

scopic prostatectomy or robotic assisted radical prostatectomy, and what is the next mountain that this innovative and skilled group will climb?

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Urological Oncology: Testis Cancer

Chemotherapy as an Alternative to Radiotherapy in the Treatment of Stage IIA and IIB Testicular Seminoma: A Spanish Germ Cell Cancer Group Study

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Purpose: To assess the long-term efficacy and toxicity of front-line cisplatin-based chemotherapy in patients with stage IIA or IIB testicular seminoma. **Patients and Methods:** Untreated patients with pure seminoma of the testis after orchiectomy, with clinical stage IIA or IIB, were considered eligible for this prospective observational study. Chemotherapy consisted of either four cycles of cisplatin and etoposide or three cycles of cisplatin, etoposide, and bleomycin. **Results:** Between April 1994 and March 2003, 72 patients were entered onto the study at 26 participating centers. Eighteen patients had stage IIA disease, and 54 patients had stage IIB disease. Eighty-three percent of patients achieved complete response, and 17% achieved partial response with residual mass. After a median follow-up time of 71.5 months, six patients with stage IIB disease experienced relapse, and one of these patients died as a result of seminoma. Three patients experienced non-seminoma-related deaths (two died from a further esophageal carcinoma, and one died from an upper digestive hemorrhage). The estimated 5-year progression-free survival rates for patients with stage IIA or IIB disease were 100% and 87% (95% CI, 77.5% to 97%), respectively. Five-year progression-free and overall survival rates for the whole group were 90% (95% CI, 82% to 98%) and 95% (95% CI, 89% to 100%), respectively. Severe granulocytopenia and thrombocytopenia were observed in eight and two patients, respectively. Mild to moderate emesis, stomatitis, and diarrhea were the most common nonhematologic effects. **Conclusion:** Chemotherapy is a highly effective and well-tolerated treatment for patients with stage IIA or IIB seminoma and represents an available alternative that could avoid some of the serious late effects associated with radiotherapy. Further studies focusing on long-term toxicities of different treatment modalities are needed.

Editorial Comment: For many decades radiation therapy has been considered standard treatment for patients with stages IIA and IIB testicular seminoma. Patients with more advanced disease have generally been treated with platinum based chemotherapy. The exquisite chemosensitivity of seminoma, coupled with the increased risk of development of secondary malignancies after radiation therapy, has raised some concerns and led to the evaluation of chemotherapy for lower stage seminoma.

The Spanish Germ Cell Cancer Group launched a prospective treatment using cisplatin based chemotherapy with either 3 or 4 cycles for patients with lower stage II seminoma. Chemotherapy was well tolerated, and 5-year progression-free survival rates were 100% and 87% for stages IIA and IIB disease, respectively. Severe toxicities were uncommon and were primarily hematological.

This small prospective study shows that chemotherapy can be an effective alternative. However, long-term data on the effects of chemotherapy are lacking.

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