GU connect

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MEETING SUMMARY

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TESTICULAR CANCER

BY
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ABSTRACT 778PD: QUALITY OF LIFE (QOL) AND NEUROTOXICITY IN GERM-CELL CANCER SURVIVORS (GCCS)

Aims:

- Impact of treatment on long-term QoL
- Influence of neurotoxicity on QoL

GCCS identified in the Danish testicular cancer database

- Asked to fill out questionnaire about late effects
- N = 2,308

J. Lauritsen et al

ABSTRACT 778PD: QUALITY OF LIFE (QOL) AND NEUROTOXICITY IN GERM-CELL CANCER SURVIVORS (GCCS)

Significant negative association with QoL on many subscales

- BEP chemotherapy
- More than one line of treatment

Neurotoxicity closely associated with treatment

- Radiation
- BEP chemotherapy
- More than one line of treatment

Neurotoxicity correlated strongly with QoL

J. Lauritsen et al

ABSTRACT 837P: LONG-TERM CHANGES IN TESTOSTERONE LEVELS IN TESTICULAR CANCER SURVIVORS

Aim:

- Evaluate changes in total testosterone (TT) after completion of a 5-10 year follow-up programme

N = 78 patients

Serial measurements of TT to evaluate long-term changes after testicular cancer treatment

M. Bandak et al

ABSTRACT 837P: LONG-TERM CHANGES IN TESTOSTERONE LEVELS IN TESTICULAR CANCER SURVIVORS

Groups:

- Unilateral orchiectomy + radiation to contralateral testis for germ cell neoplasia in situ (GCNIS)
- BEP chemotherapy
- Retroperitoneal radiation
- Unilateral orchiectomy alone

Results / Conclusions:

- TT declined in all groups
- TT is lowest in patients treated with radiotherapy for GCNIS
- TT should continue to be checked beyond 10 years in patients treated with unilateral orchiectomy and contralateral radiation for GCNIS

M. Bandak et al

ABSTRACT 779PD: LARGE RPLN AND INCREASED RISK OF VTE IN PATIENTS WITH MGCT: A GLOBAL GERM CELL CANCER GROUP (G3) STUDY

Aim:

- Validate that large RPLN (retroperitoneal lymphadenopathy) is a risk for VTE (Venous ThromboEmbolism)

Retrospective review of 1,135 patients treated at 22 centers for mGCT (metastatic Germ Cell Tumours) with 1st line chemotherapy

- 92%, testis primary
- 72%, non-seminoma
- 82%, BEP chemotherapy

VTE occurred in 150 patients (13%)

B. Tran et al

ABSTRACT 779PD: LARGE RPLN AND INCREASED RISK OF VTE IN PATIENTS WITH MGCT: A GLOBAL GERM CELL CANCER GROUP (G3) STUDY

Results / Conclusions

RPLN mass > 3.5 cm associated with significantly higher risk of VTE

- 22% versus 8%
- Odds ratio = 3.4

Multivariable analysis confirmed that RPLN mass > 3.5 cm is an independent risk factor for VTE in mGCT

Trials evaluating thromboprophylaxis in this high risk population are warranted

ABSTRACT 1480P: A RISK ASSESSMENT MODEL FOR PREDICTING VTE EVENTS IN CHEMOTHERAPY-TREATED GERM-CELL CANCER

Aim:

- Develop a risk assessment model (RAM) for VTE in germ cell cancer patients undergoing chemotherapy

Variables used in the model:

- Large RP mass (N3)
- Liver, bone, or brain metastases
- IGCCC poor prognosis
- Hemoglobin basal level

ABSTRACT 1480P: A RISK ASSESSMENT MODEL FOR PREDICTING VTE EVENTS IN CHEMOTHERAPY-TREATED GERM-CELL CANCER

Groups:

- Training subset: 513 chemotherapy treated germ cell cancer patients in 13 Spanish centers
- Validation subset: 325 patients at 4 external, independent hospitals

Results / Conclusions:

- Training VTE rate: 9%
  - AUC of ROC curve = .83
- Validation VTE rate: 13%
  - AUC of ROC curve = .73
- Study validated RAM for VTE in patients on chemotherapy for germ cell cancer
- May guide in selecting patients for thromboprophylaxis

M.I. Luengo et al

ABSTRACT 846TIP.APACHE: OPEN LABEL, RANDOMIZED, PHASE 2 STUDY OF THE ANTI-PD-L1, DURVALUMAB, ALONE OR IN COMBINATION WITH TREMELIMUMAB IN PTS WITH ADVANCED GCT

Trial in Progress

Patients who have failed multiple lines of chemotherapy have a poor prognosis

PD-L1 is frequently expressed in GCT (germ cell tumors)

Aim: Investigate the activity of duravalumab +/- tremelimumab (anti-CTLA4 monoclonal Ab) in chemorefractory GCT

A. Necchi et al

ABSTRACT 846TIP.APACHE: OPEN LABEL, RANDOMIZED, PHASE 2 STUDY OF THE ANTI-PD-L1, DURVALUMAB, ALONE OR IN COMBINATION WITH TREMELIMUMAB IN PTS WITH ADVANCED GCT

Design:

- 3-stage, phase 2 study
- Patients who failed >/= 2 prior chemo regimens (including high-dose chemo)
- Duravalumab 1.5 g IV q4 weeks, for up to 12 months
- +/- Tremelimumab 75 mg IV q4 weeks, starting on week 0, for up to 4 months

Primary endpoint:

- Objective Response Rate

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