

Surgery In Malignant Germ Cell Tumours Of Childhood. Results Of The Second Italian Cooperative Study-Tcg-98

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AIM

Analysis of treatment and results of the patients enrolled in the Italian TCG-98 Study, still open, and comparison of data with those of the previous Study TCG-91.

Materials and Methods.

25 valuable patients (11M, 14F, median age 20,5months), enrolled from January 1998 to March 2003, were analyzed. The tumors were gonadal in 16 patients (10 testis, 6 ovary), extragonadal in 9 (7 sacrococccigeal, 2 retroperitoneal); seminomatous in 3 (ovarian dysgerminoma), non seminomatous in 22 (12 Yolk Sac Tumor, 9 Mixed, 1 Embryonal Carcinoma). The therapeutic guidelines included for **ST-I** (completely excised, no local extension) chemotherapy (CT) only in case of persisted positive markers; **ST-II** (completely excised, local extension) and **ST-IIIa** (microscopical residual, negative lymph nodes) CT with carboplatin-VP16; **ST-IIIb** and **IIIc** (macroscopical residues or biopsy) CT with Carcoplatin-VP16-dactinomicine-ifosfamide + Surgery; **ST-IV** Ct + Surgery of primary tumor/metastases.

Results.

ST-I: 13 pz: 11 (10 gonadal, 1 retroperitoneal) complete remission (CR) (FU 12-72 months), 1 (testis) alive with disease (AWD) after treatment for local relapse (LR) occurred 7 months after diagnosis. 1 (retroperitoneal) dead (DOD) 35 months after diagnosis because of LR + metastases.

ST-II: 1 pz sacrococccigeal: CR (FU 17 months).

ST-IIIa: 1 pz sacrococccigeal: CR after LR treated with a second operation (FU 23 months).

ST-IIIb: 2 pz ovary: CR (25,29 months).

ST-IIIc: 3 pz: 2 ovary in CR (FU 9,22) and 1 sacrococccigeal DOD 22 months after re-operation for LR.

ST-IV: 5 pz: 2 sacrococccigeal CR (FU 27,39), 1 testis and 1 sacrococccigeal AWD (FU 18,43), 1 sacrococccigeal DOD 13 months after diagnosis.

Conclusions.

No major discordances between guidelines and surgical approaches adopted. Favourable outcome for: Complete or with microscopical residual initial excision, seminomatous tumors, gonadal site.

Delayed surgery allowed local control. AFP at diagnosis has prognostic value: 8000 mG/L in CR patients, 80.000 in DOD patients.

Comparison between TCG-91 (data already published) and TCG-98 Studies: lower registration, similar overall survival, better prognosis for ST-IV.