



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

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



Patient ID

Non-completion

Date of end of study

Reason

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

WHOQOL-BREF

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

English version

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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) | How would you rate your quality of life? | 1 | 2 | 3 | 4 | 5 |

| | | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
|------------------|---|-------------------|--------------|------------------------------------|-----------|----------------|
| 2 (G4) | How satisfied are you with your health? | 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) | To what extent do you feel that (physical) pain prevents you from doing what you need to do? | 1 | 2 | 3 | 4 | 5 |
| 4 (F11.3) | How much do you need any medical treatment to function in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 5 (F4.1) | How much do you enjoy life? | 1 | 2 | 3 | 4 | 5 |
| 6 (F24.2) | To what extent do you feel your life to be meaningful? | 1 | 2 | 3 | 4 | 5 |

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

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!

12-15 months after the end of gonadotoxic treatment

Centre and city

Date of 2nd visit

Final diagnosis

Diagnosis
(ICD-10)

(Please see disease list with ICD-10 codes)

Gonadotoxic treatment

Start date

End date

Treatment protocol

Please email us the medical letter from oncology!

Removal of ovaries

☐ None

☐ ½ ovary

☐ 1 ovary

☐ 2 ovaries

Chemotherapy

☐ Yes

☐ No

Radiotherapy

☐ Yes

☐ No

Endocrine therapy

☐ Yes

☐ No

Immunotherapy

☐ Yes

☐ No

Surgery

☐ Yes

☐ No

Other

☐ Yes

☐ No

Disease

Status

- ☐ **Complete remission** (absence of disease)
- ☐ **Partial remission** (> 50% reduction of disease)
- ☐ **No remission** (≤ 50% reduction of disease)
- ☐ **Relapse** (reappearance of disease)

Related events

☐ Yes

☐ No

Please specify

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


Contraception or HRT

Methods

- ☐ **FSH reducing contraceptives** (combined oral, transdermal, vaginal contraceptives or three month intra-cutaneous injections – DMPA)
- ☐ **Non-FSH reducing contraceptives** (progesterone only, subcutaneous implants, any IUD)
- ☐ **HRT** (hormone replacement therapy)
- ☐ **None of the above**

Blood parameters


| | | |
|------|--|---|
| Date | | |
| AMH | | <input type="radio"/> pmol/L <input type="radio"/> ng/mL <input type="radio"/> µg/L |
| FSH | | IU/L |
| LH | | IU/L |
| E2 | | <input type="radio"/> pmol/L <input type="radio"/> ng/L <input type="radio"/> pg/L |



Menstrual cycle parameters

| | |
|--|---|
| Menstrual cycle | <input type="radio"/> Regular (21-35 days) <input type="radio"/> Regular (due to hormones, such as oral contraceptives or HRT) <input type="radio"/> Irregular (oligomenorrhea, polymenorrhea, etc.) <input type="radio"/> Amenorrhea (due to premature ovarian insufficiency – POI) <input type="radio"/> Amenorrhea (due to pregnancy, breastfeeding, other hormone treatment, etc.) <input type="radio"/> Amenorrhea (due to GnRH analogues in cancer treatment) <input type="radio"/> Amenorrhea (too young to assess, such as children and teenagers) |
| Day of menstrual cycle when blood test was taken | <input type="radio"/> Day 1-5 <input type="radio"/> After day 5 <input type="radio"/> Cannot be specified (amenorrhea etc.) <input type="radio"/> Unknown |

In the last 3-6 months.



Fertility preservation measures

| | |
|----------------|--|
| Type performed | <input type="radio"/> None <input type="radio"/> GnRH analogues <input type="radio"/> Oocyte freezing <input type="radio"/> Zygote freezing <input type="radio"/> Embryo freezing <input type="radio"/> Ovarian tissue freezing <input type="radio"/> Transposition of the ovaries |
|----------------|--|

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



Pregnancies with use of frozen material

| Frozen material used? | | | |
|--|--|--|--|
| <input type="radio"/> Yes <input type="radio"/> No | | | |
| First | Second | Third | Fourth |
| <input type="radio"/> Oocyte <input type="radio"/> Embryo <input type="radio"/> Ovarian tissue <input type="radio"/> Unknown | <input type="radio"/> Oocyte <input type="radio"/> Embryo <input type="radio"/> Ovarian tissue <input type="radio"/> Unknown | <input type="radio"/> Oocyte <input type="radio"/> Embryo <input type="radio"/> Ovarian tissue <input type="radio"/> Unknown | <input type="radio"/> Oocyte <input type="radio"/> Embryo <input type="radio"/> Ovarian 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 to get pregnant</u> 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: |