

#### 1038MO

# Single-dose carboplatin and involved-node radiotherapy for seminoma stage IIA/B: Long-term follow-up from the international multicenter phase II trial SAKK 01/10

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# Background

The SAKK 01/10 trial (NCT01593241) tested de-escalated treatment with single-dose carboplatin followed by involve-node radiotherapy (RT) for seminoma stage IIA or IIB. The primary analysis of the trial in 2021 showed favorable progression-free survival (PFS) and minimal toxicity (Lancet Oncol. 2022;23:1441-1450). The current National Cancer Center Network (NCCN) guidelines endorse this regimen as a treatment alternative to standard of care. We report extended follow-up, addressing efficacy and safety.

# Methods

SAKK 01/10 is a multicenter, single arm, phase II trial of the Swiss Group for Clinical Cancer Research (SAKK) and the German Testicular Cancer Study Group (GTCSG) in patients with seminoma stage IIA/B (de novo or relapse on active surveillance). Treatment consisted of one cycle carboplatin AUC7 followed by involved-node RT (IIA: 30 Gy; IIB: 36 Gy). The primary endpoint was 3-year progression-free survival (PFS). Key secondary endpoints included late renal, thromboembolic and gastrointestinal events as well as secondary malignancies (SM) at least possibly related to treatment.

#### Results

A total of 120 pts were included and 116 pts were eligible. 46 pts had stage IIA and 70 pts IIB seminoma. Current median follow-up is 8 years (minimal 5.9, maximal 12) for 85 patients still on follow-up. PFS at 10 years is 92.8% (IIA: 95.2%; IIB: 91.3%) and no further events have been recorded since the primary analysis in 2021. OS at 10 years is 99.1% (1 death due to SM). One late thromboembolic event was reported, possibly related to treatment. A total of 9 cases of SM, including 4 contralateral germ cell tumors, were recorded, none of which were deemed related to treatment.

#### Conclusions

Extended follow-up of SAKK 01/10 confirms the favorable efficacy with no further events in the past 5 years and a 10-year PFS of 92.8%. Furthermore, this novel treatment causes minimal toxicity also in the long-term. Our findings oppose concerns about higher incidence of SM or late toxicities due to the combined treatment. Single-dose carboplatin and involved-node radiotherapy for seminoma stage IIA/B should be considered as a new standard of care given its efficacy, minimal acute toxicity, and long-term safety.

# Clinical trial identification

NCT01593241.

# Legal entity responsible for the study

Swiss Group for Clinical Cancer Research (SAKK).

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#### Disclosure

A. Papachristofilou: Non-Financial Interests, Personal, Member: SAKK, GTCSG. J. Bedke: Financial Interests, Personal, Advisory Board: AstraZeneca, Astellas, Eisai; Financial Interests, Personal, Advisory Board, Advisory Board and Speaker's Bureau: BMS, Ipsen, MSD, Merck Sorono, Pfizer, Roche, Janssen; Financial Interests, Institutional, Advisory Board: Pfizer; Financial Interests, Institutional, Local PI: AstraZeneca, Eisai, Novartis, Nektar; Financial Interests, Institutional, Coordinating PI: Astellas, BMS, MSD, Ipsen, Pfizer, Roche, Seagen; Financial Interests, Institutional, Steering Committee Member: BMS, MSD, Pfizer, Seagen; Other, Other, Member of the Renal Cell Carcinoma Guidelines Panel: European Association of Urology. A. 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