

hormones, or growth factors, to decipher their molecular role in resistance towards cisplatin.

### GCT-P05 Metastatic burned-out germ cell tumour of the testes and growing teratoma syndrome in a paediatric patient

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**Background:** "Burned-out" tumour of the testes is a rare entity in which the primary testicular germ cell tumour (GCT) has regressed. It is thought to result from immunologic/ischaemic changes. Growing teratoma syndrome is another uncommon clinical finding in patients with testicular GCT.

**Methods:** Case report.

**Results:** A 14-year-old male presented with a 1-month history of back pain, intermittent emesis, and a large left lower quadrant abdominal mass. The left testicle was smaller than the right, with no discrete palpable mass. Doppler ultrasound showed a 1.2 × 1.2 × 1.5 cm hypoechoic mass in the left testicle with coarse calcifications. CT chest/abdomen/pelvis revealed a 10 × 15 × 29 cm mixed solid/cystic retroperitoneal mass encasing the abdominal aorta, multiple bilateral pulmonary nodules, and an ill-defined hypodense left supraclavicular mass. Serum tumour markers (STMs) including β-HCG, AFP and LDH were elevated. Patient underwent a radical left inguinal orchiectomy and pathology demonstrated dense sclerosis with calcifications and no viable tumor. Retroperitoneal mass biopsy revealed yolk-sac tumour within teratomatous elements. Cisplatin-based chemotherapy was initiated. During cycle 2, CT imaging showed growth of retroperitoneal/supraclavicular masses with declining STMs. Patient underwent retroperitoneal lymph node dissection and resection of supraclavicular mass. Pathology was consistent with a mature teratoma. Burned-out tumour can present without a palpable testicular mass in the setting of metastatic GCT. Growing teratoma syndrome should be suspected when there is a growing mass despite normalization of STMs and surgical resection is the treatment given these lesions are not chemo-sensitive. The biology and pathogenesis of these rare entities require further investigation.

### GCT-P06 Preparing teenagers and young adults for life beyond cancer

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**Background:** End of treatment (EOT) is an extremely challenging time for people with cancer. The Teenage and Young Adult (TYA) cancer service in Bristol aims to provide support to maximise the physical and psychological wellbeing as they adjust to life beyond treatment. Results of a local annual TYA patient survey showed that 80% of TYAs reported increased difficulties in relation to their wellbeing, which was

heightened as they neared the EOT. TYAs in Bristol are discussed at the EOT within the TYA Multi-Disciplinary advisory Meeting (MDaT) yet support offered lacked consistency. To address this, a formal EOT clinic was piloted.

**Methods:** All TYAs that had finished treatment were invited to attend. The clinic is run by a Clinical Psychologist and Clinical Nurse Specialist structured using the IAM Portal, a specific digital platform for TYAs with cancer that includes an electronic holistic needs assessment. Where areas of need were identified, TYAs were supported to think about self-management, identifying appropriate services they could access. A letter and care-plan is formulated which is given to the TYA, treating team and GP.

**Results:** TYAs were asked to fill in an electronic questionnaire following the appointment to provide feedback. Early analysis suggests that all TYAs reported finding the clinic helpful or very helpful and the discussion was comprehensive. TYAs have indicated that they would change something about the way they look after themselves as a result of the appointment, although the added value of the clinic will need to be evaluated on an ongoing basis.

### GCT-P07 Primary paediatric mediastinal germ cell tumours: 11 years' experience of children cancer hospital in Egypt

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**Background:** Primary mediastinal germ cell tumours (GCTs) in children accounts for only 6–18% of paediatric mediastinal neoplasms [1]. Mediastinal GCTs often require major surgical procedures to achieve adequate resection and still represent a challenge for paediatric oncologists.

**Methods:** A retrospective study of all cases with primary mediastinal (GCTs) ≤18 years of age treated at Children Cancer Hospital in Egypt from July 2007 to December 2018. Epidemiological data, clinical presentation, stage distribution, pathological variants, management, extent of surgery and outcome [overall (OS) and event-free (EFS) survival] were analysed.

**Results:** Mediastinal GCTs constitute 7.2% (29/401) of all extracranial GCTs. About 60% were <11 years, with male predominance (72.4%), Mixed GCTs and teratomas were the main pathology. Stage 3 and 4 were 76%. Complete resection was achieved in 14 patients while incomplete resection in 7 and 8 were irresectable. Significant treatment failure was encountered in 11/29 (p=0.003) when correlated with extent of surgery. 10 y OS and EFS were 64.6% and 57.1%, respectively. Our study emphasises the importance of complete resection with encouragement of delayed and repeated resections whenever possible to improve outcome especially in older age.

#### Reference

- [1] Yalçın B, Demir HA, Tanyel FC, Akçören Z, Varan A, Akyüz C, Kutluk T, Büyükpamukçu M. Mediastinal germ cell tumor in children. *Pediatr Hematol Oncol* 2012;29:633–642.