GONORTE
Grupo Oncológico

REUNIÓN POST CONGRESO DE LA
SOCIEDAD EUROPEA DE ONCOLOGÍA MÉDICA 2024

Presentaciones más destacadas en tumores germinales y otros tumores GU

Dr. Carlos Álvarez Fernández

Hospital Universitario Central de Asturias, Oviedo

@duemed

carlos.alvfer@gmail.com

Conflictos de intereses

Empleado: Servicio de Salud del Principado de Asturias (SESPA)

Consultoría (*advisory boards*):

AstraZeneca, Merck-Pfizer

Conferencias (*speaker*):

Roche, Pfizer, Ipsen, AstraZeneca

Cursos, congresos, desplazamientos:

Roche, Pfizer, BMS

Germ cell tumors

Descriptive survival cohorts

Surgery in metastatic seminomas

Optimizing first line

HDCT

New targets in GCTs

CT scan for late relapses

Radiosurgery in brain metastases

TGCT survivors

Survival in Hispanic Patients with Germ Cell Tumors at a Single Large Academic Institution vs. SEER

Results	
SEER18 population	**5-year survival (95%CI)**
All TGCT, NHW (N=27,422)	95.0% (94.7-95.2%)
All TGCT, Hispanic (N=8747)	92.4% (91.7-93.0%)
Seminoma, NHW	96.4% (96.1-96.7%)
Seminoma, Hispanic	95.8% (95.1-96.4%)
Nonseminoma, NHW	92.9% (92.3-93.3%)
Nonseminoma, Hispanic	89.2% (88.1-90.1%)
LAG cohort	
All TGCT, NHW (N= 31)	100% (86.3-100%)
All TGCT, Hispanic (N=135)	93.3% (87.4-96.7%)
Seminoma, Hispanic	97.9% (87.8-99.9%)
Nonseminoma, Hispanic	90.5% (81.6-95.5%)

USC Norris Comprehensive Cancer Center

SEER18: 2000-2011 → 27422
USC serie (LAG cohort): consecutive patients → 166

HWs with NSGCTs (n=84) had tumors that included the following elements: 50% teratoma, 10% choriocarcinoma, 15% embryonal, 2% yolk sac, and 8% somatic differentiation.

Among HWs with NSGCTs, 57% were classified as good risk, 20% intermediate, 20% poor risk and 3% unknown.

Of the 49 HWs with SGCT, 94% were classified as good risk, 2% as intermediate risk, and 4% were unknown.

HWs had worse 5-year outcomes than NHWs, consistent with SEER findings.

In this limited series of HWs, poor risk disease appears to be more frequent than in historic series of NHWs.

Presented by Adam Kolawa.

Final Analysis of the prospective COTRIMS (Cologne Trial of Retroperitoneal Lymphadenectomy in Metastatic Seminoma) Trial

UNIKLINIK KÖLN

Mean age	**34.2 (21-65) years**
Primary orchiectomy	
site	10 (30%) right, 24 (70%) left
pT-stage	21 (62%) pT1 13 (38%) pT2
rete testis invasion	2 (11.%) yes, 16 (89.9%) no*
mean size	3.2 (1.1 – 6.2) cm
Clinical stage at nsRPLND	
CS IIA	22 (65%)
CS IIB	12 (35%)
Mean size lymph node	2.3 (0.8-4.1) cm
Localization of lymph nodes	19 (63.3%) para-aortic, 2 (6.7%) pre-aortic, 4 (13.3%) interaortocaval, 4 (13.3%) paracaval, 1 (3.3%) para- and interaortocaval

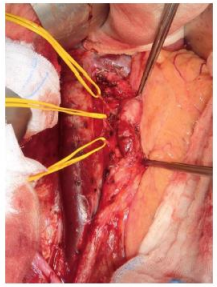
Surgery related issues

Mean OR time	**131 (105 – 195) min**
Open surgery	**31/34 (91%)**
Robot assisted	**3/30 (9%)**
Blood loss	**150 (50 – 290) ml**
Mean hospital stay	**4.5 (3-9) days**
Complications	
Clavien-Dindo IIIa	**4 (11.8%)** Lymphocele, paralytic ileus, chylous ascites
Clavien-Dindo IIIb-V	**0**
Functional Outcome	**Antegrade ejaculation 30/34 (88%)**

Nerve sparing RPLND

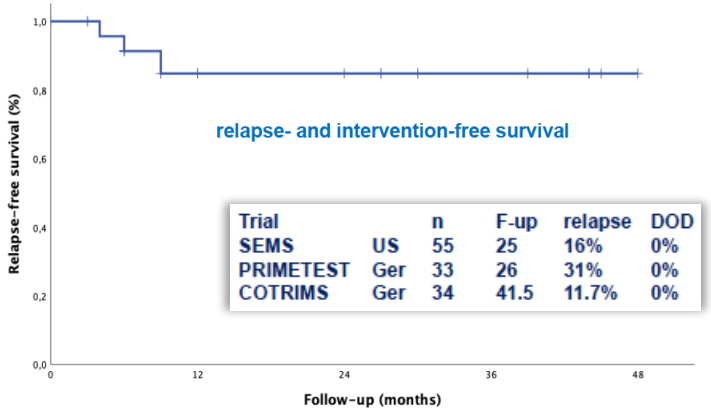
Clincal stage IIA

Clincal stage IIB



Pathohistology

- 30 patients (**88.3%**) with seminomatous metastases
- 4 patients (**11.7%**) without seminomatous metastases
- n = 3 no malignancy => overtreatment in case of RT/chemo
- n = 1 with Eca => wrong therapy if RT would have been chosen

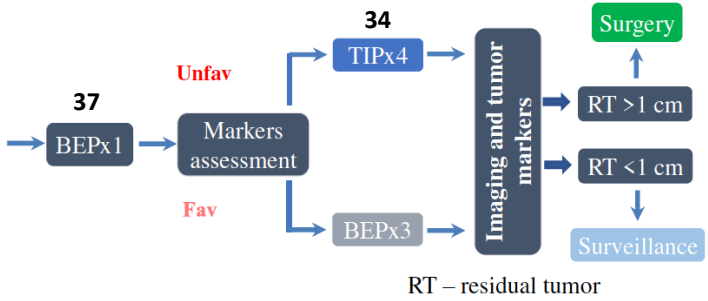


Trial		n	F-up	relapse	DOD
SEMS	US	55	25	16%	0%
PRIMETEST	Ger	33	26	31%	0%
COTRIMS	Ger	34	41.5	11.7%	0%

Presented by Axel Heidenreich.

Paclitaxel, ifosfamide and cisplatin (TIP) in patients (pts) with poor prognosis nonseminomatous germ cell tumor (NSGCT) with unfavourable serum tumor markers (STM) decline: A phase II study (#707P)

Inclusion criteria:
- Age >18 yr;
- Primary testicular, retroperitoneum or mediastinum NSGCT;
- IGCCCG poor risk;
- Normal kidney & hepatic function;
- ECOG ≤3.



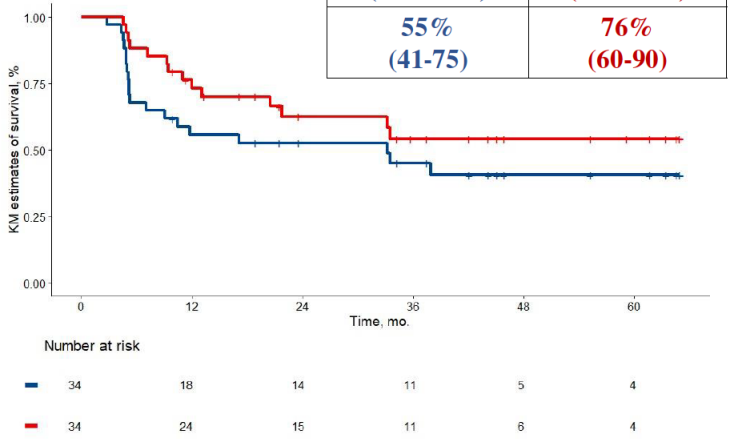
RT – residual tumor

TIP: paclitaxel 120 mg/m2 IV days 1,2 + cisplatin 25 mg/m2 days 2-5, ifosphamide 1500 mg/m2 days 1-5 + mesna + G-CSF support
BEP: bleomycin 30 mg IV days 1,3,5 + etoposide 100 mg/m2 days 1-5 + cisplatin 20 mg/m2 days 1-5

Characteristics of pts, n=34	N (%)
Median age (range), yr	28 (18 - 46)
The primary tumor localization	
• Testis/Retroperitoneum	28 (83)
• Mediastinum	6 (17)
Metastasis	
• Retroperitoneal and/or mediastinal lymph nodes (LNs)	24 (70)
• Extrapulmonary visceral mts	19 (56)
• Brain	5 (15)
ECOG PS	
• 0-1	19 (56)
• 2-3	15 (44)
STM concentration	
• β-HCG > 50000, mUE/l	11 (32)
• AFP > 10000, ng/ml	12 (35)
• LDH > 10 ULV, UE/l	5 (33)

Response to first-line	N (%)
Response to 1st-line + surgery	
• Complete response	14 (41)
• Residual tumor +/- normal markers	14 (18)
• Progression	6 (18)
Surgery	16 (47)
• Retroperitoneal and/or mediastinal LNs	15 (44)
• Liver resection	1 (3)
• Orchidectomy	3 (9)
Pathological response	
• Necrosis, fibrosis and/or teratoma	14 (41)
• Viable tumor	5 (15)

1-year PFS (95% CI)	1-year OS (95% CI)
55% (41-75)	76% (60-90)



Median follow-up 21.6 months (4.6–64.9 months), 19 PFS events
The local monitoring committee recommended analyzing data preliminary.
1-year PFS was 55% (95% CI 41-75) leading to futility of further patients enrollment.
The TIP regimen did not improve outcomes of pts with unfavourable decline STM after the first cycle of chemotherapy.

Presented by Edgar Israelyan.

694P - Sequential high-dose-chemotherapy with 4 cycles paclitaxel, ifosfamide, carboplatin, etoposide (P-ICE) in relapsed/refractory male germ cell cancer: Final results with 15.8 years follow-up

Dosing & schedule:

- **1 (-2) cycles induction CTx with standard dose P-ICE followed by stem cell apharesis** (Paclitaxel 135 mg/m² d1, Ifosfamide 1500 mg/m² d1,2,3, Carboplatin 150 mg/m² d1,2,3, Etoposide 150 mg/m² d1,2,3)
- **followed by 4 sequential cycles of High-dose P-ICE plus stem cell support at d5.** (Paclitaxel 200 mg/m² d1, Ifosfamide 3300 mg/m² d1,2,3, Carboplatin 330 mg/m² d1,2,3, Etoposide 330 mg/m² d1,2,3)

Patients characteristics:

- Seminoma: 5 patients / non-seminoma: 28 patients
- Gonadal: 27 patients / extragonadal: 6 patients
- N prior CTx: 1 (26 patients) / 2 (4 patients) / 3 (3 patients)
- ECOG-PS: 0 (19 patients) / 1 (14 patients)

Response rate:

- CR/NED: 17 (**51.5%**)
- CR/NED/PR-/SD- with marker normalization: 21 (**63.6%**)
- PD: 12 (**36.4%**)

Survival:

- **PFS**: **85** (4-180) months
- **DFS** (of CR/NED): **130** (58-180) months
- **RFS** (of all favourable response): **122** (23-180) months
- **OS**: **85** (6-180) months
  - favourable response: **122** (23–180) months
  - unfavourable response: **14** (6-28) months

Almost all patients with favourable response are alive with no relevant long term toxicity.
Only one third of the patients with unfavourable response indicating chemoresistance with a median OS of only 14 months and a maximum of 28 months.

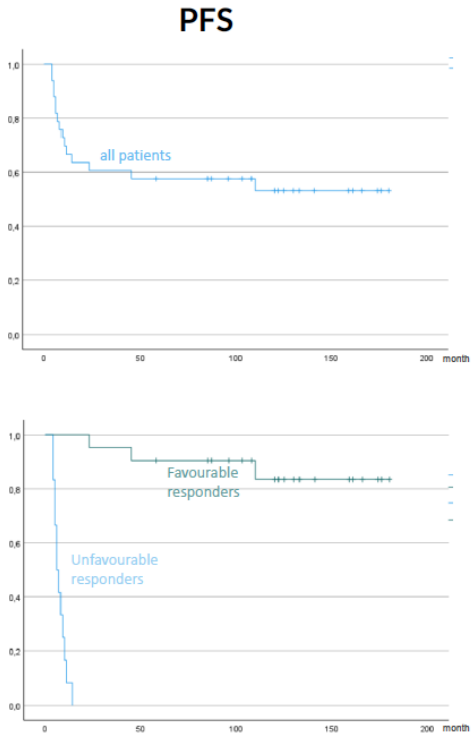


Figure 1. Progression-free survival all patients and favourable vs unfavourable

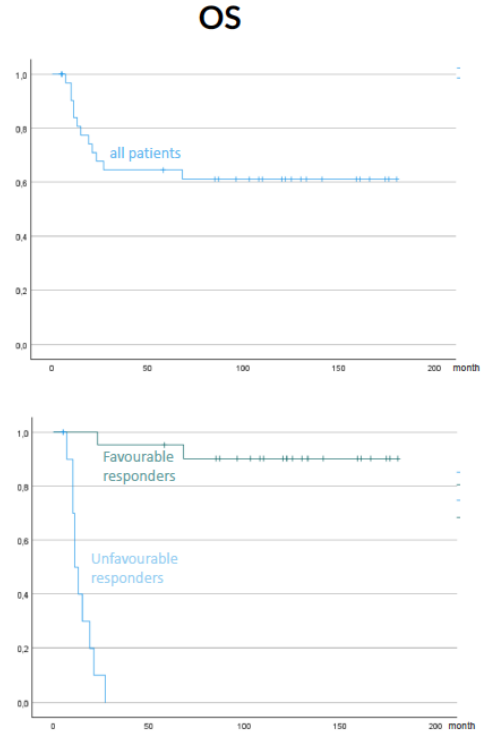


Figure 2. Overall survival all patients and favourable vs unfavourable

Presented by Hans J Schmoll.

702P - Survival and Related Factors in Testicular Non-seminomatous Patients Undergoing High-Dose Chemotherapy and Autologous Stem Cell Transplantation: Experience of Turkey's Highest Volume Transplantation Center

The objective of this study was to evaluate the survival and associated factors of testicular NSGCT pts who received HDCT after TIP x3.

1 January 2017 - 1 May 2024.

103 patients
64.1% poor risk category.
STMs were high in 44.7% before HDCT.

mPFS: 14.6 months (95% CI 0-44.2)
mOS: not reached
2-year OS rate: 65%
Treatment-related mortality: 5.8%

High AFP, beta-HCG and NLR levels before HDCT were independent and poor prognostic factors affecting survival.

Presented by Musa B. Aykan.

Table 2: Significant Univariate Analysis findings

Variable	Total No.	No.of Event	2 year PFS %	median PFS (months) (%95 CI)	p
Pulmonary Metastases					
Absent	30	11	59.1	-	0.044
Present	73	42	41.9	10.76 (3.11-18.41)	
Liver metastases					
Absent	80	37	53.5	48.76	0.01
Present	23	16	21.0	5.6 (0 – 44.25)	
Response status before HDC					
CR or tumor marker negative PR	51	10	83.1	-	0.01
Tumor marker positive PR or SD	50	41	10.4	5.6 (3 – 8.1)	
PD	2	2	-	2.03	
Platinum Refractory Disease					
Absent	87	38	54.9	48.76	0.01
Present	16	15	6.3	3 (1.8-4.17)	
Liver, Bone, Brain metastasis before HDC,					
Absent	75	33	55.2	48.76	0.03
Present	28	20	25	5.6 (3.31-7.89)	
AFP before HDC					
< 9 ng/mL	78	32	56.7	-	0.01
≥ 9 ng/mL	25	21	15.2	3.93 (2.84 – 5.02)	
Beta HCG before HDC					
< 1 mIU/mL	74	30	57.1	-	0.01
≥ 1 mIU/mL	29	23	20.5	5.6 (2.5 – 8.69)	
AFP or Beta HCG elevation before HDC					
Absent	57	16	70.3	-	0.01
Present	46	37	18	4.16 (1.75 – 6.57)	
NLR situation					
Low	64	15	77.2	-	0.01
High	39	38	0	3.56 (2.95 – 4.17)	

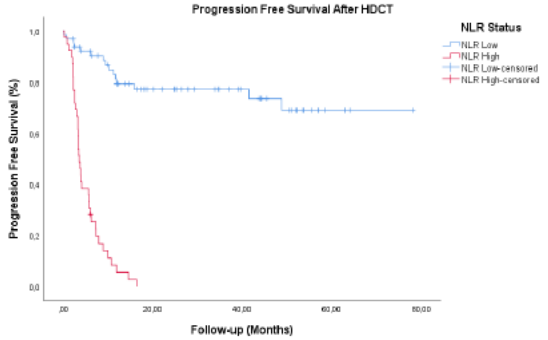
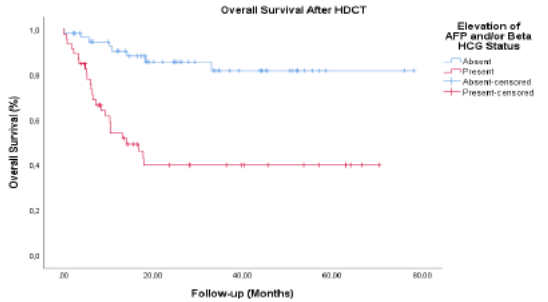


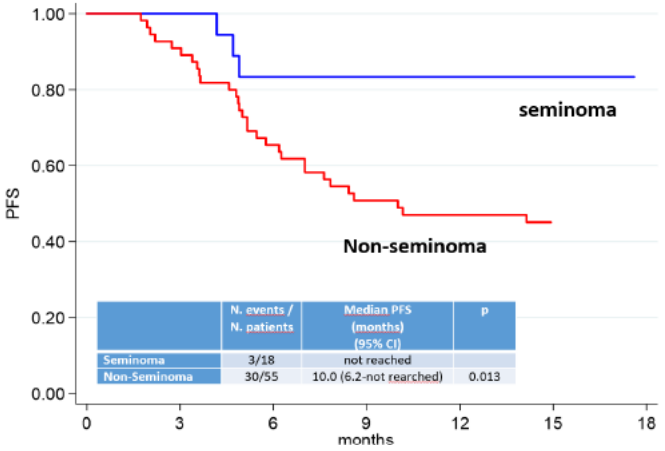
Table 3: Multivariate Analysis findings

	P value	HR	95% CI
Lung Metastases	0.091	1.96	(0.89-4.30)
Liver metastases	0.769	0.91	(0.48 – 1.71)
Platinum Refractory Disease	0.06	2.95	(1.36-6.41)
AFP before HDC	0.024	1.97	(1.09-3.56)
Beta HCG before HDC	0.045	1.87	(1.01-3.47)
NLR situation	0.034	2.13	(1.05-4.32)

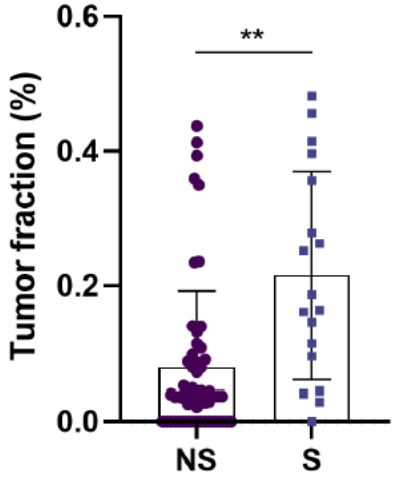


Detection of circulating tumor DNA and chromosome 3p25.3 gain in relapsed/refractory germ cell tumors and impact of salvage high-dose chemotherapy - Results from the Italian Germ cell cancer Group 04 Study

Italian Germ cell cancer Group



	N. events / N. patients	Median PFS (months) (95% CI)	p
Seminoma	3/18	not reached	
Non-Seminoma	30/55	10.0 (6.2-not rearched)	0.013



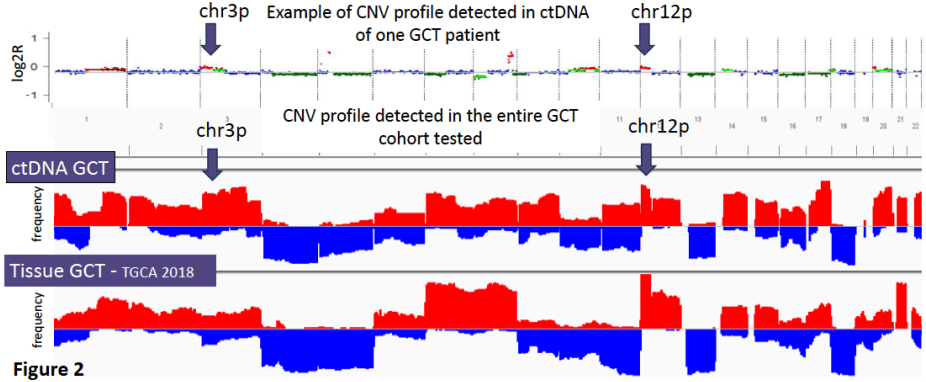
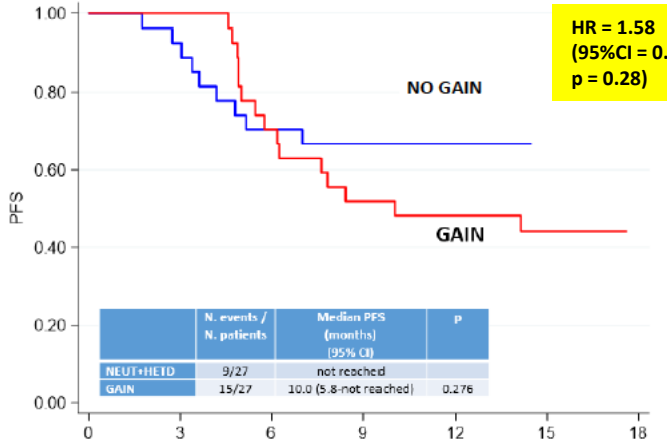
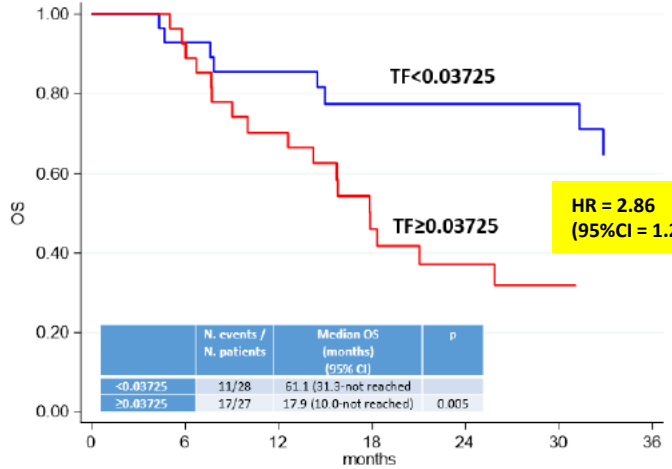


Figure 2



	N. events / N. patients	Median PFS (months) (95% CI)	p
NEUT+HETD	9/27	not reached	
GAIN	15/27	10.0 (5.8-not reached)	0.276

HR = 1.58
(95%CI = 0.69-3.61;
p = 0.28)

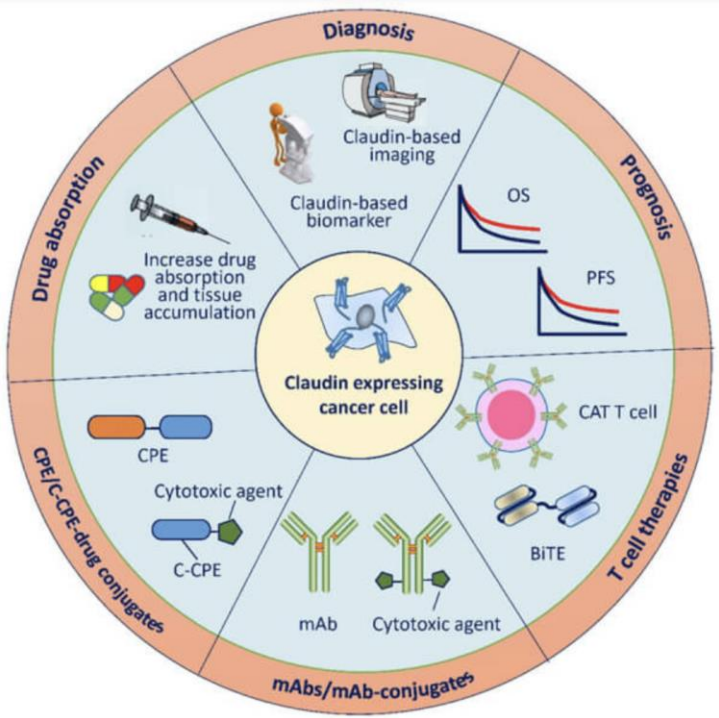


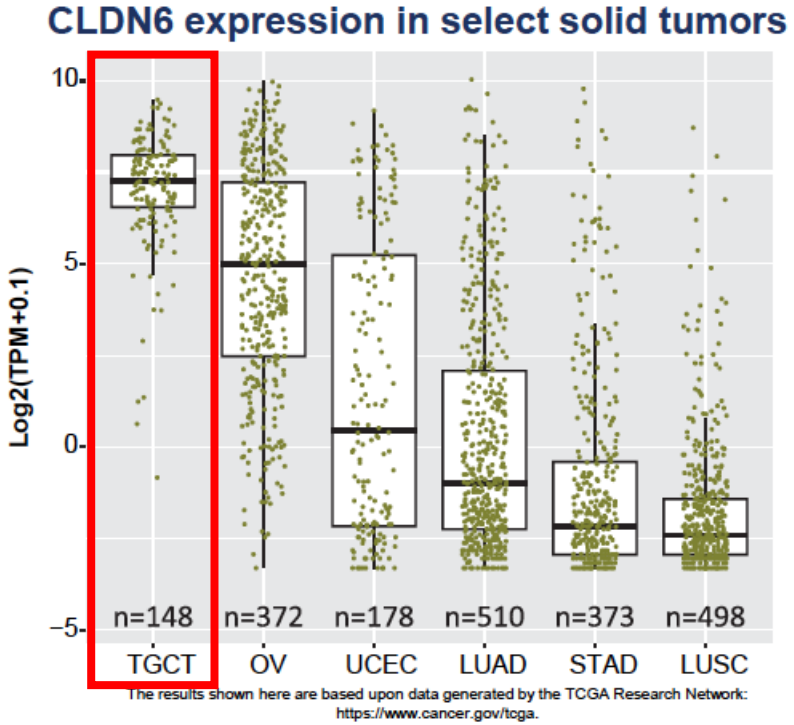
	N. events / N. patients	Median OS (months) (95% CI)	p
<0.03725	11/28	61.1 (31.3-not reached	
≥0.03725	17/27	17.9 (10.0-not reached)	0.005

HR = 2.86
(95%CI = 1.22-6.69)

Presented by Ugo De Giorgi.

6100 - Preliminary results from a phase I, first-in-human study of DS-9606a, a claudin 6 (CLDN6)-directed antibody-drug conjugate (ADC), in patients (pts) with tumor types known to express CLDN6

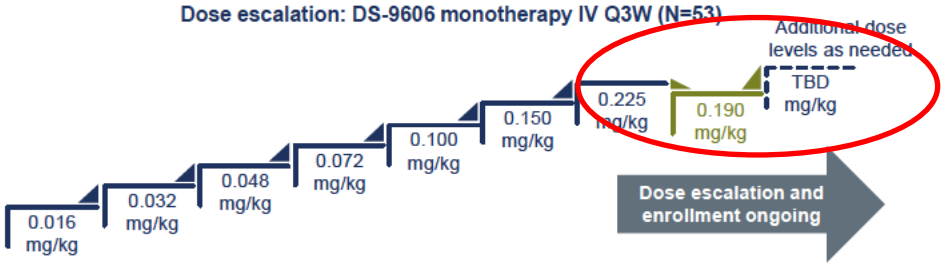




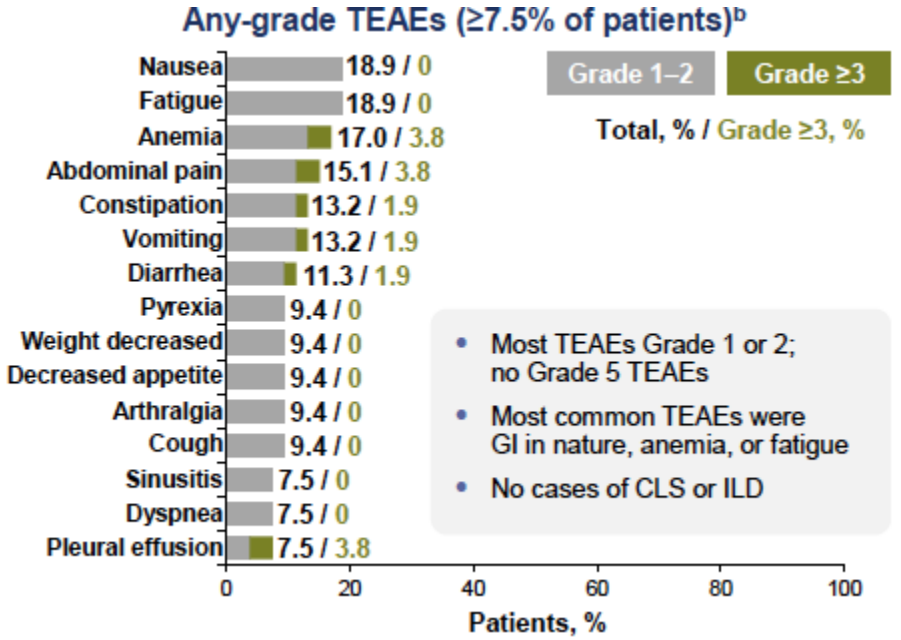
Am J Cancer Res. 2021; 11(7): 3406–3424.

Presented by Manish R. Patel.

6100 - Preliminary results from a phase I, first-in-human study of DS-9606a, a claudin 6 (CLDN6)-directed antibody-drug conjugate (ADC), in patients (pts) with tumor types known to express CLDN6



DS-9606 dose, mg/kg	0.016 (n=3)	0.032 (n=7)	0.048 (n=7)	0.072 (n=6)	0.100 (n=7)	0.150 (n=14)	0.190 (n=3)	0.225 (n=6)	Total (N=53)
Treatment-emergent cutaneous toxicity, n with event (%)									
Any	**0**	**0**	**1 (14.3)[a]**	**0**	**1 (14.3)**	**5 (35.7)**	**0**	**2 (33.3)**	**9 (17.0)**
Skin hyperpigmentation	0	0	1 (14.3)[a]	0	0	2 (14.3)	0	0	3 (5.7)
Pain of skin	0	0	1 (14.3)[a]	0	0	1 (7.1)	0	0	2 (3.8)
Periorbital hemorrhage	0	0	0	0	1 (14.3)	1 (7.1)	0	0	2 (3.8)
Rash	0	0	0	0	1 (14.3)	0	0	1 (16.7)	2 (3.8)
Maculo-papular rash	0	0	0	0	0	1 (7.1)	0	0	1 (1.9)
Papular rash	0	0	0	0	0	1 (7.1)	0	0	1 (1.9)
Seborrheic dermatitis	0	0	0	0	0	1 (7.1)	0	0	1 (1.9)
Skin discoloration	0	0	0	0	0	0	0	1 (16.7)	1 (1.9)



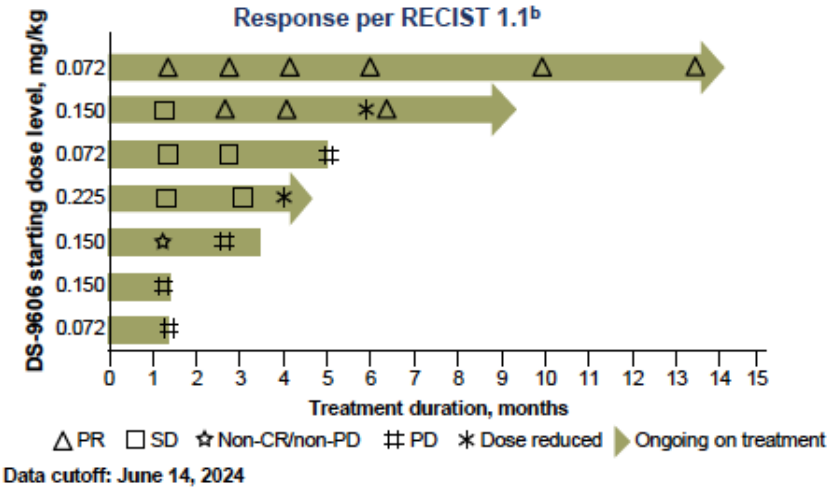
Presented by Manish R. Patel.

6100 - Preliminary results from a phase I, first-in-human study of DS-9606a, a claudin 6 (CLDN6)-directed antibody-drug conjugate (ADC), in patients (pts) with tumor types known to express CLDN6

Preliminary efficacy[a]: GCT responses

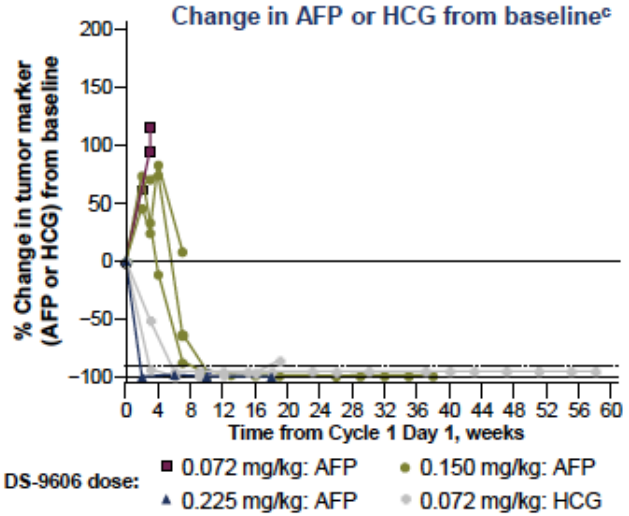
Responses in patients with GCTs who were heavily pretreated/refractory to prior treatment

- 2/7[b] patients had PR as best response (RECIST 1.1) and remained on treatment >6 months



Data cutoff: June 14, 2024

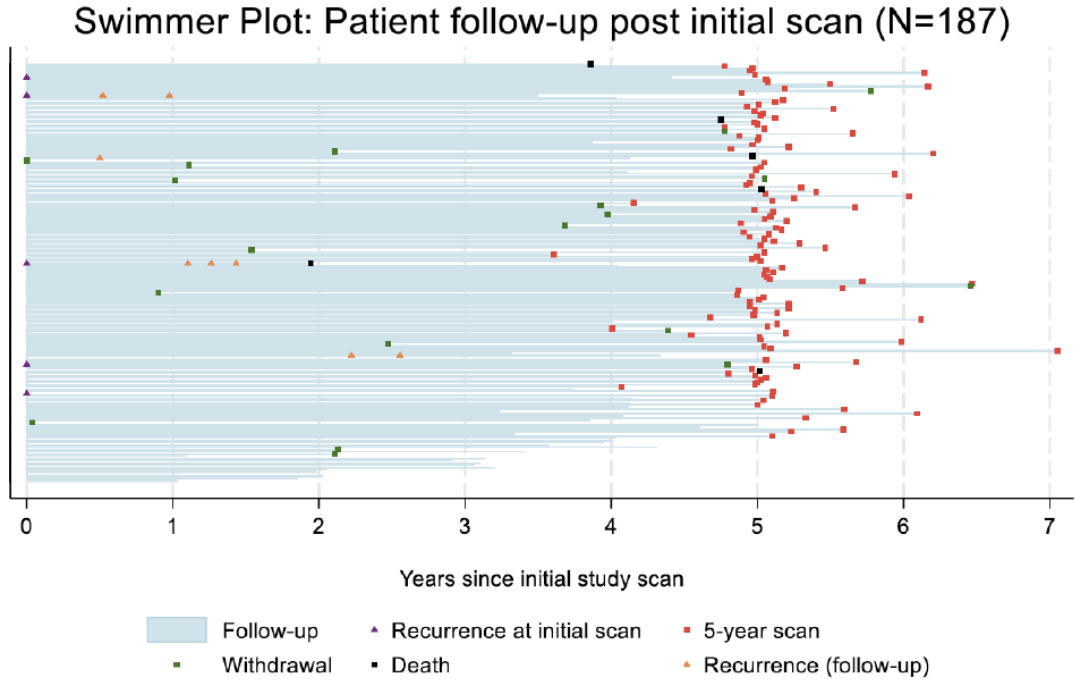
- 5/7[c] patients had ≥90% reduction in tumor markers

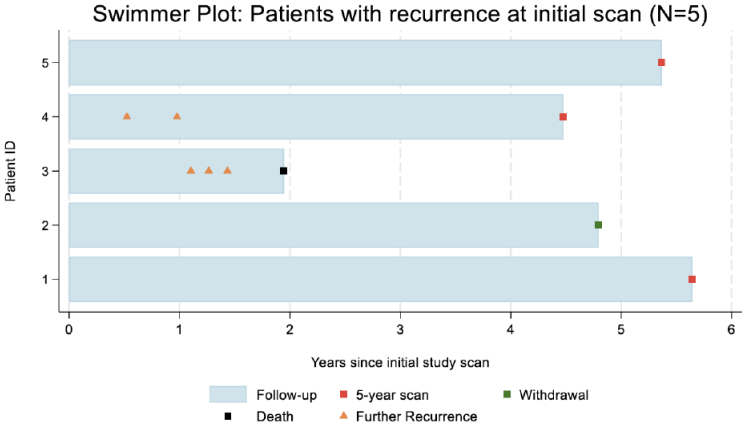


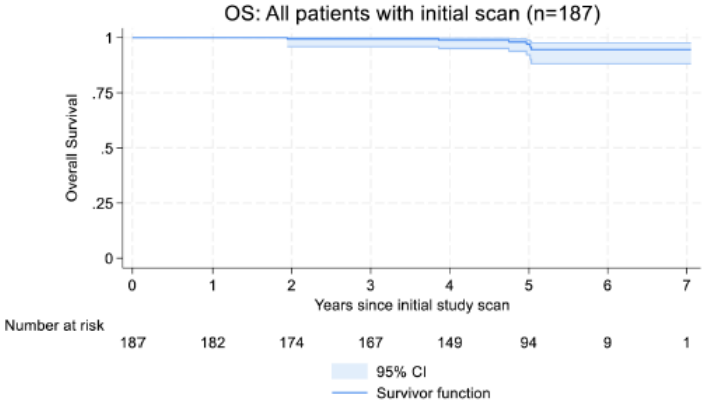
Presented by Manish R. Patel.

Assessment of the utility of CT scans in the long-term follow-up of metastatic non-seminomatous germ cell tumours (mNSGCT): The Late CT Study

The ROYAL MARSDEN NHS Foundation Trust







A late follow-up CT at 5 years post-treatment detects a small but significant number of recurrent germ cell tumours.

Recurrence after a negative late CT is low and further imaging may not be warranted

Presented by Deep Chakrabarti.

Stereotactic radiosurgery (SRS) in brain metastases (BMs) from non-seminomatous germ cell tumours (NSCGTs)

The ROYAL MARSDEN NHS Foundation Trust

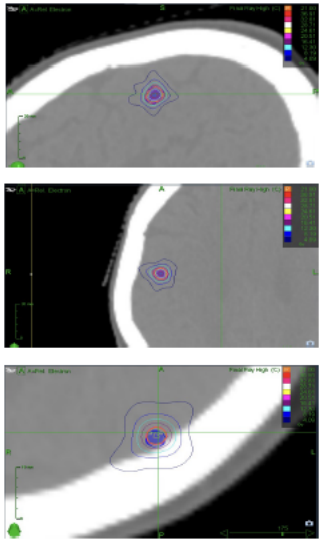
Pts with brain metastases from mNSGCT treated with SRS between 2016 and 2024.
Criteria: controllable/absent extracranial disease, expected prognosis ≥6 months, KPS ≥ 70).
All were treated using a CyberKnife system.

Ten patients were treated.

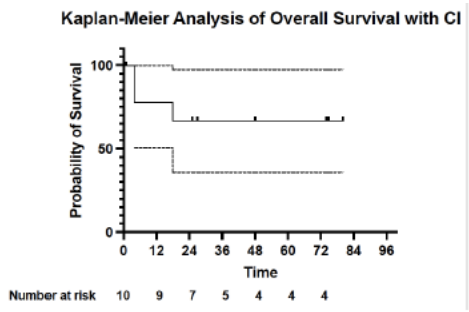
Patient Characteristics
- 2 had mediastinal GCT, 8 had testicular GCT.
- 4/10 had BMs on diagnosis.
- Chemotherapy regimens:

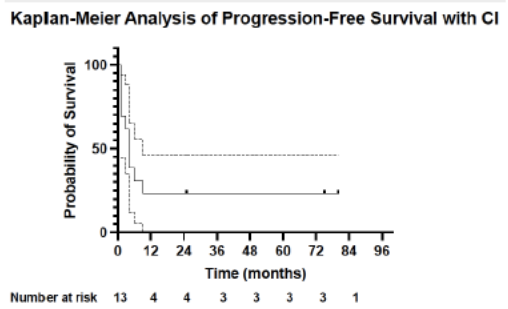
high-dose stem cell rescue (6/10), TIP (5/10), IPE (4/10), CBOP-BEP (4/10).

SRS treatments were:
– SRS alone (9/13),
– Boost post whole brain radiotherapy, WBRT (2/13),
– tumour bed alone post-surgery (2/13).
- 4/10 patients had WBRT: 2 received SRS boost, 1 received SRS on progression; 1 had WBRT after debulking surgery on progression after SRS.



Radiotherapy Planning



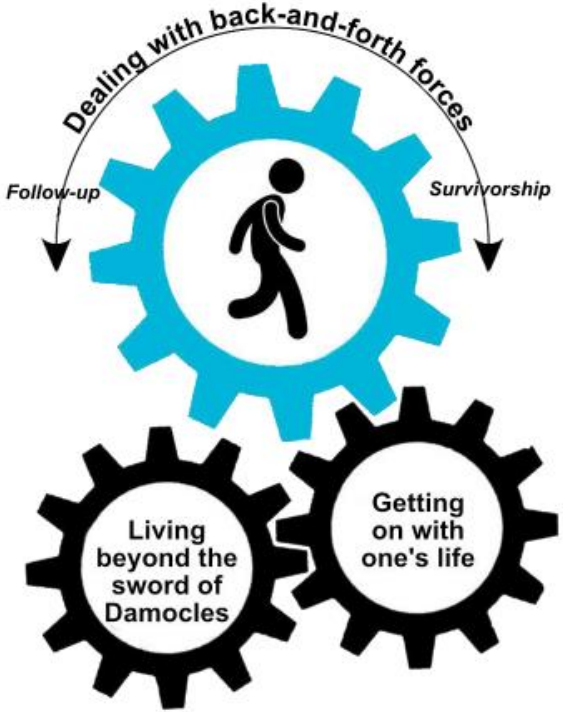


Survival outcomes
- mPFS (95% CI): 4 (3-5) months.
- mOS (95% CI): 56 (34-78) months.
- Two-year OS and PFS were 67% and 23%.

The presence of a mediastinal primary adversely impacted OS (Mantel-Cox P=0.005).

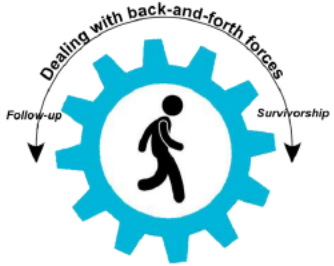
Presented by Deep Chakrabarti.

CN68 - From surviving cancer to getting on with life: Adult testicular germ cell tumor survivors' perspectives on transition from follow-up care to long-term survivorship



The transition model in cancer

The transition = dealing with the threat of cancer + overcoming those threats to carry on with everyday life.



Themes in common, transition at own pace

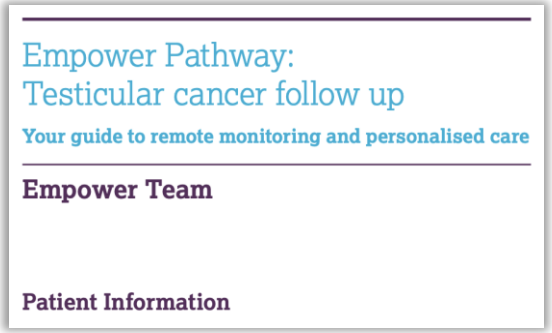
Presented by Sandrien van Geel-Weda.

697P - The Empower Pathway overview: An innovative approach to delivering personalised care for testicular cancer survivors

708P - The Empower Pathway: An audit of the first 150 patients. Enhanced personalised care of testicular cancer survivors

The ROYAL MARSDEN NHS Foundation Trust

The ROYAL MARSDEN Cancer Charity



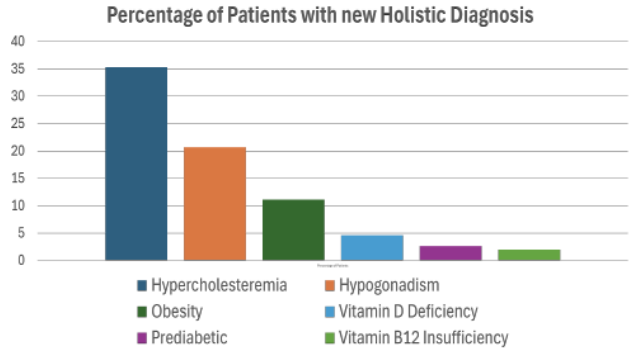


Table 1

Issue	Pre Empower Pathway (EP) survey: % that felt this was important	Pre Empower Pathway (EP) survey: % that felt this was addressed in CLC	Post pathway survey: % that felt this was addressed
Lifestyle and exercise	80	9.6	87.5
Mental Health	70	18.1	100
Sexual Health and well-being (including fertility)	50	13.5	80.5
Effort made to understand health concerns	NA	50	100
Effort made to listen to health concerns	NA	64	100
Effort made to involve what mattered to them within their care	NA	68	100

https://patientinfolibrary.royalmarsden.nhs.uk/document/download/1716

Presented by Robert Holwell & Penny Champion.

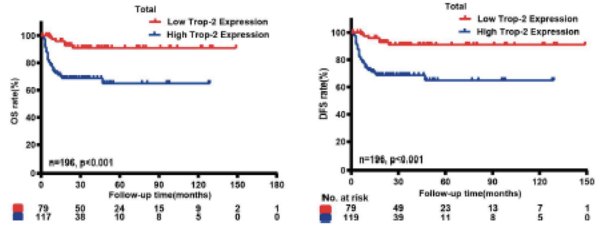
Penile cancer

TROP-2 as a promising target

TROP-2 as a promising ADC target in penile squamous cell carcinoma that promotes cell proliferation by activating AKT through PKCα pathway

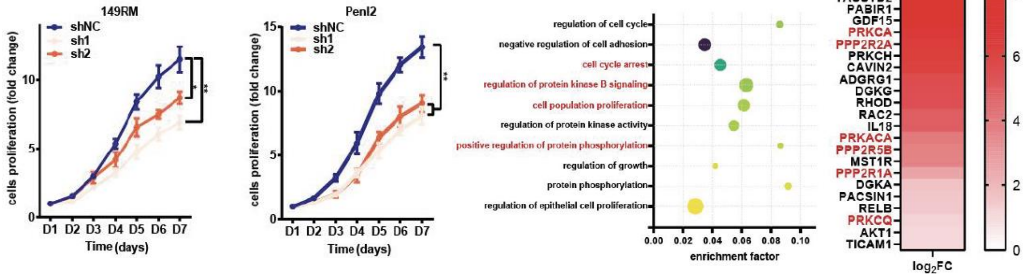
中山大學 肿瘤防治中心 SYSUCC SINCE 1964 SUN YAT-SEN UNIVERSITY CANCER CENTER

1.TROP-2 is associated with poor outcome and clincal features

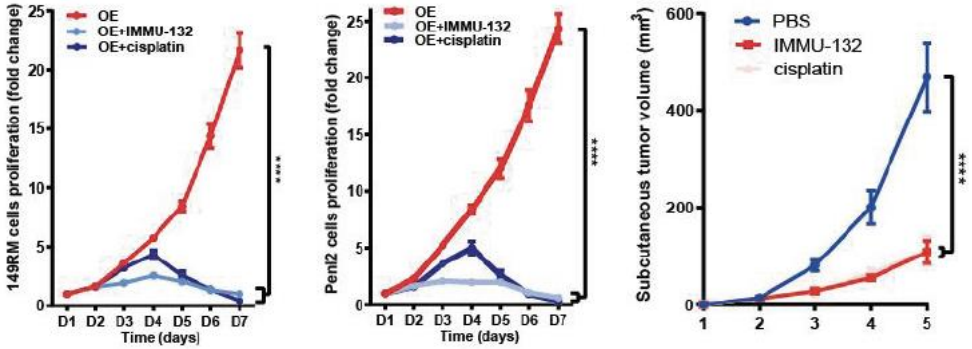


	PSCC cohort (N=196)	Low expression (N=83), 41.9%	High expression (N=115), 58.1%	χ^2	p-value
pT status				**42.984**	**0.000**
≤pT1	76 (38.7)	53 (27.0)	23(11.7)		
pT2	39 (19.9)	10 (5.1)	29 (14.7)		
pT3	68 (34.6)	11 (5.6)	57 (29.1)		
pT4	13(6.6)	5(2.5)	8 (4.0)		
pN status				**11.410**	**0.010**
N0	115 (58.6)	56 (28.5)	59 (30.1)		
N1	19 (9.7)	10 (5.1)	9 (4.6)		
N2	24 (12.2)	6 (3.0)	18 (9.2)		
N3	38 (19.4)	7 (3.6)	31 (15.8)		
Metastasis				0.092	0.761
M0	193 (98.4)	79 (40.3)	114 (58.1)		
M1	3 (1.5)	0 (0)	3 (1.5)		
Histology				1.023	0.600
G1	97 (49.4)	44 (22.4)	53 (27.0)		
G2	76 (38.7)	27 (13.8)	49 (24.9)		
G3	23 (11.7)	8 (4.1)	15 (7.6)		
ENE				**11.346**	**0.001**
No	171 (87.2)	76 (38.8)	95 (48.4)		
Yes	25 (12.8)	3 (1.5)	22 (11.3)		

TROP-2 promotes proliferation of PSCC cell in vivo and in vitro; and activates AKT through PKCα pathway



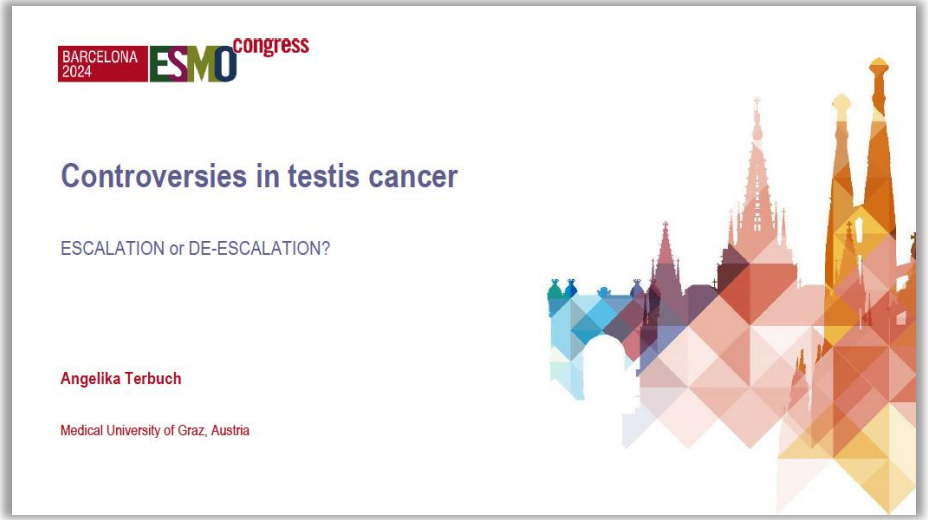
TROP-2 ADC (IMMU-132) is able to reach better efficacy compared with cisplatin both in vitro and in vivo.

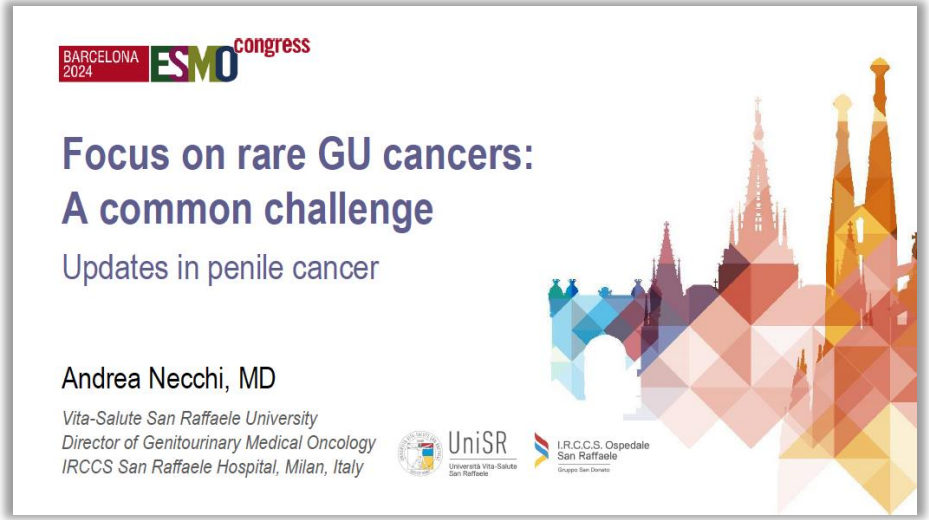


Presented by Yi Tang.

Educational session

Focus on rare GU cancers: a common challenge





Muchas gracias por vuestra atención

GONORTE
Grupo Oncológico

REUNIÓN POST CONGRESO DE LA SOCIEDAD EUROPEA DE ONCOLOGÍA MÉDICA 2024

Lunes, 30 de septiembre de 2024