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**Introduction & Objectives:** Management of testicular cancer patients is complex and requires involvement of multidisciplinary team. However aggressive use of treatment modalities is associated with significant irreversible long-term toxicity. In this study we provided a description of treatment methods for primary testicular cancer patients in the setting of large tertiary referral cancer centre.

**Materials & Methods:** We have analysed medical records of consecutive cohort of adult patients with testicular cancer (ICD10–C62), who were consulted or treated in our institution between 2000 and 2015. We excluded cases of non-germ-cell testicular tumors from the research. The same pertains to the data, which we considered unreliable or insufficient. Treatment methods were grouped according to histological structure and the clinical stage of tumor.

**Results:** A total of 205 cases included in the study with median age 32 (range 19-74). Pure seminoma was diagnosed in 92 cases (45%), of which 56 (61%) were in clinical stage (CS) I, 25 (27%) in CSII and 11 (12%) in CSIII. Patients with CSI seminoma were treated with adjuvant paraaortic radiotherapy in 49 (88%) cases, 5 (9%) patients were put on surveillance programme and 3 (5%) underwent adjuvant chemotherapy with carboplatin or BEP. Of 15 patients with CSIIa-b 9 (60%) were managed with radiotherapy, 5 (33%) with BEP or EP chemotherapy and one patient (7%) underwent both radio- and chemotherapy. Of 21 patients with CSIIc-III 16 (76%) underwent chemotherapy with 1-6 cycles of BEP/EP/VIP, 4 (19%) received 4-5 cycles of BEP/EP chemotherapy followed by radiotherapy and one patient underwent retroperitoneal lymph node dissection (RPLND) after 4×BEP.

Non-seminoma tumors were detected in 113 (55%) cases, 40 (35%) of them were in CSI, 37 (33%) in CSII and 36 (32%) in CSIII. Patients in CSI were put on surveillance in 3 (8%) cases, 17 patients underwent primary RPLND of which in 7 (41%) metastases were found and in 11 (65%) 2 adjuvant cycles of BEP were given. 18 (45%) patients with CSI non-seminoma underwent adjuvant chemotherapy and 2 (5%) adjuvant radiotherapy with RPLND in one. Of 29 patients with CSIIa-b one (3%) underwent radiotherapy, 9 (31%) primary RPLND followed by chemotherapy in 7 (78%) and 19 (66%) primary chemotherapy followed by RPLND in 17 (89%). All 44 patients with CSIIc-III non-seminoma underwent primary chemotherapy, in 22 (50%) of them RPLND and/or thoracic surgery has been performed and in two (5%) – radiotherapy.

**Conclusions:** Our historical testicular cancer patient's cohort experienced significant burden of anticancer therapy. However, the rate of post-chemotherapy surgery can be increased.