

## ABSTRACT # 633

### PATTERNS OF SURVIVAL IN PRIMARY DIFFUSE LARGE B-CELL LYMPHOMA (DLCL) OF THE TESTIS: AN INTERNATIONAL SURVEY OF 373 PATIENTS

*Emanuele Zucca, Annarita Conconi, Tariq I Mughal, Andreas H Sarris, Umberto Vitolo, Richard Klasa, Peter WM Johnson, Massimo A Gianni, John F Seymour, Mamuht Ozsahin, Sergio Cortelazzo, Andrés JM Ferreri, Achille Ambrosetti, Maurizio Martelli, Catherine Thieblemont, Giovanni Martinelli, Graziella Pinotti, Monica Balzarotti, Mariano Provencio, Henry M Gomez, Vincenzo Callea, Francesco Callea, Galafteon Oltean, Franco Cavalli, Mary K Gospodarowicz\*. International Extranodal Lymphoma Study Group, Switzerland*



The Journal of  
**UROLOGY**

Volume 165  
May 2001  
Number 5

Program Abstracts  
Supplement



ANNUAL MEETING  
JUNE 2-7 2001  
ANAHEIM  
CALIFORNIA

**INTRODUCTION AND OBJECTIVES:** The primary DLCL of the testis is a rare entity and its management is controversial. This study is aimed to a better understanding of its clinicopathological features and patterns of outcome.

**METHODS:** A retrospective international survey of 373 patients (pts) with a diagnosis of primary testicular DLCL from 23 worldwide tertiary cancer centers was performed.

**RESULTS:** The median age at presentation was 66 years (range 19-91 yrs), and 214 (57%) pts had stage I (Ann Arbor), 81 (22%) pts stage II and 78 (21%) pts stage III or IV disease. 18% of pts presented with extranodal disease and LDH was elevated in 36% of those who had this measured at presentation. The International Prognostic Index was applicable to 302 of 373 pts: 181 (60%) pts -low risk, 59 (19%) pts -low-intermediate, 27 (9%) pts -intermediate-high and 35 (12%) pts -high risk. 279 of 373 (75%) pts were treated with combination chemotherapy (CT) with 68 (18%) also subjected to prophylactic intrathecal CT. 196 (53%) pts received radiotherapy (RT); 126 (34%) pts received prophylactic scrotal RT, 145 (39%) pts received combined CT-RT. Median overall survival (OS) was 4.8 yrs, for the whole group and 5.8 yrs for the pts presenting with stage I/II. The actuarial 5- and 10-yrs OS were 48% (95%CI:42-53) and 27% (95%CI:21-33) respectively, in the whole series. The actuarial 5- and 10-yrs progression free survival (PFS) were 48% (95%CI:42-54) and 33% (95%CI:26-40) respectively, with a median PFS of 4 yrs. Combination CT with anthracycline-containing regimens significantly improved PFS and OS in all pts. Prophylactic scrotal RT was associated with a better PFS and OS. At a median follow-up of 7.6 yrs, 195 pts (52%) had relapsed. Extranodal recurrence, with or without nodal disease, was reported in 139 of 195 (71%) cases. CNS relapses/progressions, occurring continuously up to 10 yrs following presentation, were observed in 54 pts. The actuarial 5- and 10-yrs risk of CNS relapse were of 20% (95%CI:15-26) and 35% (95%CI:25-48) respectively. A continuous risk of recurrence in the contralateral testis (15% at 3 yrs, 40% at 15 yrs) was present in pts not receiving prophylactic scrotal RT (p=0.003).

**CONCLUSIONS:** Our findings confirm in a very large series the high risk of relapse for primary testis DLCL including those with localised disease at diagnosis. Prophylactic contralateral scrotal irradiation and adjuvant intrathecal and systemic chemotherapy appear to improve the outcome and their efficacy will be evaluated in a prospective IELSG trial.