

One-cycle cisplatin seems safe for high-risk early testicular cancer

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chemotherapy, and at five years, three remained recurrence-free. The rate of two-year MR was 1.3 percent (95 percent confidence interval, 0.3 to 3.7 percent). Nonmalignant recurrences developed in three patients who had localized differentiated teratoma; after surgery, they were rendered disease-free. In 6.8 percent of patients, grade 3 to 4 febrile neutropenia occurred.

"Our study has found strong evidence to suggest that testicular cancer chemotherapy can be safely reduced from two cycles to just one—making their treatment shorter, kinder, and cheaper," a coauthor said in a statement.

Two authors disclosed financial ties to the pharmaceutical industry.

More information: Abstract/Full Text

(HealthDay)—For high-risk stage 1 nonseminoma germ cell tumors of the testis (NSGCTT), one cycle of adjuvant bleomycin, etoposide (500 mg/m²), and cisplatin (BE $_{500}$ P) is safe, resulting in a two-year malignant recurrence (MR) rate of 1.3 percent, similar to that reported for two cycles of BE $_{360}$ P, according to a study published online Jan. 1 in European Urology.

Michael Cullen, M.D., from the University Hospitals Birmingham NHS Foundation Trust in the United Kingdom, and colleagues compared recurrence rates for one cycle of $BE_{500}P$ to recurrence rates for two cycles of $BE_{360}P$ among 246 patients with vascular invasion-positive stage 1 NSGCTT or combined seminoma + NSGCTT registered in a single-arm prospective study.

Patients were followed for a median of 49 months. Ten patients with increasing tumor markers were excluded at baseline. The researchers found that four patients had MR at six, seven, 13, and 27 months; all were treated with secondary

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