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TESTICULAR SEMINOMA (TS). THE BEILINSON MEDICAL CENTER (BMC) EXPERIENCE

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Seventy-one patients (pts) with TS treated at BMC between 1970-1990 are reviewed. Mean age was 41 yrs (10-74); 36 pts had right TS and 35 pts left TS. In 3 pts (5%) HCG was elevated (36-450 ng/ml); 57 pts (80%) presented with clinical stage (CS) I, 5 pts with CSIIA, 5 with CSIIC and 4 with CSIII. Treatment was radiotherapy (XRT) in 66 pts (<30 Gy in 55, 30-40 Gy in 11) and cisplatin-based combination chemotherapy in 5 pts; 6 pts who relapsed after XRT received combination chemotherapy. As a group, 67 pts (95%) are alive and disease-free at a median follow-up of 85 mos (range 24-240). Our experience with TS is similar to that recorded in the literature.

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N.S.E. IN TESTICULAR GERM CELL TUMORS.

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Thirty seven male patients suffering from gonadal and extragonadal germ cell tumors had N.S.E. serum determinations using a RIA kit as well as standard tumor markers AFP, HCG and LDH. The patients received platinum based chemotherapy and were followed up for more than 24 months. Eight patients had elevated N.S.E. (>7). There was a poor correlation between histology and N.S.E. status. These patients had the same actuarial survival as the N.S.E. negative cohort. We conclude that N.S.E. measurement does not add prognostic information and therefore not recommended as a tumor marker for testicular cancer.

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TITLE: RESIDUAL MASS IN GERM CELL TUMORS

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INTRODUCTION: We treated 39 patients with germ cell tumors (GCT), (26 (NS) non-seminomas and 13 (S) seminomas) between 1980 and 1992. Retrospectively we analyzed the patients with residual mass (RM) after chemotherapy (Ch) with cisplatin. We found RM in 11 patients, (8 NS and 3S). Among the NS group, four were extragonadal and four stage III; in the S group, two were stage II and 1 stage III.

TREATMENT AND RESULTS: NS group: After Ch, RM was removed in 7 patients. In 4 of them we found tumor activity, which received 2 additional consolidation Ch cycles; only 2 showed necrotic tissue and one case was a mature teratoma. All patients are alive with no evidence of disease (NRD) between 10 and 96 months (mo). One was treated with radiotherapy (R) on the mediastinal RM, but he died 9 mo later with disseminated disease.

S group: In one patient the removed RM was only necrotic tissue and he is alive and NRD after 30 mo. In the other 2 patients we decided not to treat them at this time, in one of them the RM disappeared spontaneously, the other patient's tumor was growing with dissemination, so we treated it with Ch and later with surgery of the RM (fibrosis). At 22 and 46 mo both are alive and there is NRD.

CONCLUSIONS: We believe that the best therapeutic strategy of the RM with negative markers is surgery, specially in NS GCT. The morbidity and mortality with this kind of treatment is low and with other forms of management we could not have known the specific nature of the RM tissue.

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EXTRAGONADAL GERMINAL TUMORS (EGT). INSTITUTO ANGEL H. ROFFO'S EXPERIENCE.

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Fifteen patients (pts) with EGT were admitted since 3/88. Their clinical presentation, evolution and treatment outcome are presented. There were 14 evaluable pts: age 21-43 (median 30). Re-troperitoneal: 7/14, mediastinal: 7/14. All had large volume disease. Intrabdominal unseccesful surgery: 4 pts. Pathology: seminoma: 4/14, nonseminoma: 10/14 (6 mixed with teratoma, 2 embryonal carcinoma, 2 undifferentiated with serum markers elevation). Only 4 pts had negative serum markers. Testicular examination: hypotrophy: 2 pts, abnormal sonogram: 2 pts. Only 1 surgical exploration: normal gland. Chemotherapy (CT) protocol: 1st line: BEP: 4 pts, CISCA-VB: 4, VIP: 6; salvage CT: 4 pts. Response: 1st line: CR: 4, PR: 5, NR: 5; salvage: CR: 1, PR: 1, NR: 2. All pts with CR to 1st line CT had mediastinal disease and 2 were seminoma, 3 of them are alive free of recurrence at 26+, 42+ and 47+ months. The fourth pts having received insufficient treatment relapsed at 5 months and died. One PR is alive with unresectable pelvic mass at 21 m, while 2 others were proposed to salvage CT and the other 2 are at present under treatment. Salvage CT achieved 1 CR which lasts for almost 40 m with an uncompletely resected teratoma in abdomen. NR had poor survival (6m). Conclusions: Mediastinal tumors show higher CR rate than abdominal ones (4/7 vs 1/7). Overall response rate 5/14. Seminomas are higher responders. Salvage CT may be usefull.

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FAMILIAL RISK IN TESTICULAR CANCER

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421 out of 457 patients identified through a hospital registry and treated during a 5 1/2 year period for testicular germ cell tumor completed a questionnaire on family history of testicular cancer (92% return rate). There were 7 cases of testicular cancer among 486 brothers (1 identical twin and 6 non-twin brothers), 3 cases among 419 fathers, and 1 case among 248 sons. Expected values were derived from the Norwegian Cancer Registry. For brothers, the Standardized Incidence Ratio (O/E=7/0.9) was 7.8 (95% CI 3.11-16), p<0.01. Work is in progress to determine the SIR of fathers. This work shows that occurrence of testicular cancer in a first degree relative is a strong risk factor for testicular cancer (probably of the same order of magnitude as the relative risk in cryptorchidism).