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Presentaciones más destacadas en tumores germinales y otros tumores genitourinarios

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Insular-Materno Infantil de Las Palmas

Conflicts of interest

Me or my institution has received honoria for speaking, advisory role, research funding, travel, accomodations and expenses from

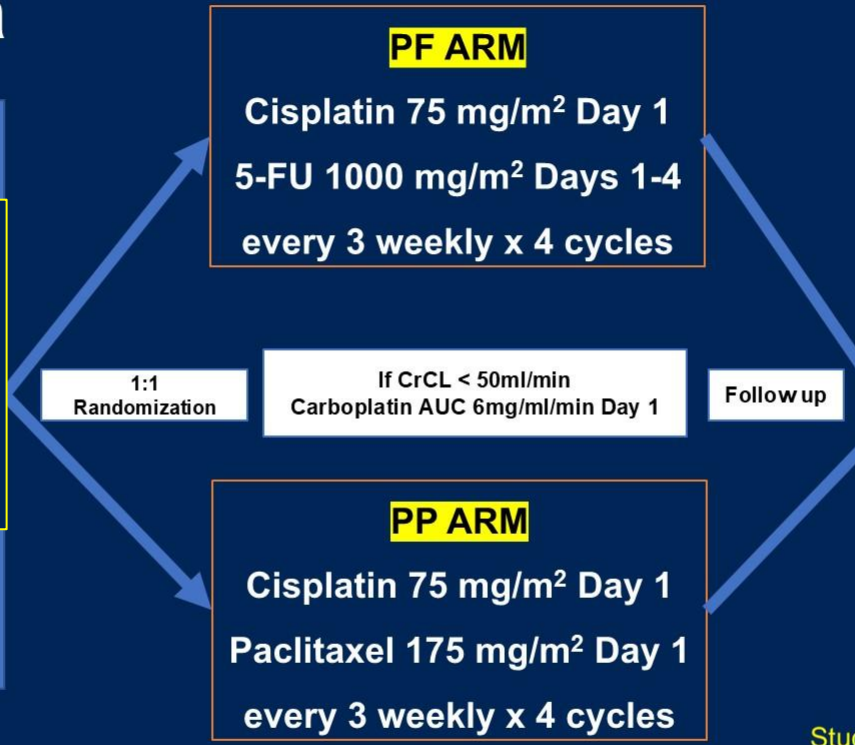
- **Cáncer de pene**
- 1 oral: Estudio randomizado comparando 2 esquemas de QT adyuvante
- 2 Posters

- **Tumores germinales**
- 0 orales
- 7 posters

Trial schema

High-risk features:
- ≥2 inguinal LN+
- Bulky lymph node (≥4 cm)
- Pelvic LN +
- Peri-nodal extension +

≥ 1 high risk feature



Primary endpoint:
- PFS

Secondary endpoints:
- OS
- Loco-regional control
- Adverse events
- QoL

Study duration: March 2017 - October 2024

Patients were assessed between day 7-10 of each cycle to check BC, RFT, serum electrolytes and to evaluate toxicity.
All toxicities were recorded as per the CTCAE (v 4.0)
QoL was assessed at baseline, days 7-10 and 6 weeks after starting adjuvant chemotherapy, completion of treatment and at every follow-up visit.
Follow-up: Patients were followed every 3 monthly for the first 2 years, then every 6 monthly for 5 years

Sample size estimation

- We assumed median PFS of Platinum plus Paclitaxel arm - 8 months
  Pagliaro et al. J Clin Oncol. 2010.
- We assumed a non-inferiority margin of 1 month in median PFS for Paclitaxel arm as compared to 5-FU arm
- Power: 90% and Confidence interval: 95% (one-sided)
- Attrition: 10% per year
- Estimated sample size: 150 patients
- Due to slow accrual, the study was prematurely closed.

Results

Baseline characteristics	PF arm (N = 25)	PP arm (N = 24)	p-value
Age (years)			
Median (Range)	49 (29-70)	51 (26-70)	0.480
Co-morbidities			
Hypertension	5 (20%)	5 (20.8%)	0.942
Diabetes Mellitus	5 (20%)	4 (16.7%)	0.763
Coronary Artery Disease	3 (12%)	1 (4.2%)	0.317
Prior phimosis	3 (12%)	1 (4.2%)	0.317
Smoker or smokeless tobacco	9 (36%)	10 (41.7%)	0.773
ECOG PS			0.715
0	2 (8%)	1 (4.2%)	
1	21 (84%)	22 (91.6%)	
2	2 (8%)	1 (4.2%)	
Clinical T stage			0.189
T1	12 (48%)	5 (20.8%)	
T2	8 (32%)	10 (41.7%)	
T3	5 (20%)	8 (33.3%)	
T4	0	1 (4.2%)	
Clinical N stage			0.073
N0	1 (4%)	6 (25%)	
N1	8 (32%)	5 (20.8%)	
N2	11 (44%)	12 (50%)	
N3	5 (20%)	1 (4.2%)	

Results

Surgical details	PF arm (N = 25)	PP arm (N = 24)	p-value
Surgery			0.995
Glansectomy	4 (16%)	4 (16.7%)	
Partial penectomy	17 (68%)	16 (66.6%)	
Total penectomy	4 (16%)	4 (16.7%)	
Degree of differentiation			0.566
Grade 1	2 (8%)	2 (8.3%)	
Grade 2	12 (48%)	8 (33.3%)	
Grade 3	11 (44%)	14 (58.3%)	
Pathological T stage			0.525
T1	10 (40%)	6 (25%)	
T2	8 (32%)	9 (37.5%)	
T3	7 (28%)	9 (37.5%)	
Pathological N stage			0.950
N2	4 (16%)	4 (16.7%)	
N3	21 (84%)	20 (83.3%)	
LVI or PNI	11 (44%)	9 (37.5%)	0.644

Results

Adjuvant treatment delivery	PF arm (N = 25)	PP arm (N = 24)	p-value
Adjuvant platinum regimen			0.576
Cisplatin	23 (92%)	23 (95.8%)	
Carboplatin	2 (8%)	1 (4.2%)	
Number of cycles of adjuvant chemotherapy			0.085
Zero (0)	3 (12%)	0	
One (1)	5 (20%)	1 (4.2%)	
Two (2)	2 (8%)	1 (4.2%)	
Three (3)	3 (12%)	2 (8.3%)	
Four (4)	12 (48%)	20 (83.3%)	0.009
Completed adjuvant CTRT	12 (48%)	14 (58.3%)	0.469
Safety Set	N = 22	N = 23	
Dose reductions	7 (31.8%)	1 (4.3%)	0.016
Drug discontinuation	10 (45.5%)	4 (17.4%)	0.092
Dose delays	7 (31.8%)	7 (30.4%)	0.920

Reasons for adjuvant carboplatin: Renal dysfunction (2); Cardiac dysfunction (1)

Adverse events

- **Grade 3/4 toxicities:**

  54.5% (PF) vs 39.1% (PP) (p=0.300)

- **Grade 3/4 gastro-intestinal toxicities:**

  31.8% (PF) vs 4.3% (PP) (p=0.016)

- **Grade 3/4 hematological toxicities:**

  31.8% (PF) vs 13% (PP) (p=0.130)

Toxicities	5-FU + Platinum (N = 22)		Paclitaxel + Platinum (N = 23)		p-value
	Any grade	Grade 3/4	Any grade	Grade 3/4	
Dysphagia	4 (18.1%)	1 (4.5%)	0	0	0.101
Odynophagia	3 (13.5%)	1 (4.5%)	1 (4.3%)	0	0.532
Anorexia	9 (40.9%)	0	9 (39%)	1 (4.3%)	0.671
Diarrhea	10 (45.5%)	2 (9.1%)	7 (30.4%)	1 (4.3%)	0.733
Nausea	10 (45.5%)	0	6 (26%)	0	0.393
Vomiting	6 (27.3%)	0	2 (8.6%)	1 (4.3%)	0.073
Dysgeusia	5 (22.7%)	0	2 (8.6%)	0	0.131
Fatigue	14 (63.6%)	0	13 (56.4%)	2 (8.6%)	0.628
Constipation	9 (40.9%)	0	5 (21.7%)	0	0.290
Fever	3 (13.6%)	0	9 (39.1%)	0	0.094
Infection	5 (22.7%)	1 (4.5%)	5 (21.7%)	3 (13%)	0.390
Hearing loss	4 (18.2%)	0	0	0	**0.032**
Pain	11 (50%)	0	9 (39.1%)	0	0.037
Mucositis	13 (59.1%)	6 (27.3%)	2 (8.7%)	0	**0.002**
Myalgia	1 (4.5%)	0	4 (17.4%)	0	0.170

Adverse events

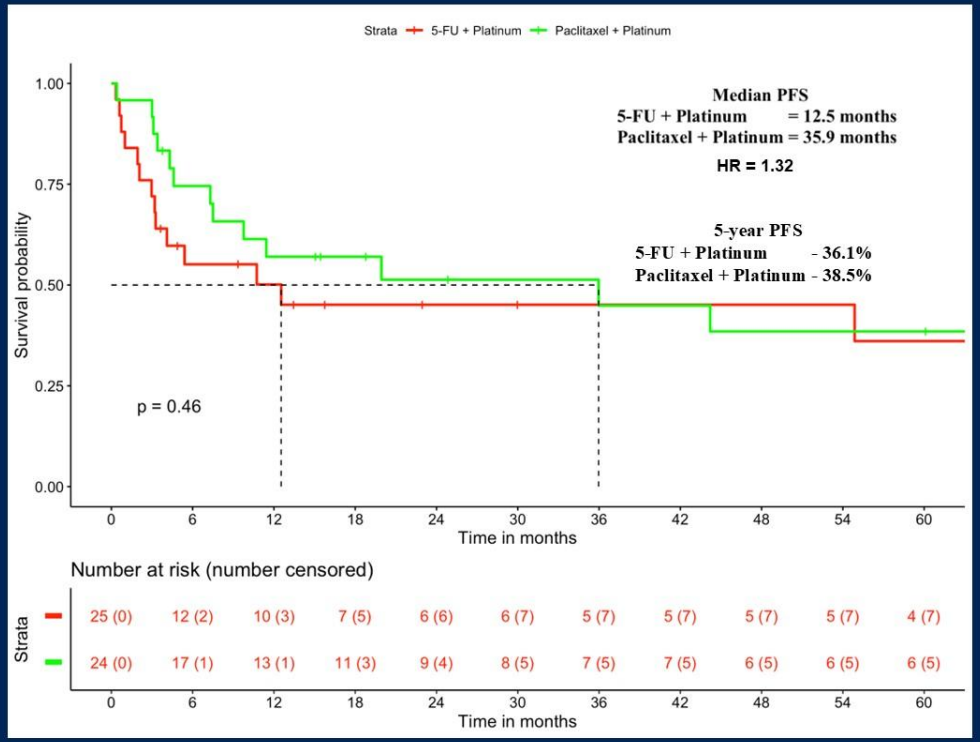
- **Hospitalizations:**

  40.9% (PF) vs 17.4% (PP) (p=0.082)

- **Sensory neuropathy and Elevated liver enzymes more in Paclitaxel arm**

Toxicities	5-FU + Platinum (N = 22)		Paclitaxel + Platinum (N = 23)		p-value
	Any grade	Grade 3/4	Any grade	Grade 3/4	
Cardiac events	4 (18.1%)	1 (4.5%)	0	0	0.101
Skin rashes	2 (9%)	0	2 (8.6%)	1 (4.3%)	0.572
Febrile neutropenia	1 (4.5%)	1 (4.5%)	0	0	0.301
Sepsis	1 (4.5%)	1 (4.5%)	0	0	0.301
Vascular events	4 (18.1%)	1 (4.5%)	1 (4.3%)	0	0.146
Neutropenia	11 (50%)	5 (22.7%)	6 (26.1%)	2 (8.7%)	0.063
Anemia	14 (63.6%)	1 (4.5%)	11 (47.7%)	1 (4.3%)	0.600
Thrombocytopenia	10 (45.4%)	2 (9.1%)	3 (13%)	0	0.058
Hyponatremia	9 (40.9%)	1 (4.5%)	8 (34.8%)	0	0.571
Hypokalemia	4 (18.2%)	1 (4.5%)	2 (8.7%)	0	0.315
Hypomagnesemia	5 (22.7%)	0	5 (21.7%)	0	0.285
Elevated liver enzymes	2(9.1%)	0	9(39.1%)	0	**0.019**
Sensory neuropathy	1 (4.5%)	0	9 (39.1%)	0	**0.019**
Elevated serum creatinine	0	0	1 (4.3%)	0	0.323
Elevated serum bilirubin	0	0	2 (8.7%)	0	0.225

Efficacy - ITT (Median follow-up: 60.1 months)



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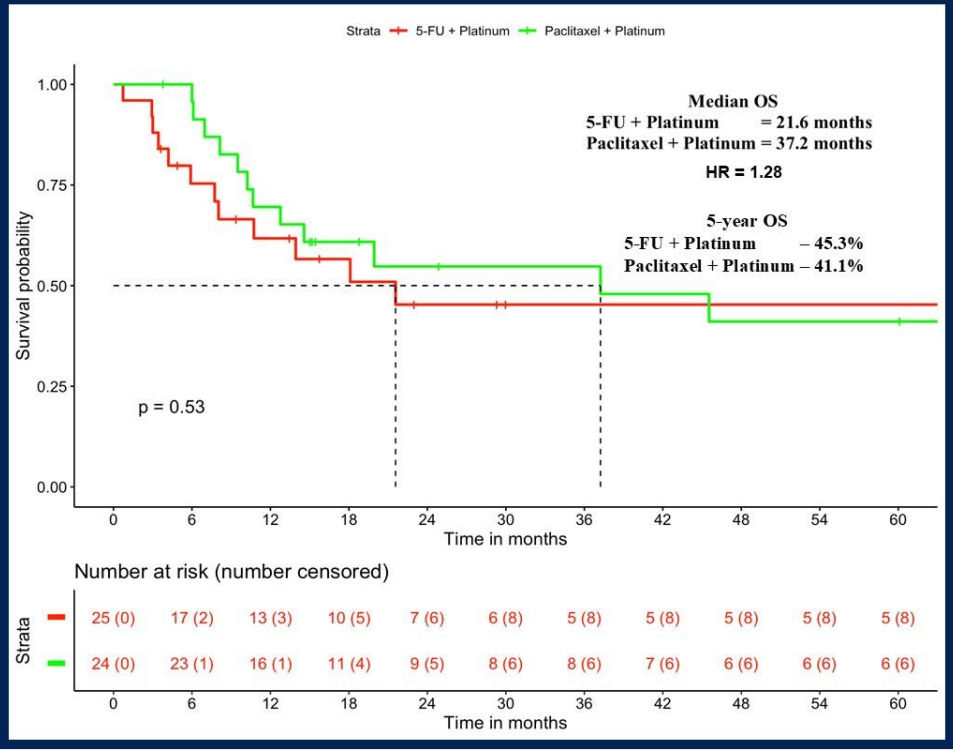
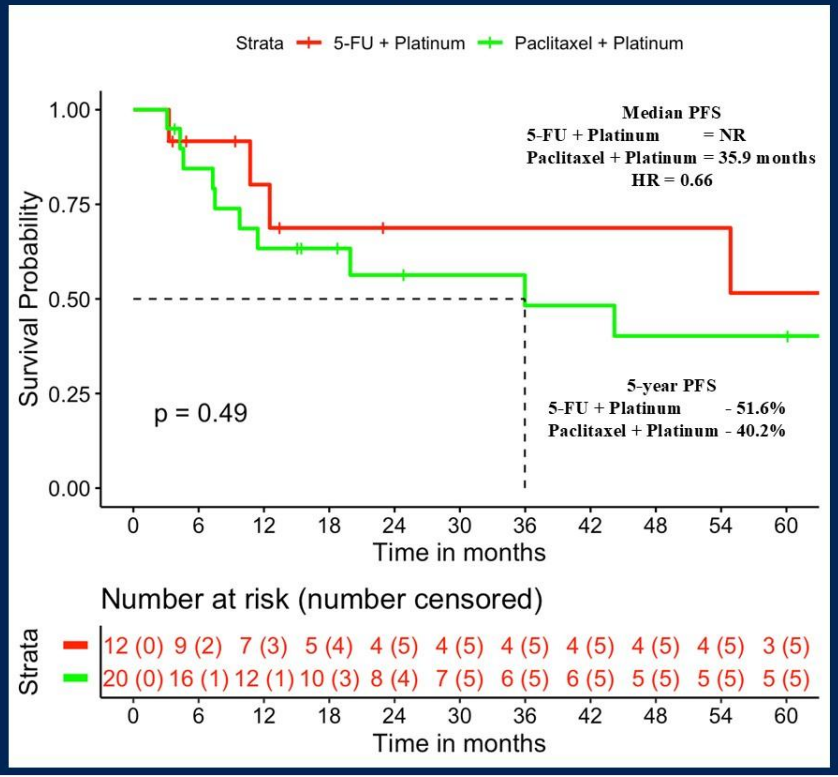
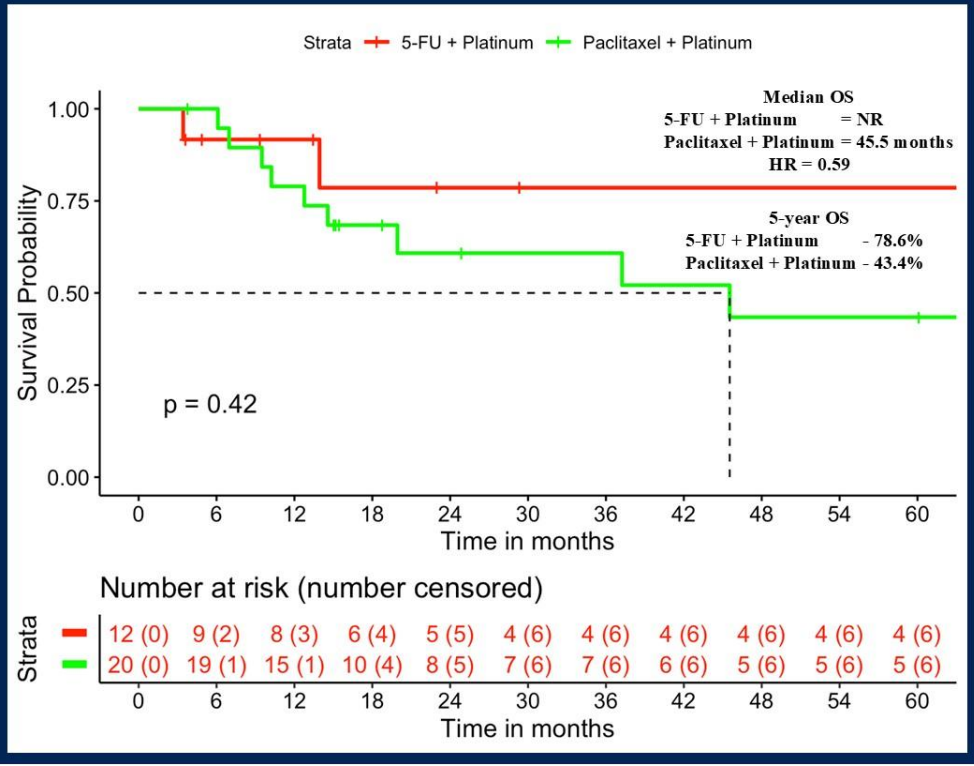


PFS among those who completed 4 cycles (n=32)



PRESENTED BY: Dr Aditya Dhanawat, MBBS MD DM (on behalf of Solid Unit-2, Medical Oncology, TMH Mumbai)

OS among those who completed 4 cycles (n=32)



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Conclusiones

- Primer ensayo aleatorizado en adyuvancia
- Estudio negativo. Platino-Paclitaxel no diferencias estadísticamente signifactivas con PF; menor toxicidad
- ¿Debería ser el nuevo estándar en adyuvancia?
- Pero, no deberían los pacientes N2/N3 tratarse con QT neoadyuvante?
- ¿Papel de tripletes o de QT+IO periooperatoria?

Surgical staging of patients with cN0 PSCC

- Delayed occult LN metastasis in PSCC = ↓CSS rate
- Only 20-25% of cN0 pts Will have occult metastasis

High risk	Intermediate risk	Low risk
≥pT1b OR	pT1a AND	pTa, pTis and pT1 AND
G≥3	G2	G1 AND
OR lymphovacular perineural invasion	No LV/PN invasion	No lymphovascular/ perineural invasion

Surgical staging?

#506844: Long-term outcomes of dynamic sentinel lymph node biopsy in clinically node-negative penile cancer

Authors: Vivaan Dutt, Anand Raja; Cancer Institute (WIA), Adyar, Chennai, India

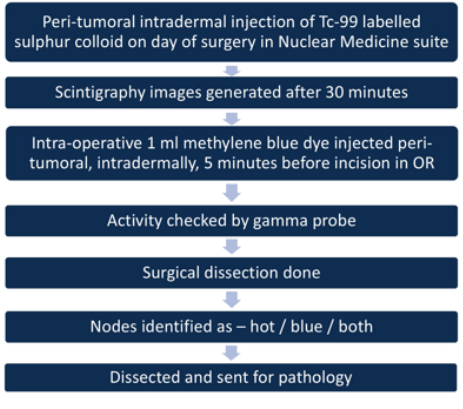
CANCER INSTITUTE (WIA) Trust | Hope | Cure

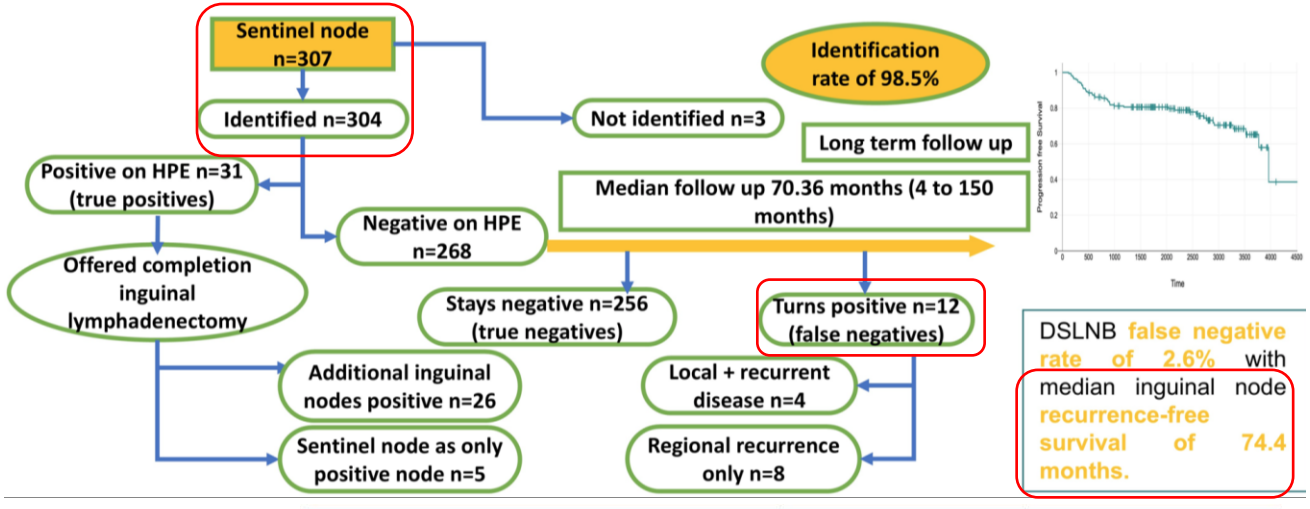
Background

High morbidity associated with radical inguina lymphadenectomy. Dynamic sentinel lymph nod biopsy (DSLNB) has emerged as a viabl alternative. However, data on efficacy of DSLN is limited

Methods

A retrospective analysis of patients wh underwent DSLNB with dual technique (blue dy + radiocolloid) for cN0 penile cancer was done Data was collected between 2010 to 2018 from prospectively maintained database





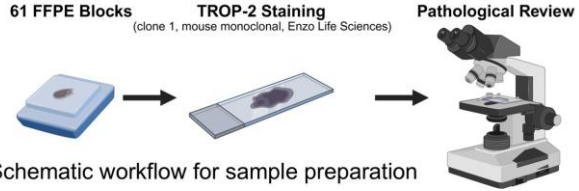
SLNB POSITIVITY BY EAU RISK CATEGORY	% of cases	% of SLNB positive
High	77	21.2
Intermediate	15.3	11.4
Low	7.7	6.9

TROP-2 Expression In Germ Cell Tumors (GCT)

Noah H. Richardson, MD[1], Tareq Salous, MD[1], Jennifer King, MD[1], Nasser H. Hanna, MD[1], Muhammad Idrees, MD[2], Thomas M. Ulbright, MD[2], Lawrence H. Einhorn, MD[1], Andres Acosta, MD[2], Nabil Adra, MD[1]

[1]Indiana University Melvin and Bren Simon Comprehensive Cancer Center, Indianapolis, IN

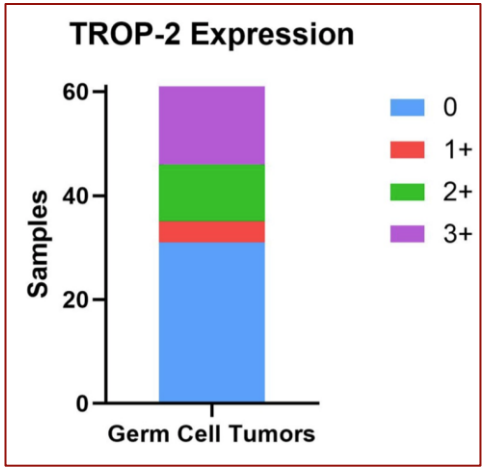
[2]Department of Pathology, Indiana University School of Medicine, Indianapolis, IN

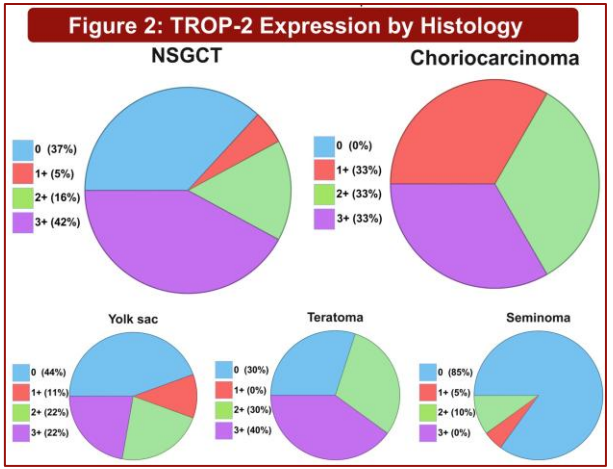


Schematic workflow for sample preparation

Baseline Characteristics

Characteristic (N)	N=61 (Range/%)
Median age (years)	37 (18-58)
Male patients	59 (97)
Pathological site	
• Testis	13 (21)
• Metastatic	48 (79)
Histology	
• NSGCT	19 (31)
• Choriocarcinoma	3 (5)
• Yolk sac tumor	9 (15)
• Teratoma	10 (16)
• Seminoma	20 (33)





Conclusion

- TROP-2 expression varies across histology in GCT.
- Seminoma appears to have lowest expression of TROP-2.
- Higher TROP-2 expression was noted in choriocarcinoma and yolk sac tumor samples indicating potential as a target in these histologic subtypes.

Limitations and Future Directions

- Treatment history and outcomes was not available for patient samples.
- NSGCT samples did not have specific histologic subtypes characterized.
- Currently we are analyzing additional choriocarcinoma and embryonal carcinoma specimens to further characterize expression in these subtypes commonly found in treatment resistant disease.

Clinical utility of a tumor-naïve circulating tumor DNA (ctDNA) test to predict outcomes in patients with advanced testicular germ cell tumor (aTGCTs) - ID 5032

Vitor Vasconcellos[1], Fabiana Bettoni[2], Mauricio Pereira[1], Gabriel Watarai[1], Diogo Araújo[1], Maria José Alves[1], Elisangela Coser[2], Ernande dos Santos[2], Miyuki Uno[1], Roger Chammas[1], Diogo Bastos[2], Anamaria Camargo[2]

1 Instituto do Câncer do Estado de São Paulo, São Paulo, Brazil ; 2 Hospital Sírio-Libanês, São Paulo, Brazil

- Copy number gains (CNG) of chromosome 12p are highly specific for TGCTs.
- Objective: To evaluate clinical utility and prognostic value of ctDNA test based on **12p CNG** detection
- SOX5 and BCAT1 selected as surrogate markers of chr 12p CNG
- Blood samples collected before 1st line treatment.

Patients characteristics (N=31)

Characteristic	Value
Median age	31 years
Histology	
Seminoma	6 (19%)
NSGCT	25 (81%)
Staging	
II	16 (52%)
III	15 (48%)
Metastasis sites	
Liver	6 (19%)
Bone	1 (3%)
Lung	12 (39%)
Non-regional nodes	7 (23%)

Characteristic	Value
IGCCCG	
Good	17 (55%)
Intermediate	4 (13%)
Poor	10 (32%)
First Line Treatment	
BEP	7 (27%)
EP	9 (35%)
VIP	10 (38%)
Radiotherapy	3 (9.5%)
RPLND	2 (6.5%)

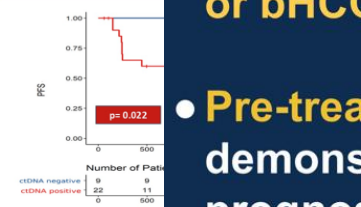
- We developed a **highly sensitive (88%) and specific (100%)** assay for detecting **12p CNG in ctDNA**.
- **Pre-treatment ctDNA** detection **correlated** only with **LDH, not AFP or bHCG.**
- **Pre-treatment ctDNA** detection demonstrated **superior** clinical and prognostic value for **PFS and OS compared to STM**

Correlation: ctDNA and STM

Variable (n)	ctDNA neg (n - PFS)	ctDNA pos (n - PFS)
Normal STM (10)	4 (no event)	6 (1 events, 16%)
Elevated STM (21)	5 (no event)	16 (8 events- 50%)
Normal LDH (22)	9 (no event)	13 (3 events, 23%)
Elevated LDH (9)	No patient	9 (6 events, 66%)

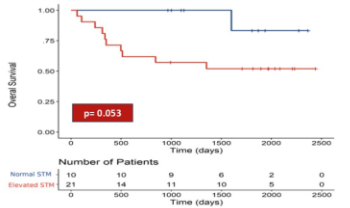
Survival ctDNA and STM

PFS: ctDNA



PFS	ctDNA neg (% - n)	ctDNA pos (% - n)
Events	0% (0/9)	50% (11/22)
PFS - 2 years	100%	64%
	p = 0.014	

OS: STM



OS	Normal STM (% - n)	Elevated STM (% - n)
Events	10% (1/10)	38% (8/21)
OS - 2 years	100%	62%
	p = 0.053	

GRACIAS!!

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