updated and are presenting now the long-term clinical outcome of the 16 patients involved in the dose-finding trial, together with that of the 9 pts enrolled in the phase II study.
Materials and Methods: from June 1999 to December 2004, we have treated in our institution a consecutive series of 25 T2−4 N0 ITBC pts (median age 67 yrs, range 51−80). After macroscopically radical TUR, all pts received XRT (54 Gy in 30 fractions over 6 weeks) and concurrent C (100 mg/sqm on days 1, 22). In dose finding study G was given weekly from 200 to 500 mg/sqm: since unacceptable toxicity was observed in two cases (one death for toxicity), at the dose of 500 mg/sqm/week, and considering the treatment toxicity profile, the recommended G dose for phase II trial was 400 mg/sqm on day 1.8 q 21 for 2 courses together C and XRT. At the trial closure, 9 pts have received such treatment.
Results: Except the pt who died for toxicity before the end of treatment, all the remaining 24 pts were microscopically disease free at the cystoscopic re-evaluation performed within 8 weeks after the treatment. Seven local and 2 distant relapses have been observed so far, at a median follow-up of 66 mos. Presently, 67% of pts is alive and disease-free, with one patient died for lung cancer. All pts alive have retained their bladder, with a normal organ function, in absence of any relevant long-term toxicity. The median survival has not been reached yet, while the OS at 7 years is 66%. The 5-year DFS, local DFS and survival without cystectomy, were 62%, 70%, and 95% respectively.
Conclusions: in our experience G + C with concurrent XRT in ITBC pts, appears encouraging, even at long-term follow-up. Considering the 100% of complete response observed after the treatment, this combination may be of interest in enhancing the disease control of C plus XRT that is today the treatment of choice in the conservative therapy of ITBC.

7172 POSTER

Feelings of loss and shame after having lost a testicle: a population-based long-term follow-up of testicular-cancer survivors

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Background: Knowledge about the reactions and feelings among men who have lost a testicle due to testicular cancer is rather limited.
Materials and Methods: We identified 1173 eligible men diagnosed with non-seminomatous testicular cancer treated according to the national cancer-care programs SWENOTECA I-IV between 1981 and 2004. During an 18-month qualitative phase we constructed a study-specific questionnaire, primarily on cognitive functioning in every-day life. In addition, we also asked the men about their feelings after having lost one testicle.
Results: We obtained information from 960/1173 (82 percent) testicular-cancer survivors 3 to 26 years after diagnosis. We found that 32 percent of these men miss or have missed their ablated testicle and that 26 percent have or have had feelings of shame related to their body because of the ablated testicle. These feelings were more common among younger men (20−34 years old) than among older (44−74 years old) men. Relative risk for younger men of having or having had feelings of loss was 1.5 (95% confidence interval, CI 1.2 to 1.9) and of shame 1.8 (95% CI 1.3 to 2.3). Furthermore, we found that a greater percentage of singles missed the testicle (RR 1.7; 95% CI 1.3 to 2.3) and had feelings of shame related to their body (RR 1.9; 95% CI 1.3 to 2.7) than did non-singles. We did not find that feelings of loss and shame were less common among those who had, compared to those who did not have, a prosthesis. However, we found it was more common for men who had never been offered a prosthesis to report feelings of loss (RR 1.7; 95% CI 1.3 to 2.2) and shame (RR 1.3; 95% CI 1.0 to 1.8) than for men who had been offered but rejected one.
Conclusion: A substantial amount of Swedish testicular-cancer survivors treated between 1981 and 2004 have or have had feelings of loss and shame due to having lost one testicle due to testicular cancer. These feelings are more common among younger men and single men. Feelings of loss and shame are not less common among men who have a prosthesis than among those without a prosthesis. However, these feelings are more common among men who never were offered a prosthesis than among men who were offered but rejected a prosthesis.

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Combination ifosfamide, bleomycin, etoposide and cisplatin (IBEP) as first line chemotherapy in patients with intermediate and poor prognosis advanced cancer of the testis

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Background: Patients with intermediate and poor prognosis advanced testis cancer according to the International Germ Cell Consensus Classification (IGCCC) have a rather dismal long-term outcome (five-year survival roughly 80% and 50% respectively) when treated with the standard initial chemotherapeutic combination of Bleomycin, Etoposide and Cisplatin (BEP). Therefore, the use of more aggressive approaches in the context of clinical studies is recommended.
Aim: The estimate of effectiveness and toxicity of combination IBEP as first line chemotherapy in patients with advanced cancer of the testis of intermediate and poor prognosis.
Patients and Methods: Patients are treated with IBEP chemotherapy with Ifosfamidie 1.2 g/m^2 for 3 days, Bleomycin 15 mg for 3 days, Etoposide 80 mg/m^2 for 5 days and Cisplatin 20 mg for 5 days with support with hydration and mesna. Primary endpoints are overall survival (OS) and the Disease-free survival (DFS).
Results: 75 patients were treated in 9 centres. The median age of patients was 27 (16−54) years, while in the 83% of patients had non-seminomatous tumours. Apart alopecia, the main toxicities were nausea - vomiting, anaemia, leucopenia-neutropenia, thrombocytopenia and neurotoxicity. With a median follow-up of 56 months, in the initial analysis, the three-year survival is 84% and three-year DFS 72%. Detailed analysis, including 5-year outcome separately for each category of patients is under way in order to be presented during the congress.
Conclusion: Combination IBEP as first line chemotherapy in the advanced cancer of the testis of intermediate and poor prognosis is safe and relatively well tolerated, while the initial long-term results expressed as overall and Disease-free survival appear encouraging.

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Bleomycin-induced pulmonary toxicity in patients with advanced germ-cell tumours: comparison of bolus administration vs 72-hour continuous infusion

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Background: The standard chemotherapy regimen for advanced germ-cell tumours (aGCT) consists of bleomycin as a bolus, etoposide and cisplatin (BEP). Retrospective evidence suggests that bleomycin-induced pulmonary toxicity (BIPT) may be decreased by the administration of bleomycin as a continuous infusion (CI). The aim of the study was to compare BIPT between bolus administration and CI in patients with aGCT treated with BEP.
Materials and Methods: male patients with testicular germ-cell tumors considered for BEP for 3 or 4 cycles were randomized to receive bleomycin as a bolus or as a 72-hour CI. High resolution CT (HRCT) scans of the lungs were obtained at baseline at every 2 cycles. BIPT was defined using Kazerooni scale, which assigns independent scores (0−5) for alveolar damage (ground-glass opacities) and interstitial damage (fibrosis) in patients with idiopatic pulmonary fibrosis. BIPT was defined as an score $\geqslant$ 2 for alveolar damage and/or >1 for interstitial damage. Expected incidence of BIPT was 40% with bolus bleomycin. We hypothesized that bleomycin administered as a CI could decrease BIPT to 20%. To detect this difference with 80% power and 5% α error, 127 patients were needed. The study was approved by the institutional ethics committe of the two institutions where patients were recruited.
Results: Between 03/2005 and 10/2006, 44 patients signed informed consent. Forty-one patients had at least one HRCT and were evaluable. Median age was 23 (17−41). According to the International Germ Cell Consensus Classification, 11 patients had good prognosis, 10 had