

Stage I testicular seminoma: management and controversies.

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Source

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Abstract

Seminomas constitute more than half of testicular germ-cell tumours and 70-80% of patients with seminoma present with clinical stage I disease. Post-orchietomy, management options include irradiation, surveillance or chemotherapy. Adjuvant irradiation to the infradiaphragmatic lymph nodes is the standard of care with relapse rates of 3-4%. Long-term follow-up data have shown association with late complications (cardiotoxicity, second malignancy, fertility impairment). Surveillance is an attractive alternative but relapse rates are higher ranging between 15 and 20%. Single agent carboplatin chemotherapy has demonstrated survival data equivalent to radiotherapy but long-term relapse and toxicity data are yet to be confirmed. Routine follow-up after irradiation and the role of risk stratification also remain unclear. Highly curative rates can be attained by all three modalities. Standard treatment with radiotherapy is challenged by surveillance and chemotherapy. Toxicity issues and patients' preferences are considered when management decisions are made.