Aim: Cisplatin based chemotherapy is an integral part of the multimodal therapy of patients with testicular cancer. The purpose of this analysis is to evaluate the chemotherapy associated side effects of primary treatment in a modern patient cohort and to correlate them to clinical stage and IGCCCG risk profile.

Methods: We retrospectively analyzed charts of patients with testicular cancer in our institution from 01/2003 until today. A total of 88 patients received systemic treatment, among those 74 as a primary treatment with 2-4 cycles of PEB. Side effects had been categorized according to the Common Terminology Criteria for Adverse Events, CTCAE Version 4.

Results: 46 of 74 patients receiving PEB had at least one side effect. The most common side effects were haematotoxic with leucopenia in 34 (45.9%), febrile neutropenia in 10 (13.5%), gastrointestinal in 22 (29.7%) and thromboembolic events in 10 (14.8%) of the patients including 3 therapy associated deaths. Adverse events in clinical stage I are low. Nevertheless there is one therapy associated death due to neutropenic fever. Although there are no differences in haematotoxic AEs in clinical stage II and III there is a significant trend of developing pulmonary embolism. Patients with clinical stage >IIb and intermediate/poor prognosis have the highest risk of pulmonary embolism (20%).

Conclusions: In patients with curative treatment with PEB there are significant AEs. To reduce therapy associated morbidity and mortality, supportive treatment with granulocyte stimulating factor and therapeutic anticoagulation should be discussed at least in high risk patients.

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