Long Term Outcomes Of Stage II Seminomas

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Abstract

Purpose: To review the long-term outcomes for patients with Stage II Seminoma treated at our institute.

Methods: We included all patients referred and registered with stage I or II Seminoma in our Cancer Registry, from 1984. Patients with unknown stage or histology were excluded. The query identified 142 patients who received treatment for clinical Stage II disease. Median age was 38 years (range: 19 – 68), 33 had Stage IIA, 47 IIB, and 62 had IIC disease. 59 patients were treated with Radiation Therapy (RT) while 83 received Chemotherapy (CT). Only 3 patients with stage IIA got CT, and only 5 with IIC got RT. Median RT dose was 30Gy. Most common CT regimens used were EP (n=68) and BEP (n=13).

Results: Significantly higher number of patients treated with CT suffered from Grade III/IV haematological and Non- haematological acute toxicities as compared to those treated with RT. After a median follow-up of 18 years, 24 patients had died, and there were 16 recurrences (3 in the contra-lateral testis). Patients were more likely to die of Second Cancers (n=7) and Myocardial Infarctions (n=6), than from progressive Seminoma (n=5). Two patients died during treatment (neutropenia and sepsis). The 10 and 15-year Overall Survival (OS) was, IIA: 93.8% and 93.8%; IIB: 91.4% and 88.3%; IIC: 83.2% and 76.0%. The 10yr Cumulative Incidence of relapse (CIR) for Stage IIA patients treated with RT was 3.4%. Stage IIC patients treated with CT had a 10-yr CIR of 10.6%. The 10yr CIR for Stage IIB patients treated with RT (n=24) versus CT (n=23) was 29.8% vs. 0% (p=0.005). Seventeen patients developed a second malignancy (SM); non-melanoma skin cancers were excluded. The 15yr cumulative incidence of SM was 7.3% for patients treated with RT, versus 9.7% for those treated with CT (p =0.321).

Conclusion: Long term outcomes for patients with Stage II Seminoma continue to be excellent. Patients are more likely to die of Second Cancers and Cardiovascular disease, than from progressive Seminoma.