

Survival and Toxicity of POMB/ACE in high volume and intermediate/poor germ cell cancers – A large retrospective study

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Objectives



The primary objectives of this study are to evaluate POMB/ACE chemotherapy regime and the following

- (1) Overall survival
- (2) Toxicity rates
- (3) Relapse rates

INTRODUCTION

- ❖ Survival data for germ cell tumours even when metastatic is relatively favourable compared with other solid tumour sites.
- ❖ Some groups of patients have poor outcomes with standardised treatment such as Bleomycin, Etoposide and Paclitaxel (1,2)
- ❖ Combination approach of with POMB/ACE (Cisplatin, Vincristine, Methotrexate, Bleomycin, alternating with Actinomycin- D, Cyclophosphamide and Etoposide) may lead to improved outcomes

METHODS

- ❖ Retrospective analysis at Mount Vernon Cancer Centre who received POMB/ACE who had categorised as intermediate or poor prognosis or high-volume disease between 1988-2022
- ❖ Ethical approval was approved locally

RESULTS

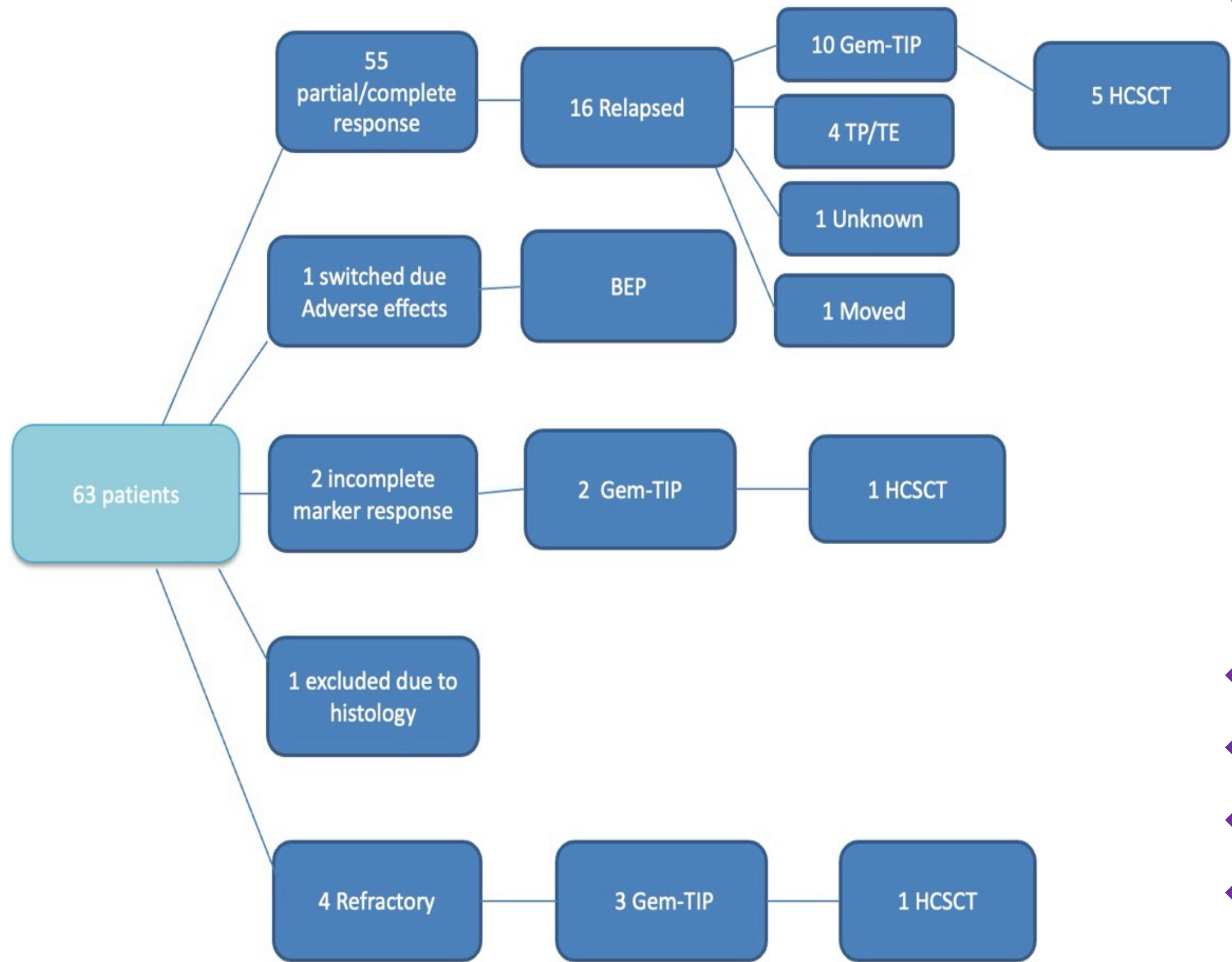
- ❖ 63 patients were identified with poor or intermediate or high-volume disease
- ❖ Median number of cycles was five
- ❖ 27% of patients had a dose reduction

Table 1 - Graded Toxicities according CT CAE

	N				Total
	Grade 1	Grade 2	Grade 3	Grade 4	
Cardiac toxicity	0	0	2	1	3
Hearing loss	9	3	3	0	15
Neutropenic sepsis	0	0	5	0	5
Neutropenia	2	3	10	0	15
Thrombocytopenia	3	3	5	0	11
Anaemia	3	5	7	0	15
Tinnitus	16	4	0	0	20
Non-neutropenic sepsis	0	5	1	0	6
Mucositis	8	0	2	0	10
Peripheral sensory neuropathy	24	3	0	0	27
Nausea and vomiting	9	6	0	0	15
Venous thromboembolism	0	2	1	0	3
Infusion reaction	0	2	2	0	4
Diarrhoea	0	1	0	0	1
Rash	4	0	0	0	4
Renal dysfunction	0	2	4	0	6

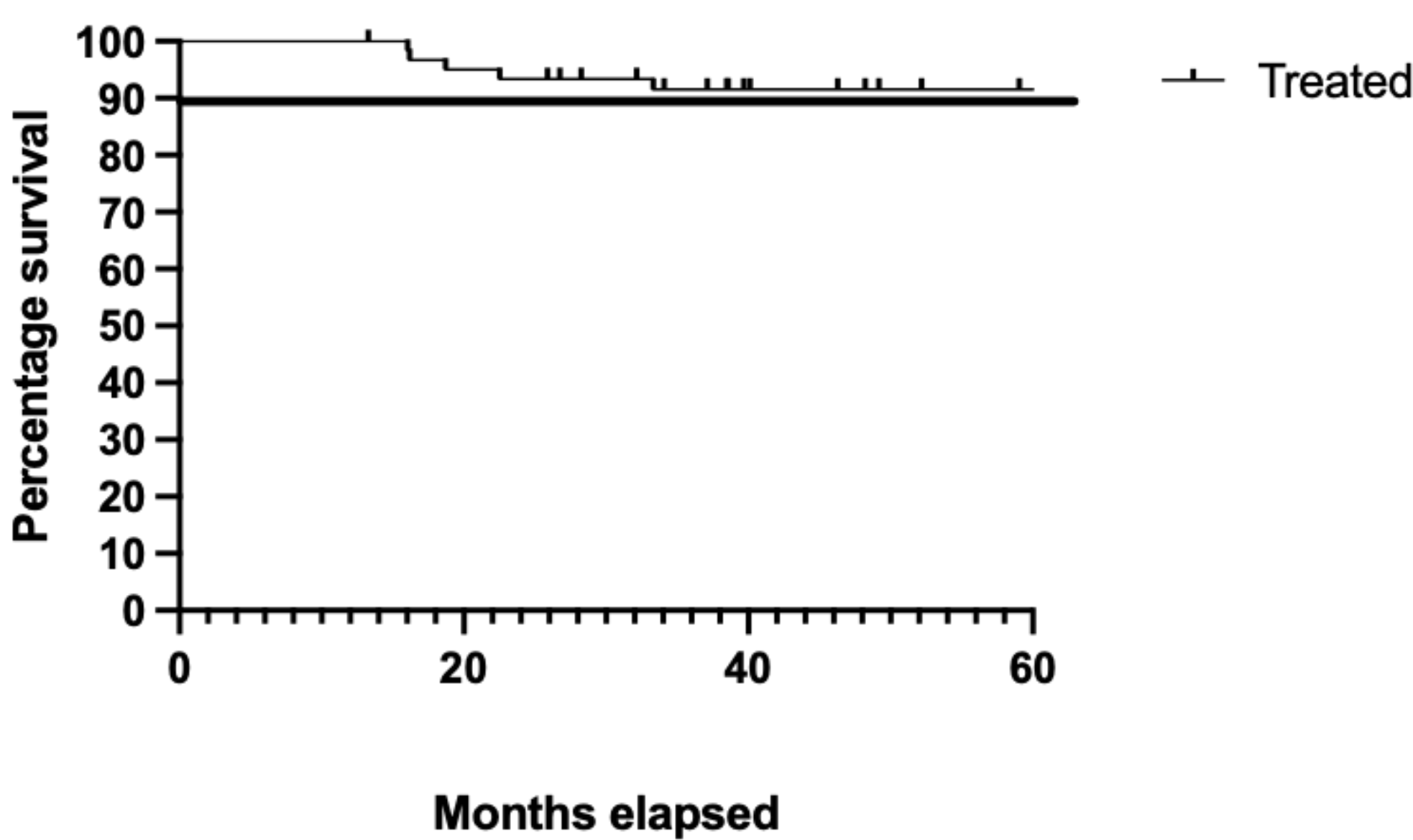
- ❖ Median time until progression was 164 days
- ❖ Overall survival at 5 years was 92.1%
- ❖ Overall survival to date is 83%
- ❖ Death due to progressive disease is 9%

Figure 1 - Division of patients



- ❖ Toxicities are listed in Table 1
- ❖ No documented treatment related deaths
- ❖ 78% of patients had a radiological response rate
- ❖ 76% of patients had normalisation of tumour markers

Figure 2 - Overall survival Curves for all patients
5 year Overall Survival (OS)



CONCLUSION

- ❖ This is the largest series of use of POMB/ACE in intermediate or poor prognosis and high-volume disease germ cell disease
- ❖ We present better survival outcomes with non-inferior relapse rate and only marginally increased complications
- ❖ Our study shows POMB/ACE is an effective and safe option for this patient cohort

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