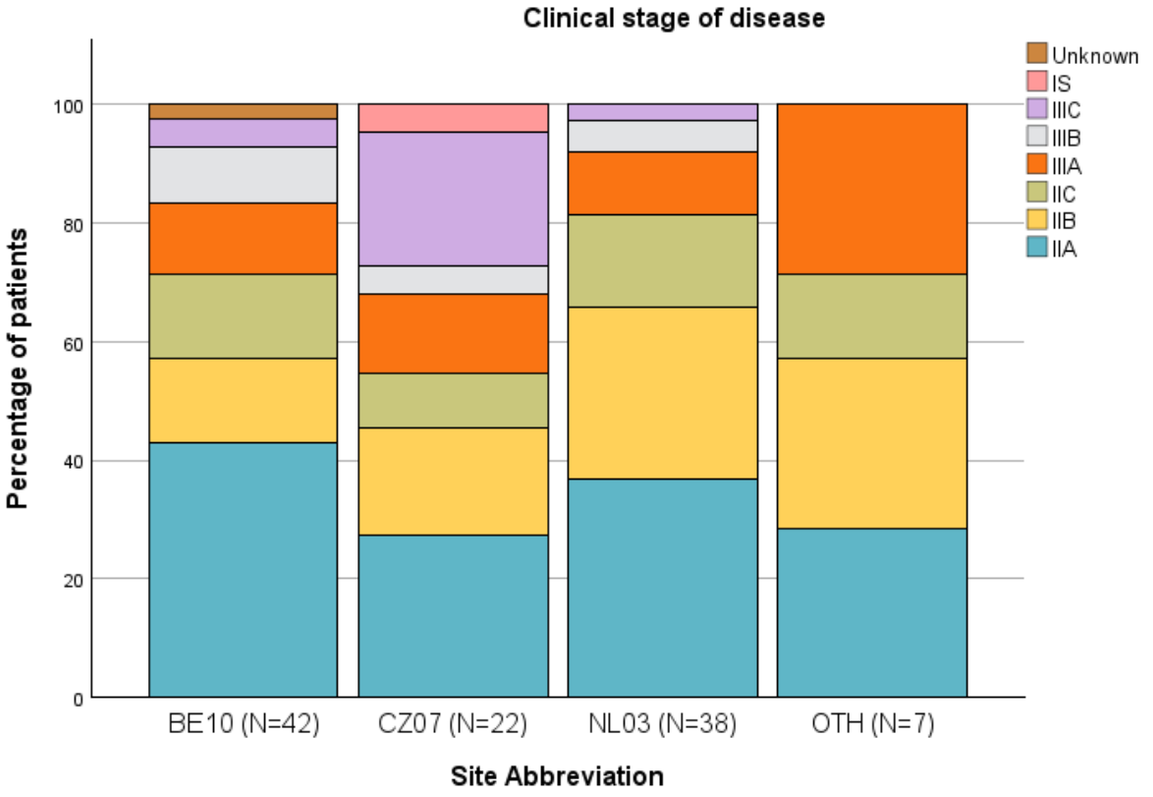
Type of tumour

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



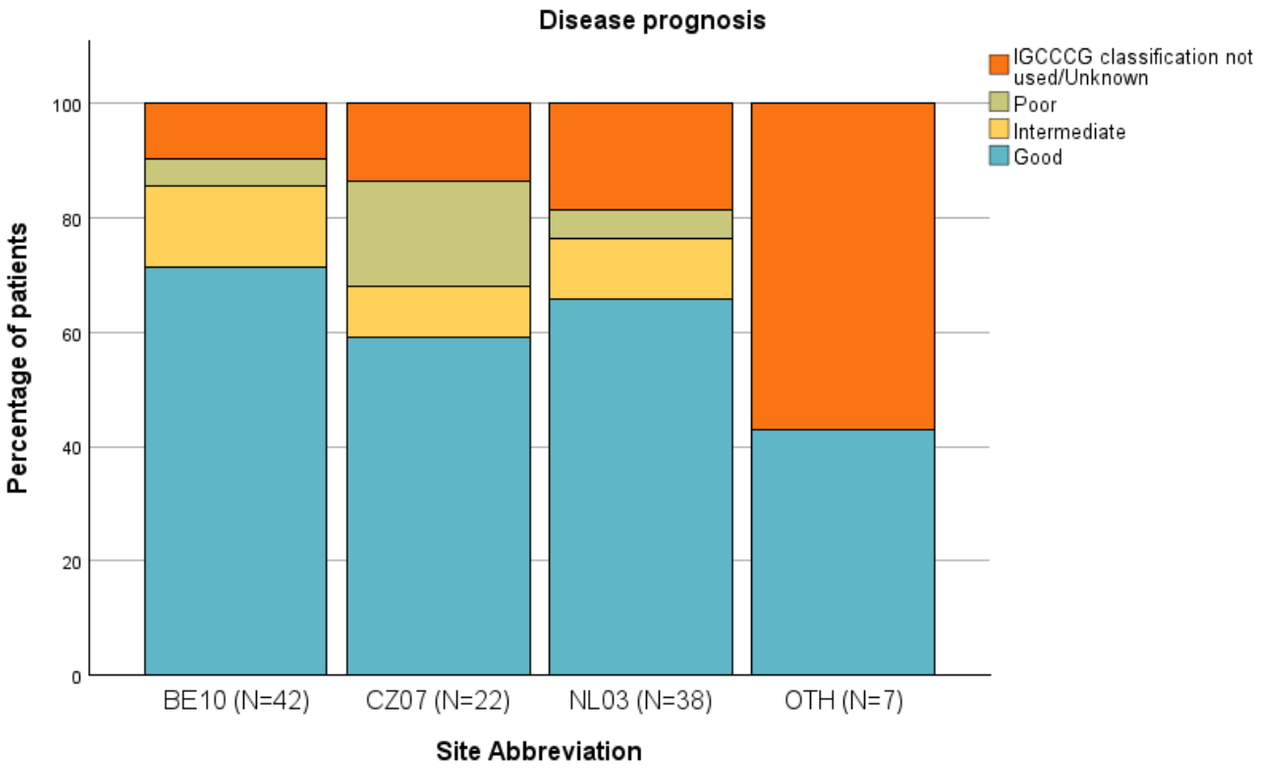
Clinical stage of disease

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



Disease prognosis

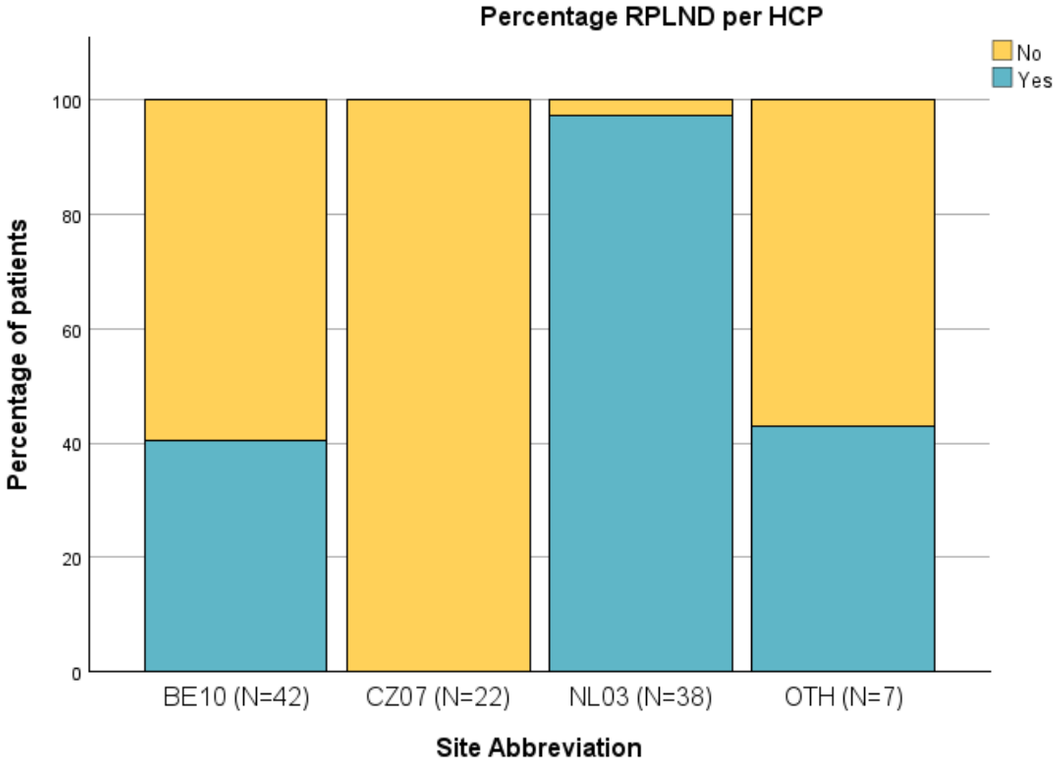
Most patients have a ‘good’ disease prognosis according to the IGCCCG classification, but also ‘intermediate’ and ‘poor’ disease prognosis occur.



Surgery

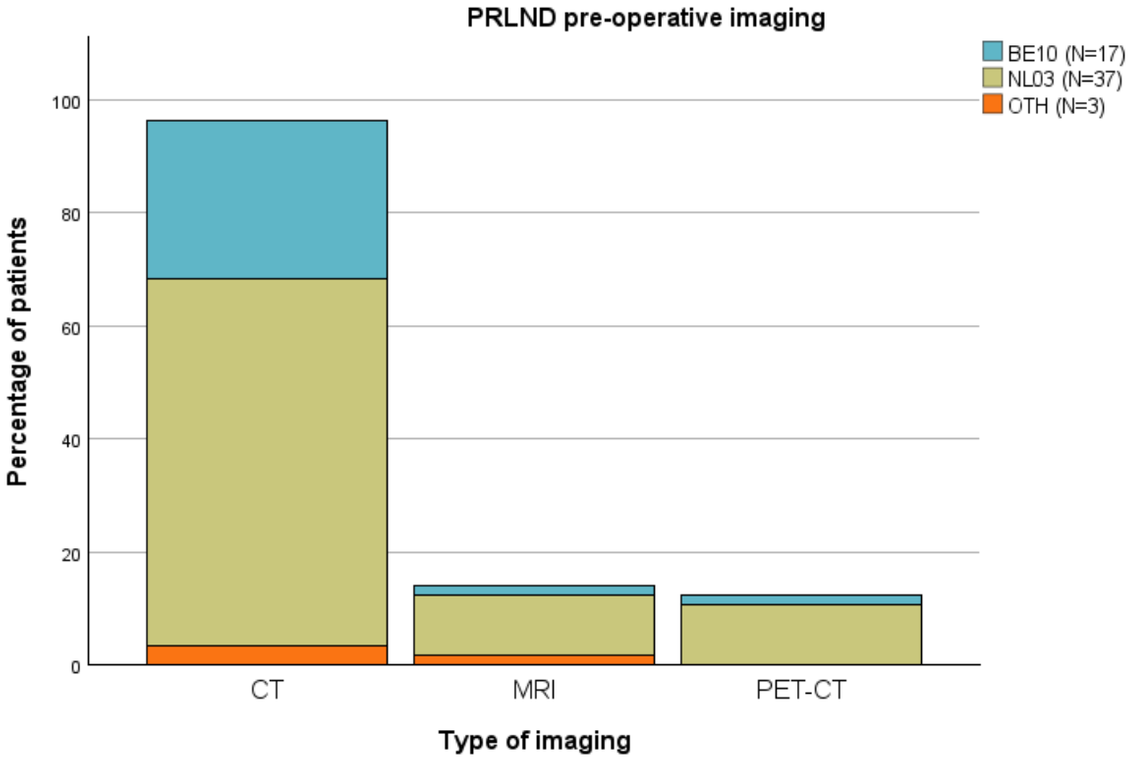
RPLND performed in HCP

RPLND was performed for almost all patients of NL03 and for 40% of BE10 patients. None of CZ07 patients received RPLND and for OTH patients, 3 patients received RPLND.



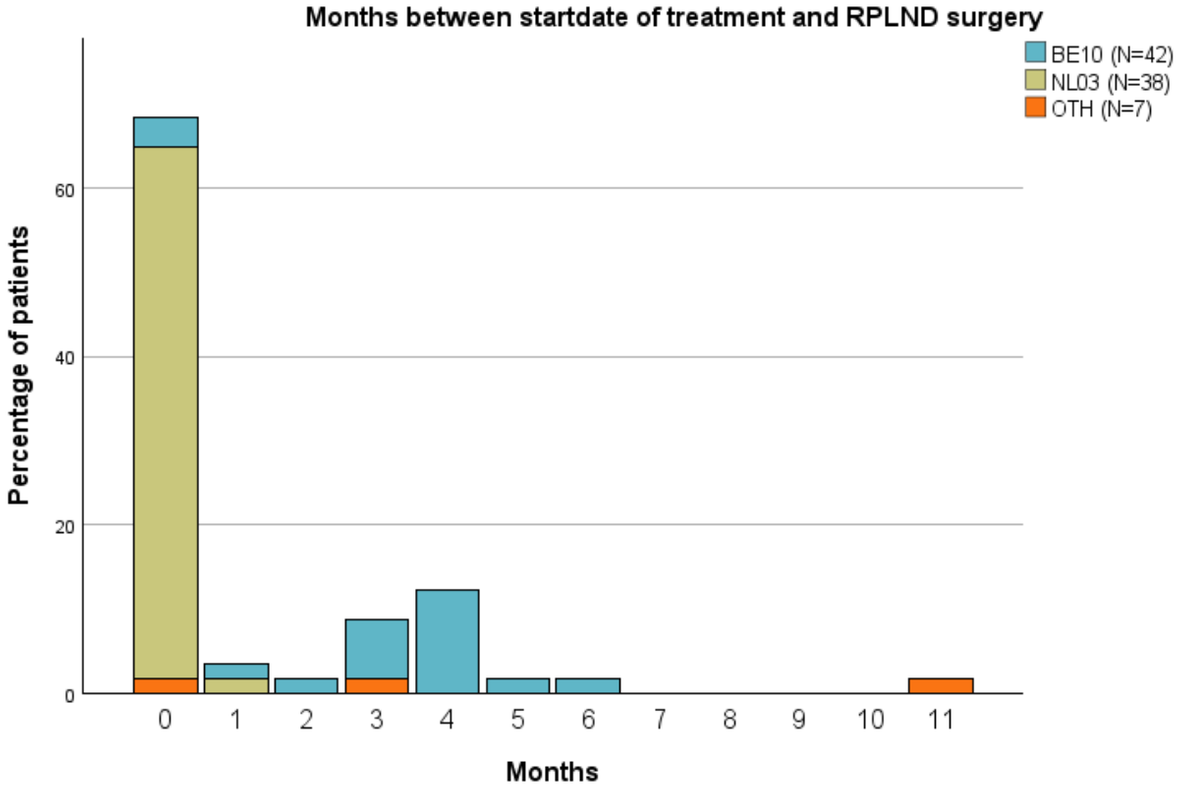
Preoperative imaging

Almost all patients had a preoperative CT scan, a few patients had a(n) (additional) PET-CT or MRI scan.



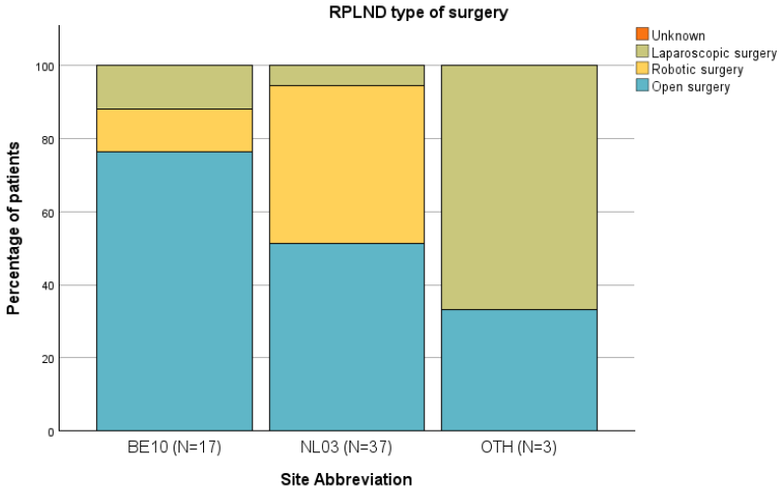
Time between first contact with HCP and RPLND surgery

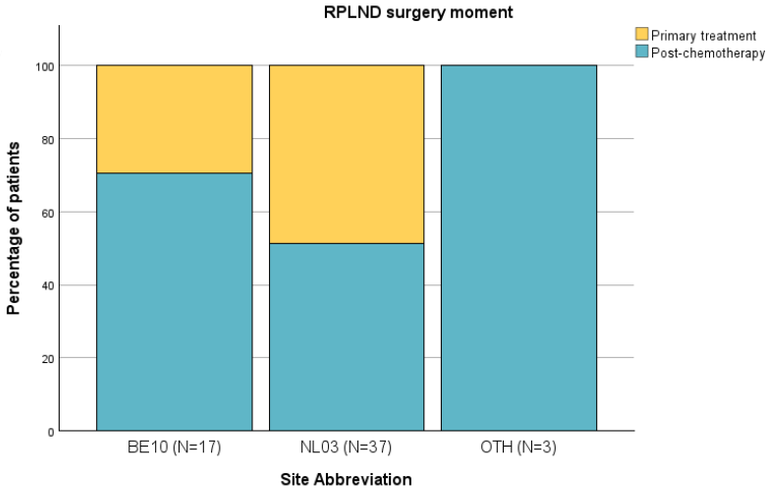
Most patients received the RPLND surgery in the first month after the first contact with the HCP. For BE10, RPLND surgery could take place up until half a year after the first contact with the HCP.

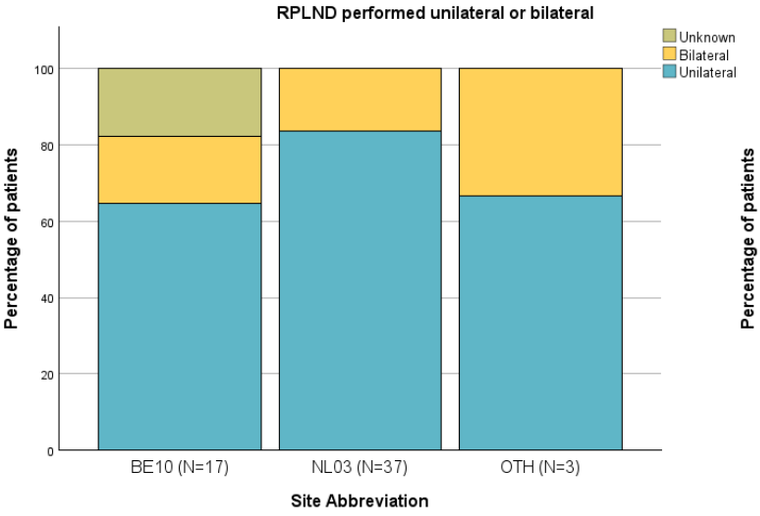


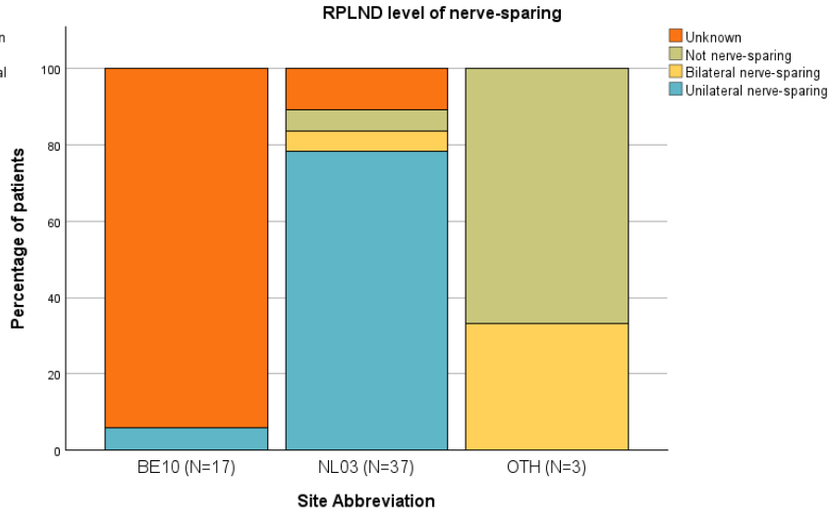
RPLND surgery characteristics

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 unilateral nerve-sparing.



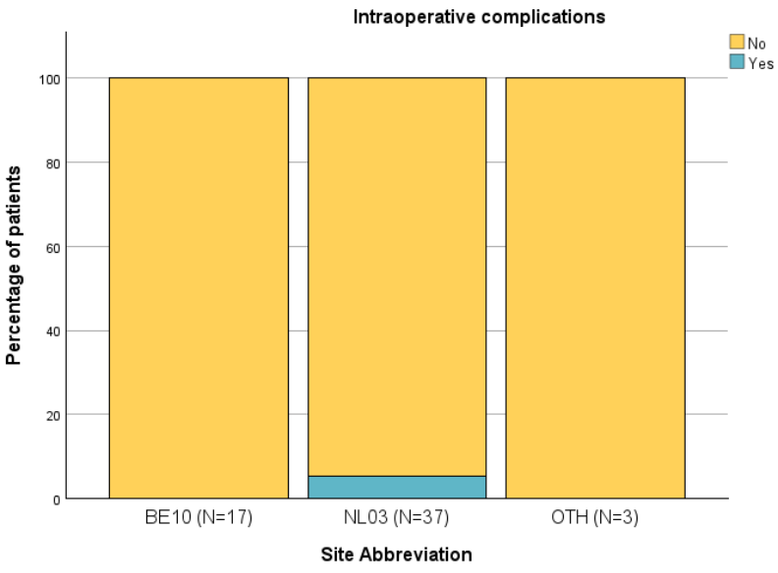


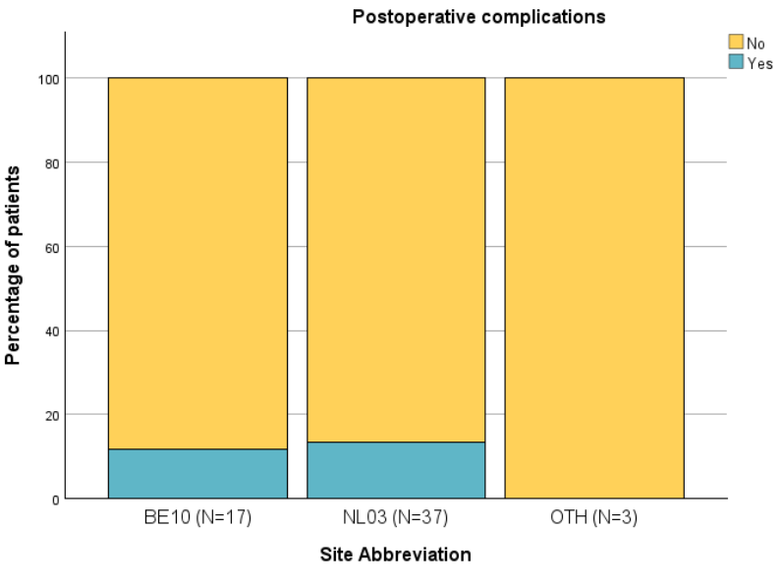




Complications after surgery

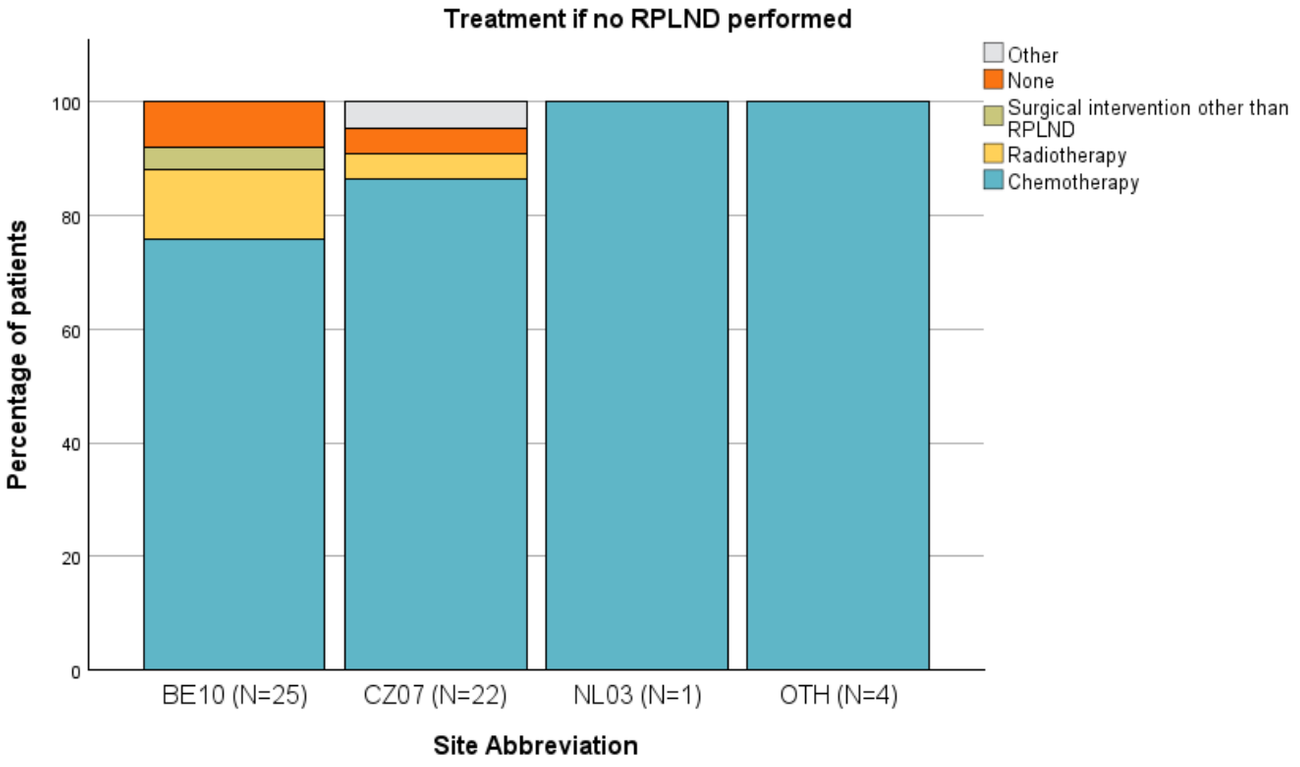
Most patients did not have any intra- or postoperative complications. Most complications occurred postoperative.





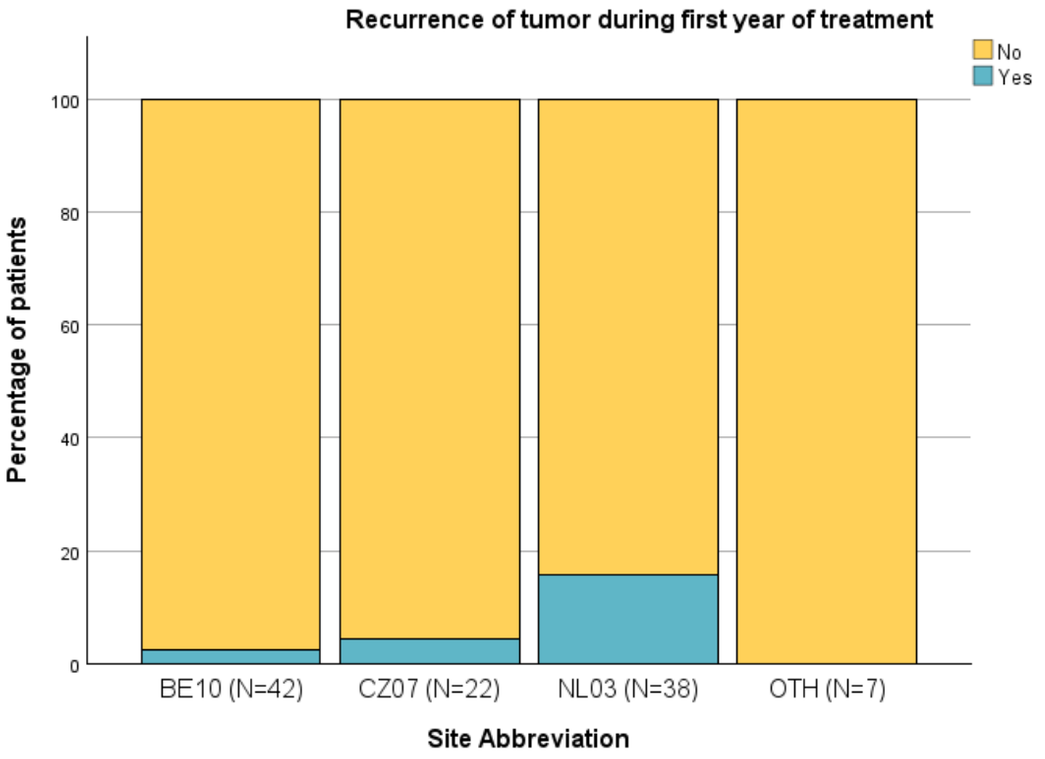
Treatment if no RPLND

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



Recurrence of tumor

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



European Reference Networks

European Reference Network
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Funded by the European Union

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