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disease-free survival (DFS) is 74 % at 8 years. 27 patients were cured without chemotherapy ; 5 of these had ovarian tumors and 22 testicular tumors. There is a significant difference in the DFS of gonadal (85%) and extragonadal tumors (54 %) ; this is probably only due to the high proportion of sacrococcygeal tumors among stage IV and their bad results. The DFS of patients with stage IV tumors is 32 % at 3 years. So, for the following treatment plan, TGM 90, we decided : to intensify treatment for stage IV, to use Carboplatine instead of Cisplatinum, to try to identify poor responders more rapidly and to use for them a salvage chemotherapy.

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THE ROLE OF SURGERY (S) IN THE TREATMENT OF GERM CELL TUMORS (GCT) IN CHILDHOOD: A REPORT FROM AN ITALIAN MULTI-INSTITUTIONAL STUDY (TCG 91)

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GCT account for about 3% of all solid neoplasms in children. Because of the considerable confusion as to their classification, diagnostic approach and appropriate treatment, a multi-institutional study was carried out and a National Protocol for diagnosis and treatment of GCT (TCG 91), approved by AIEOP (Italian Association of Pediatric Oncology and Hematology), started in January 1991. From January to December 1991, 30 pts. with extracranial GCT were observed. The histological types were: Mat.Teratoma (47%), YST (23.3%), Immat. Teratoma (13.3%), Embryonal Ca (7%), Seminoma (7%), Others (2.4%). One pt., presenting a large cervical mass with respiratory distress, underwent fine-needle biopsy and, due to the histological diagnosis of YST, chemotherapy (Ct). Twenty-nine pts., with benign or malignant tumors, were treated with primary S: twenty-seven, with the excision of the tumor and two pts., affected by stage IV sacrococcygeal YST, with surgical biopsy. Of the 27 pts. who underwent excision of the tumor, 24 had a radical excision, with negative biopsies of the tissues surrounding the mass. The other 3 pts. were affected by Stage IV sacrococcygeal YST, Stage IV ovarian malignant GCT with no well-definable histology and Stage IIb ovarian seminoma respectively: in these pts., excision of the tumor with macroscopic residues was performed. Ct was given, according to the Protocol, to 11 pts. with Stage I extra-testicular GCT and with Stage II, III, IV GCT. Twenty-nine pts. were followed for 2-12 months: one pt. died for acute perinatal hepatopathy, 26 were alive, with no evidence of disease and 2 pts., with malignant sacrococcygeal YST extending into the pelvis, were alive with disease (macroscopic residues). The follow-up was not completed for 1 pt. The analysis of our preliminary results confirms the main role of S in the treatment of benign forms and of resectable malignant GCT; the role of Ct in the treatment of unresectable forms is underlined. Moreover, the follow-up of the 2 pts. with macroscopic residues, induced the Aa. to analyze a possible role of a more aggressive initial S in the treatment of these malignant forms extending into the pelvis.