clinical effectiveness of neoadjuvant CT in a portuguese comprehensive cancer centre.
Material and Methods: We retrospectively evaluated pts with urothelial carcinoma of the bladder treated with neoadjuvant CT between January 1996 and December 2005 at Instituto Português de Oncologia do Porto. The study excluded pts with T1 tumours. Descriptive analysis of clinical, pathological and treatment characteristics was performed. Study endpoints were overall survival (OS), disease free survival (DFS) and clinical response. Kaplan-Meier method was used to estimate survival outcome and differences were compared with the Log Rank test.
Results: Seventy two pts were identified, 81% male, with a median age of 69 years (range 41−80). All pts presented with ECOG performance status (PS) 0−1. Disease extension at diagnosis was: T2N0/X in 46%, T3N0/X in 37%, T4N0/X in 5% and anyTN1−3 in 12%. Histological grade 3−4 was found in 76% tumours. Twenty seven pts (38%) received cisplatin-methotrexate, 26 pts (36%) M-VAC (methotrexate-vinblastine-doxorubicin-cisplatin) and 19 pts (26%) platinum-gemcitabine. Objective clinical response before local treatment was 25% (18% complete responses and 17% partial responses). Twenty one pts (29%) had stable disease and disease progression was observed in 8 pts (11%). No significant differences in clinical response were found between CT regimes. Radical or partial cystectomy was the local treatment of choice in 44 pts (61%) and radical radiotherapy in 11 pts (15%). With a median follow-up of 28 months, 60% pts had disease recurrence or progression and 55% died of bladder cancer. Median DFS was 24 months (95% CI 11.7−36.3) and median OS was 29 months (95% CI 14.7−43.3) with estimated 5-year survival of 39%. ECOG PS 1 was associated with worse OS (p = 0.003). Pts treated with M-VAC had longer OS and DFS although not statistically significant. The choice of local treatment had no impact on survival.
Conclusions: Neoadjuvant platinum-based CT for muscle invasive urothelial carcinoma of the bladder is feasible in the clinic. Our results are consistent with those of the largest meta-analysis published to date.

7179 POSTER

Extragonadal germ cell tumours – results from a single centre

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Background: Primary extragonadal germ cell tumours (EGTs) are an uncommon malignancy accounting for 2−4% of all germ cell neoplasms in adult males. Their prognosis is worse than that for testicular germ cell tumours because of their relative chemoresistance and frequent presentation with widely disseminated metastases.
Patients and Methods: We identified 20 male patients (pts) with unequivocal diagnosis of mediastinal or retroperitoneal EGT who were treated at the Thomayer University Hospital between 1994 and 2008. The median age was 37 years (range: 19−52 years). Information on baseline characteristics, treatments, and outcome were obtained retrospectively from medical records. Radical surgical removal of the tumour was initially attempted in 4/20 patients, and was unsuccessful in all cases. All 20 pts received first-line platinum-based chemotherapy – 19/20 with bleomycin/etoposide/cisplatin (BEP) and 1/20 with cisplatin/vinblastin/etoposide (PVB). Four of 20 pts received additional chemotherapy regimens(s) as a part of the first-line treatment. Fifteen of 20 patients were treated with second-line chemotherapy including 4/20 pts who received high-dose chemotherapy.
Results: Only 2/20 pts (10%) achieved complete response (CR) after the first-line chemotherapy. Five of 20 pts (25%) had marker (M)-negative partial response (PR), 11 pts (55%) M-positive PR, and 2 pts died of disease progression during the first-line chemotherapy. Median overall survival (OS) of our pts is 24.8 months (4.5−98.1 months), with 6/20 (30%) patients surviving long-term, all off-treatment and disease-free. Of the analysed variables (age, constitutional symptoms, mediastinal versus retroperitoneal primary, seminoma versus nonseminoma, LDH elevation, S stage, metastatic site) only histology of seminoma was associated with favourable prognosis (p = 0.036). Significantly longer OS was achieved by patients who had negative positron emission tomography (PET) findings (median OS 50.7 versus 18.5 months, p = 0.004) and who had tumour marker normalisation (median OS 36.0 versus 13.3 months, p = 0.005) after therapy.
Conclusions: Widespread metastatic disease is commonly present in EGT patients at diagnosis. Complete responses are seldom achieved by first-line chemotherapy but long-term survival is achievable after combined-modality treatment. Negative PET findings after chemotherapy predict better OS although relapses did occur even after a negative PET study.

7180 POSTER

Six cases of testicular cancer associated with sarcoidosis: a clinical challenge

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Background: Mediastinal lymph nodes or intrapulmonary lesions are common findings in patients (pts) with metastatic testicular cancer and in pts with sarcoidosis. Under rare circumstances both diseases are diagnosed in the same pt, which can lead to diagnostic uncertainties, inadequate staging or even overtreatment of pts.
Material and Methods: We reviewed a retrospective cohort of 6 patients with both testicular cancer and sarcoidosis to assess the diagnostic and therapeutic challenges of this rare combination.
Results: The median age at diagnosis of germ cell tumour was 28 yrs (range 27−38). All pts had gonadal primaries, including 3 seminomas and 3 non-seminomas. All pts underwent inguinal orchiectomy, staging with CT chest/abdomen and assessment of AFP, βHCG and LDH; two had increased markers at baseline. The initial stage of disease according to the AJCC classification was IA (2), IIA (2), IIC (1) and IIIC (1). 4 pts received cisplatin-based chemotherapy (BEP, EP, VIP) and one single-agent carboplatin. Two pts had mediastinal adenopathy at the initial diagnosis, four developed nodeal disease during follow-up. Due to diagnostic uncertainties all underwent a mediastinoscopy or biopsy after a median interval of 8 months (range 4−20) from the diagnosis of testicular cancer. All pts had noncaseating sarcoid-like granulomas. The diagnosis of systemic sarcoidosis was confirmed in 3 pts by other investigations (BAL lymphocytosis and ophthalmologic evaluations). Only one pt required specific corticosteroid therapy. All others had spontaneous regression of sarcoidosis after a median of 10 months (range 4−20). Two pts were potentially overtreated for their testicular cancer (one with chemotherapy and one had a wedge resection of the lung with mediastinal, hilar and intrapulmonary lymphadenectomy) due to the finding of mediastinal adenopathy. All patients are alive without evidence of active cancer or sarcoidosis after a median interval since diagnosis of testicular cancer of 44 months (range 15−79) and 26 months (range 8−69) after diagnosis of sarcoidosis.
Conclusions: Sarcoidosis and testicular cancer can occur in the same pt, without a known pathophysiological relationship, either in a simultaneous or metachronous fashion. Mediastinal adenopathy can be found in both entities and mediastinoscopy is useful to clarify the differential diagnosis. Not all mediastinal masses in patients with testicular cancer are germ cell tumour metastasis and sarcoidosis or sarcoid-like reactions should be part of the differential diagnosis.

7181 POSTER

Socioeconomic profile of patients with stage I testicular seminoma

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Background: The significant increase in testicular cancer over the last few decades calls for an investigation of the influence of socioeconomic status on its aetiology. The aim of this study was to establish living conditions, family cancer history, education, and social behaviour in stage I testicular seminoma patients (TSPs).
Material and Methods: This hospital-based study included 100 TSPs diagnosed between 2003 and 2009 and 300 healthy men matched by age. Using a detailed questionnaire, the subjects were interviewed about the family history of cancer, occupational and living environment, diet, and drug intake. One-way ANOVA was used for statistical analysis of results.
Results: TSPs belonged to middle or low-income groups (84%). Alcohol, smoking, and vegetable intake did not significantly differ between controls and TSPs (OR = 0.95, CI 0.51−1.77; OR = 0.3, CI 0.22−0.56; OR = 1.02, CI 0.55−1.8). TSPs had significantly more ex-smokers than controls (p < 0.05). Half the TSPs were occupationally exposed to exhaust fumes, paint thinners, and heavy metals. TSPs showed a significantly higher intake of read meat (OR = 2.25, CI 1.2−4.2), use of pesticides (OR = 6.19, CI 2.4−15.7), and family history of cancer (OR = 4.4, CI 2.37−8.23) than controls.
Conclusion: Occupational exposure to exhaust fumes, paint thinners, and heavy metals, family cancer history, use of pesticides at home, and read meat intake correlate with testicular cancer. Socioeconomic status and its multidimensional nature are associated with the incidence of the diseases due to specific physical, biological and chemical stressors.