



International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)-WHO, Version for 2019-covid-expanded.

A	<p>Agranulocytosis (D70) Anal carcinoma (C21) Anaemia - Aplastic (D60 – D61) Anaemia - Fanconi (D61.0) Angiosarcoma (C22.3)</p>	N	<p>Nasopharyngeal carcinoma (C11) Nebennierenkrebs → Adrenocortical carcinoma Nephritis / Glomerulonephritis (N05) Nephroblastoma → Wilms' tumour Non-Hodgkin lymphoma (C82 – C88)</p>
B	<p>Blasenmole → Trophoblastic disease Brain cancer:</p> <ul style="list-style-type: none"> ▪ Astrocytoma (C71.9) ▪ Ependymoma (C71.9) ▪ Glioblastoma (C71.9) ▪ Oligodendroglioma (C71.9) ▪ Medulloblastoma (C71.6) ▪ other (C71) <p>Breast cancer:</p> <ul style="list-style-type: none"> ▪ benign BRCA positive (Z15.01) ▪ hormone receptor positive (Z17.0) ▪ hormone receptor negative (Z17.1) ▪ hormone receptor status not known (Z17) ▪ other (C50) <p>Burkitt lymphoma (C83.7)</p>	O	<p>Osteosarcoma (C41.9) Ovary (C56):</p> <ul style="list-style-type: none"> ▪ borderline malignancy ▪ teratoma benign ▪ teratoma malignant ▪ other
C	<p>Cervix uteri carcinoma (C53) Chondrosarcoma (C41.9) Colitis ulcerosa → Ulcerative colitis Colon carcinoma (C18) Crohn disease (K50)</p>	P	<p>Pancreatic cancer (C25) Placenta cancer (C58.9; D39.2) → Trophoblastic disease Pleomorphic undifferentiated sarcoma → Undifferentiated pleomorphic sarcoma Polyarteritis nodosa (M30) Polychondritis (M94.8) Polymyositis (M33) Premature ovarian insufficiency (E28.3) Prostate cancer (C61)</p>
D	<p>Dermatomyositis (M33)</p>	R	<p>Rectal cancer (C20) Rectosigmoid junction cancer (C19) Renal cell carcinoma → Kidney cancer Rhabdomyosarcoma (C49.9) Rheumatoid arthritis (M05 – M06, M08)</p>
E	<p>Endometrial carcinoma (C54) Endometriosis (N80) Ewing sarcoma (C40-C41)</p>	S	<p>Schilddrüsenkrebs → Thyroid cancer Sharp syndrome → Mixed connective tissue disease Sickle cell disease (D57) Sigmakarzinom → Colon carcinoma Sjögren (Sicca) syndrome (M35) Stomach cancer (C16) Synovial sarcoma (C49.9) Systemic sclerosis (including: Scleroderma) (M34)</p>
F	<p>Fibrosarcoma (C49.9) Fragile X syndrome (Q99.2)</p>	T	<p>Takayasu arteritis (Aortic arch syndrome) (M31.4) Testicular cancer (C62):</p> <ul style="list-style-type: none"> ▪ seminoma ▪ non seminomatous germ cell tumour - teratoma ▪ non seminomatous germ cell tumour - embryonal carcinoma ▪ non seminomatous germ cell tumour - yolk sac carcinoma ▪ stromal tumour - Leydig cell tumour ▪ stromal tumour - Sertoli cell tumour ▪ other histological types <p>Thalassemia (D56) Thyroid cancer (C73) Transgender (F64) Trophoblastic disease (O01.9) Turner syndrome (Q96)</p>
G	<p>Galactosemia (E74.2) Germ cell tumour - extragonadal (ICD-O-3 M906-909)</p>	U	<p>Ulcerative colitis (K51) Undifferentiated pleomorphic sarcoma (C49)</p>
H	<p>Hodgkin lymphoma (C81)</p>	V	<p>Vasculitis limited to skin (L95) Vulva carcinoma (C51)</p>
I	<p>Immune thrombocytopenia (D69)</p>	W	<p>Wegener granulomatosis (M31.3) Wilms' tumour (Kidney cancer in children) (C64)</p>
K	<p>Keimzelltumor → Germ cell tumour Kidney cancer (C64)</p>	?	DISEASE NOT LISTED
L	<p>Leiomyosarcoma NOS (ICD-O-3 M8890/3) Leukaemia:</p> <ul style="list-style-type: none"> ▪ Leukaemia lymphoid - acute lymphoblastic (C91.0) ▪ Leukaemia lymphoid - chronic lymphocytic (C91) ▪ Leukaemia myeloid - acute (C92) ▪ Leukaemia myeloid - chronic (C92) ▪ Leukaemia - other forms (C91 - C95) <p>Liposarcoma (C49.9) Liver cancer (C22) Lung cancer (C34) Lupus erythematosus (L93)</p>		
M	<p>Malignant fibrous histiocytoma → Undifferentiated pleomorphic sarcoma Malignant nerve sheath tumour (C47.9) Melanoma (C43) Mesothelioma (C45) Mixed connective tissue disease (M35.1) Morbus Crohn → Crohn disease Myelodysplastic syndrome (D46) Multiple sclerosis (G35) Myositis (M60)</p>		



Patient ID

Non-completion

Date of end of study

Reason

- Patient withdrew consent
- Patient was lost to follow-up
- Death: cancer disease, cancer therapy or cancer-related complications
- Death due to other reasons, please specify:



Patient ID

WHOQOL-BREF

The World Health Organization Quality of Life Brief 26-item Version

English version

Granted permission for WHO copyrighted material; request number: 393701

WHO REFERENCE NUMBER: WHO/HIS/HSI Rev.2012.03



Instructions

This assessment asks how you feel about **your quality of life, health, or other areas of your life**. Please read each question, assess your feelings, and circle the number on the scale for each question **that gives the best answer for you**. Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last two weeks**.

		Very poor	Poor	Neither poor nor good	Good	Very good
1 (G1)	<i>How would you rate your quality of life?</i>	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2 (G4)	<i>How satisfied are you with your health?</i>	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3 (F1.4)	<i>To what extent do you feel that (physical) pain prevents you from doing what you need to do?</i>	1	2	3	4	5
4 (F11.3)	<i>How much do you need any medical treatment to function in your daily life?</i>	1	2	3	4	5
5 (F4.1)	<i>How much do you enjoy life?</i>	1	2	3	4	5
6 (F24.2)	<i>To what extent do you feel your life to be meaningful?</i>	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7 (F5.3)	<i>How well are you able to concentrate?</i>	1	2	3	4	5
8 (F16.1)	<i>How safe do you feel in your daily life?</i>	1	2	3	4	5
9 (F22.1)	<i>How healthy is your physical environment?</i>	1	2	3	4	5



Patient ID

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		Not at all	A little	Moderately	Mostly	Completely
10 (F2.1)	<i>Do you have enough energy for everyday life?</i>	1	2	3	4	5
11 (F7.1)	<i>Are you able to accept your bodily appearance?</i>	1	2	3	4	5
12 (F18.1)	<i>Have you enough money to meet your needs?</i>	1	2	3	4	5
13 (F20.1)	<i>How available to you is the information that you need in your day-to-day life?</i>	1	2	3	4	5
14 (F21.1)	<i>To what extent do you have the opportunity for leisure activities?</i>	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15 (F9.1)	<i>How well are you able to get around?</i>	1	2	3	4	5

The following questions ask you to say **how good or satisfied** you have felt about various aspects of your life over the last two weeks.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16 (F3.3)	<i>How satisfied are you with your sleep?</i>	1	2	3	4	5
17 (F10.3)	<i>How satisfied are you with your ability to perform your daily living activities?</i>	1	2	3	4	5
18 (F12.4)	<i>How satisfied are you with your capacity for work?</i>	1	2	3	4	5
19 (F6.3)	<i>How satisfied are you with yourself?</i>	1	2	3	4	5
20 (F13.3)	<i>How satisfied are you with your personal relationships?</i>	1	2	3	4	5
21 (F15.3)	<i>How satisfied are you with your sex life?</i>	1	2	3	4	5
22 (F14.4)	<i>How satisfied are you with the support you get from your friends?</i>	1	2	3	4	5
23 (F17.3)	<i>How satisfied are you with the conditions of your living place?</i>	1	2	3	4	5
24 (F19.3)	<i>How satisfied are you with your access to health services?</i>	1	2	3	4	5
25 (F23.3)	<i>How satisfied are you with your transport?</i>	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

		Never	Seldom	Quite often	Very often	Always
26 (F8.1)	<i>How often do you have negative feelings such as blue mood, despair, anxiety, depression?</i>	1	2	3	4	5

Thank you for your help!



Patient ID

12-15 months after the end of gonadotoxic treatment

Centre and city	<input type="text"/>
Date of 2 nd visit	<input type="text"/>

Final diagnosis

Diagnosis (ICD-10)	<input type="text"/>
--------------------	----------------------

(Please see disease list with ICD-10 codes)

Gonadotoxic treatment

Start date	<input type="text"/>			
End date	<input type="text"/>			
Treatment protocol	Please email us the medical letter from oncology!			
Removal of testicles	<input type="radio"/> None	<input type="radio"/> ½ testicle	<input type="radio"/> 1 testicle	<input type="radio"/> 2 testicles
Chemotherapy	<input type="radio"/> Yes		<input type="radio"/> No	
Radiotherapy	<input type="radio"/> Yes		<input type="radio"/> No	
Immunotherapy	<input type="radio"/> Yes		<input type="radio"/> No	
Surgery	<input type="radio"/> Yes		<input type="radio"/> No	
Other	<input type="radio"/> Yes		<input type="radio"/> No	

Disease

Status	<input type="radio"/> Complete remission (<i>absence of disease</i>) <input type="radio"/> Partial remission (<i>> 50% reduction of disease</i>) <input type="radio"/> No remission (<i>≤ 50% reduction of disease</i>) <input type="radio"/> Relapse (<i>reappearance of disease</i>)		
Related events	<input type="radio"/> Yes		<input type="radio"/> No
Please specify	<input type="text"/>		


(Such as further therapies, a second cancer, other diseases, etc.)



Patient ID


Blood parameters

Date	<input type="text"/>	
Testosterone	<input type="text"/>	<input type="radio"/> nmol/L <input type="radio"/> ng/dL <input type="radio"/> µg/L
	<input type="text"/>	
FSH	<input type="text"/>	IU/L
LH	<input type="text"/>	IU/L



Sperm parameters

Date	<input type="text"/>	<i>Intervalle de temps entre le dernier éjaculation et la collecte du sperme : idéalement 3 à 7 jours.</i>
Total sperm count	<input type="text"/>	10 ⁶
Sperm concentration	<input type="text"/>	10 ⁶ /mL
Progressive motility	<input type="text"/>	% (WHO A+B)
Normal morphology	<input type="text"/>	%



Fertility preservation measures

Type performed	<input type="radio"/> None <input type="radio"/> Sperm freezing <input type="radio"/> Testicular tissue freezing
----------------	--

Patient satisfaction

Is the patient satisfied with the <u>decision</u> to have undergone fertility preservation measures or not?	<input type="radio"/> Yes <input type="radio"/> No									
How satisfied is the patient with the <u>decision</u> to undergo or not to undergo fertility preservation measures?	1	2	3	4	5	6	7	8	9	10
How satisfied is the patient with the fertility preservation <u>counselling</u> before the gonadotoxic treatment?	1	2	3	4	5	6	7	8	9	10

Legend:
 0 = not specified
 1 = not satisfied at all
 10 = very satisfied



Patient ID



Pregnancies with use of frozen material

Frozen material used?			
<input type="radio"/> Yes <input type="radio"/> No			
First	Second	Third	Fourth
<input type="radio"/> Sperm <input type="radio"/> Testicular tissue <input type="radio"/> Unknown	<input type="radio"/> Sperm <input type="radio"/> Testicular tissue <input type="radio"/> Unknown	<input type="radio"/> Sperm <input type="radio"/> Testicular tissue <input type="radio"/> Unknown	<input type="radio"/> Sperm <input type="radio"/> Testicular tissue <input type="radio"/> Unknown
<input type="radio"/> Live birth <input type="radio"/> Ongoing pregnancy <input type="radio"/> Early miscarriage <input type="radio"/> Late miscarriage <input type="radio"/> Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Ectopic pregnancy <input type="radio"/> Other, specify:	<input type="radio"/> Live birth <input type="radio"/> Ongoing pregnancy <input type="radio"/> Early miscarriage <input type="radio"/> Late miscarriage <input type="radio"/> Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Ectopic pregnancy <input type="radio"/> Other, specify,	<input type="radio"/> Live birth <input type="radio"/> Ongoing pregnancy <input type="radio"/> Early miscarriage <input type="radio"/> Late miscarriage <input type="radio"/> Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Ectopic pregnancy <input type="radio"/> Other, specify:	<input type="radio"/> Live birth <input type="radio"/> Ongoing pregnancy <input type="radio"/> Early miscarriage <input type="radio"/> Late miscarriage <input type="radio"/> Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Ectopic pregnancy <input type="radio"/> Other, specify:



Pregnancies without use of frozen material

Has the patient <u>tried</u> to get achieve a pregnancy with his partner, after the end of gonadotoxic treatment?			
<input type="radio"/> Yes <input type="radio"/> No			
First	Second	Third	Fourth
<input type="radio"/> Natural conception <input type="radio"/> ART <input type="radio"/> Unknown	<input type="radio"/> Natural conception <input type="radio"/> ART <input type="radio"/> Unknown	<input type="radio"/> Natural conception <input type="radio"/> ART <input type="radio"/> Unknown	<input type="radio"/> Natural conception <input type="radio"/> ART <input type="radio"/> Unknown
<input type="radio"/> Live birth <input type="radio"/> Ongoing pregnancy <input type="radio"/> Early miscarriage <input type="radio"/> Late miscarriage <input type="radio"/> Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Ectopic pregnancy <input type="radio"/> Other, specify:	<input type="radio"/> Live birth <input type="radio"/> Ongoing pregnancy <input type="radio"/> Early miscarriage <input type="radio"/> Late miscarriage <input type="radio"/> Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Ectopic pregnancy <input type="radio"/> Other, specify:	<input type="radio"/> Live birth <input type="radio"/> Ongoing pregnancy <input type="radio"/> Early miscarriage <input type="radio"/> Late miscarriage <input type="radio"/> Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Ectopic pregnancy <input type="radio"/> Other, specify:	<input type="radio"/> Live birth <input type="radio"/> Ongoing pregnancy <input type="radio"/> Early miscarriage <input type="radio"/> Late miscarriage <input type="radio"/> Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Ectopic pregnancy <input type="radio"/> Other, specify: