

## LATE RELAPSE IN TESTICULAR GERM CELL TUMORS

Beatrice Detti<sup>1</sup>, Lorenzo Livi<sup>1</sup>, Silvia Scoccianti<sup>1</sup>, Icro Meattini<sup>1</sup>, Mauro Gacci<sup>2</sup>, Alberto Lapini<sup>2</sup>, and Giampaolo Biti<sup>1</sup>

<sup>1</sup>Institute of Radiotherapy, <sup>2</sup>Department of Urology, University of Florence, Florence, Italy

**Aims and background:** Analysis of patients with late relapse of testicular germ cell tumors (GCTs) with reports on clinico-pathological features and outcomes.

**Methods:** We identified all patients diagnosed with testicular GCTs at our Institute between 1988 and 2004 who developed relapse  $\geq 24$  months after completion of primary therapy. A retrospective case-note review was performed to extract clinical, pathological, treatment and outcome data.

**Results:** Six patients (1.25%) developed late relapse. All patients presented with stage I disease and were classified as "good risk" according to the International Germ Cell Consensus Classification. Mean time to late relapse was 48 months. Markers at late relapse were normal in all patients. Relapse

**Key words:** follow-up, germ cell tumors, late relapse.

was confined to retroperitoneal sites in five patients and located in the mediastinum in one patient. Five patients were managed by chemotherapy alone while one underwent combined treatment with surgery followed by chemotherapy. All patients obtained a complete response and all remained free from recurrence with a mean follow-up of 115 months.

**Conclusions:** The incidence of late relapse in this small series is low. Chemonaive patients with late relapse were successfully salvaged with chemotherapy alone or surgical excision followed by cisplatin-based chemotherapy. The optimal duration of follow-up in patients with testicular GCTs is not known and practice varies widely. At our Institute we advise lifelong follow-up of all patients with malignant GCTs of the testis.