ABSTRACT 778PD: QUALITY OF LIFE (QOL) AND NEUROTOXICITY IN GERM-CELL CANCER SURVIVORS (GCCS)

Aims:
- Impact of treatment on long-term QoL
- Influence of neurotoxicity on QoL

GCCS identified in the Danish testicular cancer database
- Asked to fill out questionnaire about late effects
- N = 2,308
Significant negative association with QoL on many subscales

- BEP chemotherapy
- More than one line of treatment

Neurotoxicity closely associated with treatment

- Radiation
- BEP chemotherapy
- More than one line of treatment

Neurotoxicity correlated strongly with QoL
Aim:

• Evaluate changes in total testosterone (TT) after completion of a 5-10 year follow-up programme

N = 78 patients

Serial measurements of TT to evaluate long-term changes after testicular cancer treatment
Groups:

- Unilateral orchietomy + radiation to contralateral testis for germ cell neoplasia in situ (GCNIS)
- BEP chemotherapy
- Retroperitoneal radiation
- Unilateral orchietomy alone

Results / Conclusions:

- TT declined in all groups
- TT is lowest in patients treated with radiotherapy for GCNIS
- TT should continue to be checked beyond 10 years in patients treated with unilateral orchietomy and contralateral radiation for GCNIS
ABSTRACT 779PD: LARGE RPLN AND INCREASED RISK OF VTE IN PATIENTS WITH MGCT: A GLOBAL GERM CELL CANCER GROUP (G3) STUDY

Aim:
- Validate that large RPLN (retroperitoneal lymphadenopathy) is a risk for VTE (Venous ThromboEmbolism)

Retrospective review of 1,135 patients treated at 22 centers for mGCT (metastatic Germ Cell Tumours) with 1st line chemotherapy
- 92%, testis primary
- 72%, non-seminoma
- 82%, BEP chemotherapy

VTE occurred in 150 patients (13%)

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Results / Conclusions

RPLN mass > 3.5 cm associated with significantly higher risk of VTE
• 22% versus 8%
• Odds ratio = 3.4

Multivariable analysis confirmed that RPLN mass > 3.5 cm is an independent risk factor for VTE in mGCT

Trials evaluating thromboprophylaxis in this high risk population are warranted
ABSTRACT 1480P: A RISK ASSESSMENT MODEL FOR PREDICTING VTE EVENTS IN CHEMOTHERAPY-TREATED GERM-CELL CANCER

Aim:

- Develop a risk assessment model (RAM) for VTE in germ cell cancer patients undergoing chemotherapy

Variables used in the model:

- Large RP mass (N3)
- Liver, bone, or brain metastases
- IGCCC poor prognosis
- Hemoglobin basal level
Groups:
• Training subset: 513 chemotherapy treated germ cell cancer patients in 13 Spanish centers
• Validation subset: 325 patients at 4 external, independent hospitals

Results / Conclusions:
• Training VTE rate: 9%
  • AUC of ROC curve = .83
• Validation VTE rate: 13%
  • AUC of ROC curve = .73
• Study validated RAM for VTE in patients on chemotherapy for germ cell cancer
• May guide in selecting patients for thromboprophylaxis
Trial in Progress

Patients who have failed multiple lines of chemotherapy have a poor prognosis

PD-L1 is frequently expressed in GCT (germ cell tumors)

Aim: Investigate the activity of duravalumab +/- tremelimumab (anti-CTLA4 monoclonal Ab) in chemorefractory GCT
Design:
• 3-stage, phase 2 study

• Patients who failed ≥ 2 prior chemo regimens (including high-dose chemo)

• Duravalumab 1.5 g IV q4 weeks, for up to 12 months

• +/- Tremelimumab 75 mg IV q4 weeks, starting on week 0, for up to 4 months

Primary endpoint:
• Objective Response Rate

A. Necchi et al
Dr. Antoine Lacombe
Pharm D, MBA
Phone: +41 79 529 42 79
antoine.lacombe@cor2ed.com

Dr. Froukje Sosef
MD
Phone: +31 6 2324 3636
froukje.sosef@cor2ed.com