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GENITOURINÁRNE MALIGNITY


Methods: Surgical specimens from 140 patients with TGCTs (131 with primary testicular tumor and 9 with extragonadal GCTs) were included into the translational study. PD-1 and PD-L1 expression was detected in the tumor tissue by immunohistochemistry using monoclonal antibodies, scored by the multiplicative quickscore (QS) method, compared to their expression in normal testicular tissue and correlated with clinicopathological characteristics and clinical outcome.

Results: None of the GCTs exhibited PD-1 protein, while expression of PD-L1 was significantly higher in GCTs in comparison to normal testicular tissue (mean QS = 5.29 vs. 0.32, p < 0.0001). Choriocarcinomas exhibit the highest level of PD-L1 with decreasing positivity in embryonal carcinoma, teratoma, yolk sac tumor and seminoma. PD-L1 expression was associated with poor prognostic features including ≥ 3 metastatic sites, increased serum tumor markers and/or non-pulmonary visceral metastases. Patients with low PD-L1 expression had significantly better progression-free survival (hazard ratio [HR] = 0.40, 95% CI (0.16 – 1.01), p = 0.008) and overall survival (HR = 0.43, 95% CI (0.15 – 1.23, p = 0.040) compared to patients with high PD-L1 expression.

Conclusions: In this translational study, we showed for the first time prognostic value of PD-L1 expression in TGCTs and our data imply that PD-1/PD-L1 pathway could be a novel therapeutic target in TGCTs.


Background: Testicular germ cell tumors (TGCTs) represent a highly curable disease; however, a small proportion of patients develop disease recurrence. Loss of the tumor-suppressor gene phosphatase and tensin homolog marks the transition from intratubular germ cell neoplasia to invasive GCT and is correlated with disease progression. Inactivation of phosphatase and tensin homolog is associated with deregulation of the PI3K/Akt pathway and increased mammalian target of rapamycin signaling. This study aimed to determine the efficacy and toxicity of a mammalian target of rapamycin inhibitor, everolimus, in patients with refractory TGCTs.

Methods: From December 2011 to February 2015, 15 patients with refractory GCTs were enrolled in the phase II study. All patients were pretreated with at least 2 cisplatin-based therapies; 4 tumors (26.7%) were absolutely refractory to cisplatin and 9 patients (60.0%) had visceral nonpulmonary metastases. Everolimus was administered at a dose of 10 mg daily until progression or unacceptable toxicity. The primary end point was the objective response rate, according to Response Evaluation Criteria in Solid Tumors.

No objective response was observed, but 6 patients (40.0%) achieved 12-week progression-free survival. During a median follow-up period of 3.6 months (range: 1–35.1 mo), all patients experienced disease progression and 11 patients (80.0%) died. Median progression-free survival was 1.7 months (95% CI: 1.1–4.0 mo) and median overall survival was 3.6 months (95% CI: 2.0–11.0 mo).

Conclusions: This study failed to achieve its primary end point and our data suggest limited efficacy of everolimus against unselected heavily pretreated refractory TGCTs.

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Transformed teratoma into adenocarcinoma is a rare diagnosis that is resistant to chemotherapy and radiation therapy. A 37-year-old male patient presented with metastatic germ cell tumor treated with BEP (bleomycin, etoposide, cisplatin) chemotherapy and subsequent delayed orchectomy and retroperitoneal lymph node dissection demonstrating teratoma. Unresectable disease is considered incurable.

Retroperitoneal lymph node dissection at retroperitoneal relapse revealed unresectable adenocarcinoma. He subsequently received an all-trans retinoic acid-based chemotherapy regimen because he had concurrently developed acute promyelocytic leukemia. The induction of differentiation with all-trans retinoic acid induced a major treatment response in a patient with unresectable disease.

KARCINÓM PRSNÍKA

Postoperative Adjutant Lapatinib and Concurrent Chemoradiotherapy Followed by Maintenance Lapatinib Monotherapy in High-Risk Patients With Resected Squamous Cell Carcinoma of the Head and Neck: A Phase III, Randomized, Double-Blind, Placebo-Controlled Study.


Purpose: This multicenter phase III study evaluated the efficacy and safety of lapatinib, an epidermal growth factor receptor/ErbB2 inhibitor, administered concomitantly with chemoradiotherapy and as maintenance monotherapy in patients with high-risk surgically treated squamous cell carcinoma of the head and neck (SCCHN).

Methods: Patients with HER2-negative LR/mBC who had received no prior chemotherapy for advanced disease were randomised to either BEV-PAC (bevacizumab 15 mg kg\(^{-1}\) day 1 plus capecitabine 1000 mg m\(^{-2}\) bid days 1, 8 and 15 plus paclitaxel 90 mg m\(^{-2}\) days 1, 22, and 43) plus placebo or lapatinib (1500 mg per day) before and during chemoradiotherapy, followed by 12 months of maintenance monotherapy.

Results: Six hundred eighty-eight patients were enrolled (lapatinib, \(n = 346\); placebo, \(n = 342\)). With a median follow-up time of 35.3 months, the study ended early because of the apparent plateauing of disease-free survival (DFS) events. Median DFS assessed by an independent review committee was 53.6 months and not reached for lapatinib and placebo, respectively (hazard ratio, 1.10; 95% CI, 0.85 to 1.43). Investigator-assessed results confirmed the independent review committee assessment. No significant differences in DFS by human papilloma virus status or overall survival were observed between treatment arms. Similar numbers of patients in both treatment arms experienced adverse events (AEs), with more patients in the lapatinib arm than the placebo arm experiencing serious AEs (48% vs 40%, respectively). The most commonly observed treatment-related AEs were diarrhea and rash, both predominantly in the lapatinib arm.

Conclusion: Addition of lapatinib to chemoradiotherapy and its use as long-term maintenance therapy does not offer any efficacy benefits and had additional toxicity compared with placebo in patients with surgically treated high-risk SCCHN.


Background and purpose: In planning to meet evidence based needs for radiotherapy, guidelines for the provision of capital and human resources are central if access, quality and safety are not to be compromised. A component of the ESTRO-HERO (Health Economics in Radiation Oncology) project is to document the current availability and content of guidelines for radiotherapy in Europe.

Materials and methods: An 84 part questionnaire was distributed to the European countries through their national scientific and professional radiotherapy societies with 30 items relating to the availability of guidelines for equipment and staffing and selected operational issues. Twenty-nine countries provided full or partial evaluable responses.

Results: The availability of guidelines across Europe is far from uniform. The metrics used for capital and human resources are variable. There seem to have been no major changes in the availability or specifics of guidelines over the ten-year period since the QUARTS study with the exception of the recent expansion of RTT staffing models. Where comparison is possible it appears that staffing for radiation oncologists, medical physicists and particularly RTTs tend to exceed guidelines suggesting developments in clinical radiotherapy are moving faster than guideline updating.

Conclusion: The efficient provision of safe, high quality radiotherapy services would benefit from the availability of well-structured guidelines for capital and human resources, based on agreed upon metrics, which could be linked to detailed estimates of need.

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The Trimodality Treatment Approach in Stage III/pN2 Non-Small Cell Lung Cancer: „Usually Appropriate” May Well be a Very Inappropriate Treatment Option.


ZAHRANIČNÝCH KONFERENCIÍ

KARCINÓM PRSNÍKA

KARCINÓM PĽÚC
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