PM063

STAGE I GONADAL GERM CELL TUMORS (GGCT): OUTCOME AFTER THE SURVEILLANCE STRATEGY AS APPLIED IN THE ASSOCIAZIONE ITALIANA EMATOLOGIA ONCOLOGIA PEDIATRICA (AIEOP) 2004 PROTOCOL

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Purpose: Surveillance strategy is a standard option in stage I testicular GCT and suggested for ovarian GCT too. Worries regarding the relapse risk in ovarian are emerging. We here report on our series of stage I GGCT.

Methods: All histology types but pure teratoma were included; eligible patients had no evidence of disease and normal serum αFP and βHCG after surgery. Not all patients enrolled were operated according to protocol guidelines, but protocol was aimed at assessing efficacy according to intent-to-treat principle. The follow up program included evaluation every 2 and 3 months (first and second year), then every 6 months until fifth year.

Results: 28 testicular (median age 14 yrs), 21 ovarian (median age11 yrs) stage I GCT were registered. At the median follow-up of 40 months, 4-yrs OS and RFS were 100% and 84%, respectively. Among testicular tumors we observed 10 yolk sac tumor (YST), 4 YST plus teratoma, 14 mixed histologies. Their RFS was 86%; 4 patients relapsed (2–9 months from orchiectomy) and all achieved complete remission (CR) after cisplatin based chemotherapy ± surgery. All relapsed patients are alive: one boy suffered second relapse and a second CR was documented. Ovarian tumors: 9 dysgerminoma, 9 teratoma plus YST, 1 YST, 2 mixed histologies. The RFS was 81%: 4 patients relapsed (2–24 months from surgery), all of them are alive, 3 in first and one in second CR. In 3/4 relapsing cases, surgical guidelines were not applied: lymph node sampling a/o peritoneal washing missing.

Conclusion: We confirm the excellent survival for stage I GGCT without adjuvant chemotherapy, due to the high cure rate of relapsed patients. Noteworthy 84% of the cases were spared chemotherapy. Complete adherence to surgical guidelines in ovarian tumors still remains critica