Surgery In Malignant Germ Cell Tumours Of Chilhood. Results Of The Second
Italian Cooperative Study-Tcg-98

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AIM
Analysis of treatment and results of the patients enrolled in the Italian TCG-98 Study, still open, and comparison of data with those of the previous Study TCG-91.

Materials and Methods.
25 valuable patients (11M, 14F, median age 20.5 months), enrolled from January 1998 to March 2003, were analyzed. The tumors were gonadal in 16 patients (10 testis, 6 ovary), extragonadal in 9 (7 sacrococcigeal, 2 retroperitoneal); seminomatous in 3 (ovarian dysgerminoma), non seminomatous in 22 (12 Yolk Sac Tumor, 9 Mixed, 1 Embryonal Carcinoma). The therapeutic guidelines included for ST-I (completely excised, no local extension) chemotherapy (CT) only in case of persisted positive markers; ST-II (completely excised, local extension) and ST-IIIa (microscopical residual, negative lymph nodes) CT with carboplatin-VP16; ST IIIb and IIIc (macroscopical residues or biopsy) CT with Carcoplatin-VP16-dactinomicine-ifosfamide + Surgery; ST-IV Ct + Surgery of primary tumor/metastases.

Results.
ST-I: 13 pz: 11 (10 gonadal, 1 retroperitoneal) complete remission (CR) (FU 12-72 months), 1 (testis) alive with disease (AWD) after treatment for local relapse (LR) occurred 7 months after diagnosis.1 (retroperitoneal) dead (DOD) 35 months after diagnosis because of LR + metastases.
ST-II: 1 pz sacrococcigeal: CR (FU 17 months).
ST-IIIa: 1 pz sacrococcigeal: CR after LR treated with a second operation (FU 23 months).
ST-IIIb: 2 pz ovary: CR (25,29 months).
ST-IIIc: 3 pz: 2 ovary in CR (FU 9,22) and 1 sacrococcigeal DOD 22 months after re-operation for LR.
ST-IV: 5 pz: 2 sacrococcigeal CR (FU 27,39), 1 testis and 1 sacrococcigeal AWD (FU 18,43), 1 sacrococcigeal DOD 13 months after diagnosis.

Conclusions.
No major discordances between guidelines and surgical approaches adopted. Favourable outcome for: Complete or with microscopical residual initial excision, seminomatous tumors, gonadal site. Delayed surgery allowed local control. AFP at diagnosis has prognostic value: 8000 mG/L in CR patients, 80.000 in DOD patients.
Comparison between TCG-91 (data already published) and TCG-98 Studies: lower registration, similar overall survival, better prognosis for ST-IV.