



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: <ul style="list-style-type: none"> Astrocytoma (C71.9) Ependymoma (C71.9) Glioblastoma (C71.9) Oligodendroglioma (C71.9) Medulloblastoma (C71.6) other (C71) Breast cancer: <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) Burkitt lymphoma (C83.7)</p>	O	<p>Osteosarcoma (C41.9) Ovary (C56): <ul style="list-style-type: none"> borderline malignancy teratoma benign teratoma malignant other </p>
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) Sigmarkarzinom → 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): <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 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>	?	<p>DISEASE NOT LISTED</p>
L	<p>Leiomyosarcoma NOS (ICD-O-3 M8890/3) Leukaemia: <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) 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>		

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**

Gonadotoxic treatment – Protocol details

Chemotherapy

Protocol name, medications, number of cycles, dosage details:

Radiotherapy

Protocol name, treatment field, dosage for pelvic irradiation:

Endocrine therapy

Protocol name, hormones, dosage details:

Immunotherapy

Protocol name, antibodies or inhibitors, dosage details:

Surgery


Protocol name and all other relevant details:

Other

Protocol name and all other relevant details:

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
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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: