genitourinary tumours, non-prostate

TREATMENT OUTCOME AND PATTERNS OF RELAPSE FOLLOWING ADJUVANT CARBOPLATIN FOR STAGE 1 SEMINOMA: RESULTS FROM A 17 YEAR UK EXPERIENCE

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Aim: The prognosis for stage 1 seminoma is excellent with a cure rate approaching 100%, but without adjuvant therapy, approximately 15-20% of patients may relapse and require salvage treatment. The TE19 trial confirmed the efficacy of a single dose of adjuvant carboplatin (AUC 7) in reducing recurrence rate. This study reviews our regional experience, with a focus on the presentation, management and outcome of relapsed patients.

Methods: A retrospective clinical database was constructed for patients who have received one cycle of adjuvant carboplatin (AUC 7) between 1996 and 2013 for stage 1 seminoma. Tumour characteristics, clinical outcomes and patient relapse were evaluated.

Results: 518 patients were eligible for inclusion. All patients underwent nuclear medicine measurement of GFR. Median age of diagnosis was 38 (range 18 – 73). Median tumour size was 32mm (range 4 – 110) and 57% had rete testis invasion. Median time from orchidectomy to chemotherapy was 44.5 days (range 10 – 174). 18 patients (3.5%) presented with bilateral disease or developed a contralateral germ cell tumour during follow up; median 94 months (range 0 – 265). With a median follow up of 43.5 months (range 0 – 199), 22 patients (4.2%) have relapsed. Median time to relapse was 22.4 months (range 11 – 108) with the majority of patients (13/518; 2.5%) relapsing within 2 years. Relapse beyond 4 years was very uncommon (4/518: <1%). All but one patient relapsed with good prognosis metastatic disease. 14/22 patients (64%) had asymptomatic relapse detected at planned follow up. Of the 8/22 patients with symptomatic relapse, 4 presented acutely at Emergency Department. Retroperitoneal nodes were the main site of relapse (82%). 18 patients (82%) received salvage chemotherapy and 4 salvage radiotherapy. 4 patients had a second relapse and one had a third relapse. There were no seminoma related deaths.

Conclusions: This is, to our knowledge, the biggest non-trial series describing the clinical outcome and relapse data of patients with stage 1 seminoma treated with a single cycle of adjuvant carboplatin chemotherapy. Our results confirm the excellent prognosis for these patients with outcomes similar to those of prospective clinical trials.

Disclosure: All authors have declared no conflicts of interest.