Management and Outcomes of Stage 2a Testicular Seminoma: A Single Centre Experience

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BACKGROUND

- Testicular seminomas have an excellent prognosis as they are exquisitely sensitive to chemotherapy and radiation.
- Stage 2a disease is defined as having lymphadenopathy of 1-2cm and this generally involves the retroperitoneal or iliac lymph nodes.
- The incidence of Stage 2a disease is rare and data is therefore limited to case series.
- At our centre, single cycle carboplatin followed by radiotherapy (RT) to para-aortic (PA) lymph nodes is the standard of care.
- We sought to analyse our outcomes for these patients over a six year period.

METHODS

- We conducted a retrospective cohort analysis of all patients with a diagnosis of stage 2a testicular seminoma treated between July 2011 and July 2017.
- Data was obtained from our electronic systems; Chemocare, MOSAIQ and ICE as well as clinic letters.
- RT was delivered in 2 phases, with conventional parallel opposed, antero-posterior photon beams, with the dose prescribed to the mid-plane.
- Phase 1 included the whole PA nodal strip and phase 2 was coned down to the bulky node(s) with a 1-1.5 cm margin.
- Virtual simulation was used

RESULTS

- Eleven patients (median age 39, range 25-59) were treated for stage 2a testicular seminoma.
- Eight of these had stage 2a disease at presentation.
- The remaining three were diagnosed with stage 2a disease after a period of active surveillance for stage 1 seminoma.
- All patients received a single cycle of neoadjuvant carboplatin, area under the curve =7 mg.min/ml
- They subsequently received RT to PA lymph nodes.
- The dose ranged from 20Gy to 30Gy.
- RT was well tolerated with no patients developing grade 3 side-effects.
- There have been no reported late adverse effects.
- There were no relapses reported after median follow-up of 24 months (range 6-60 months).

DISCUSSION

- Our regime composed of single cycle carboplatin (AUC7) permits delivering RT to the involved nodal region as opposed to traditional extended field approaches.1
- A more confined RT field can lower toxicity profile.
- Our study demonstrates optimum progression-free survival figures in our stage 2a seminoma patients who were treated with this regimen.
- Such low recurrence figures minimizes the need for salvage therapies and hence reduces the side effect burden of combination chemotherapies.

CONCLUSIONS

The overall outcome of patients with stage 2a seminoma treated with carboplatin and RT to PA nodes, mirrors that of contemporary case series and as such should be the standard of care for stage 2a seminomas.

REFERENCES