CHEMOTHERAPY (CT) INTENSIFICATION IN PATIENTS (PTS) WITH METASTATIC SEMINOMA WHO HAVE NEGATIVE PROGNOSTIC FACTORS

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Aim: Administration of 3 cycles of BEP or 4 cycles of EP CT is recommended for pts with metastatic seminoma and good prognosis by IGCCCG. The aim of our study was to identify prognostic factors which influence survival in pts with disseminated seminoma in the good prognostic group according to IGCCCG, as well as to evaluate the impact of treatment intensification in pts with negative prognostic factors.

Methods: We analyzed the database of the pts with metastatic testicular seminoma who had received treatment at our department from 1986 to 2005. Inclusion criteria were: morphologically verified seminoma; favorable prognosis according to IGCCCG; modern chemotherapy regimen (EP +/- bleomycin); AFP level before CT lower than 15 IU/ml; HCG level before CT lower than 300 mIU/ml. The primary endpoint was overall survival (OS). All statistical analysis was performed using Statistical Package for the Social Sciences software program (version 17.0; SPSS Inc.Chicago, IL).

Results: Two hundred and six pts met the inclusion criteria. With median follow-up 83 months (range: 2-244) disease progression had 12.1% of pts and 5-year OS rate was 91%. Only three negative prognostic factors were associated with OS: pre-CT retroperitoneal lymph nodes larger than 5 cm (HR 5.3, p < 0.01), pulmonary metastases (HR 5.9, p < 0.01) and LDH level ≥ 2,25xULN (HR 2.9, p = 0.01). In view of the obtained data we have changed our treatment approach since 2005. In case of any negative prognostic factors (unfavorable prognosis) we administered an intensified CT regimen consisting of 4 cycles of BEP or 3 cycles of BEP plus 1 cycle of EP. Prospective phase of the study included 34 pts with unfavorable prognosis. Median follow-up was 50 months (range: 3-109). We observed a decrease in the disease progression rate in the intensified CT group in comparison to the standard CT group in pts with unfavorable prognostic factors from 22.1 to 11.8% (p = 0.3) which translated into increase of 5-year OS rate from 85% to 100% (HR 0.3, 95% CI 0.1-0.94).

Conclusions: Administration of 4 cycles of induction CT (4BEP or 3BEP + 1EP) in pts with metastatic seminoma who have high LDH level (≥2,25 UNL), and/or retroperitoneal lymph nodes >5 cm and/or pulmonary metastases results in decreased disease progression rate and significant gain in OS.

Disclosure: All authors have declared no conflicts of interest.

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