

Initial Management of Testicular Cancer: Practice Survey Among Urologists and Pathologists

Jérôme Rigaud,¹ Xavier Durand,² Philippe Camparo,³ Christophe Avances,⁴ Stéphane Culine,⁵ Philippe Sebe,⁶ Aude Flechon,⁷ Thibaut Murez,⁸ Michel Soulie⁹, and the members of the Committee of Cancerology of the Association of French Urology (CCAFU)

Abstract

We realize a declarative practices survey about the management of testicular cancer. A total of 31.8% of 289 urologists who returned the questionnaires, declared that they performed the minimum assessment required by guidelines. Clinical practice did not comply with guidelines, and ask the question of what measures can be taken to ensure better application.

Introduction: The objective of this study was to conduct a declarative professional practices survey among urologists of the French Association of Urology (AFU) and French pathologists concerning their management of testicular cancer.

Materials and Methods: A questionnaire was sent to all urologists, members of the AFU, and another questionnaire was sent to French pathologists, members of the International Academy of Pathology, French Division, in June 2010. A total of 289 urologists (29%) and 84 pathologists (19%) returned the questionnaires. **Results:** Fifty-seven percent of urologists declared that they performed fewer than 5 orchidectomies per year. Pathologists declared that they examined less than 5 orchidectomy specimens per year in 24% of cases. The laboratory work-up (only alpha fetoprotein [AFP], lactate dehydrogenase [LDH], and total human chorionic gonadotropin [hCG]) and the radiological work-up (only testicular ultrasound and chest, abdomen, and pelvis computed tomography [CT] scan) were performed strictly according to guidelines in 15.9% and 65.7% of cases, respectively. A total of 31.8% of urologists declared that they performed the minimum assessment required by guidelines (AFP, LDH, total hCG, testicular ultrasound and chest, abdomen, and pelvis CT scan plus other examinations not recommended). Prognostic factors of stage I tumors, to define the indications for adjuvant therapy, were correctly declared in 7.3% of nonseminomatous germ cell tumors (vascular and/or lymphatic emboli) and in 13.8% of seminomas (tumor size >4 cm and rete testis invasion).

Conclusion: This survey demonstrated that clinical practice did not comply with guidelines, which raises the question of the measures that can be taken to ensure better application of guidelines or how to develop expert centers for the management of these rare tumors.

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Introduction

French epidemiological data derived from the Institut National de Veille Sanitaire, published in 2011 indicated an estimated incidence of 2324 new cases of testicular cancer and a mortality of 86 cases per year. Analysis of these data from 1980 to 2010 demonstrated a regularly increasing incidence, and the mortality has

gradually decreased and has remained stable over the past 10 years because of improvement of treatments and more rigorously defined management.¹

Two studies conducted in France have demonstrated a certain discordance between clinical practice and compliance with guidelines in the management of testicular cancer. A first study analyzed

¹Service d'Urologie, Hôpital Hôtel Dieu, Nantes, France

²Service d'Urologie, Hôpital Val de Grâce, Paris, France

³Service d'Anatomo-Pathologie, Amiens, France

⁴Service d'Urologie, Clinique Kennedy, Nîmes, France

⁵Service d'Oncologie, Hôpital Saint Louis, Paris, France

⁶Service d'Urologie, Groupe Hospitalier Diaconesses, Croix Saint Simon, France

⁷Service d'Oncologie Médicale, centre Léon Bérard, Lyon, France

⁸Service d'Urologie, Hôpital Lapeyronie, Montpellier, France

⁹Service d'Urologie, Hôpital de Rangueil, Toulouse, France

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Address for correspondence: Jérôme Rigaud, MD, PhD, Clinique Urologique, CHU Hôtel Dieu, 1 place Alexis Ricordeau, 44000 Nantes, France
Fax: 02-40-08-39-22; e-mail contact: jrigaud@chu-nantes.fr

the cancer registries of 11 centers comprising patients with testicular cancer during the period 2003-2004. The real management of these patients was compared with that defined in the 2002 French guidelines. The authors demonstrated that seminomas were managed according to guidelines in 44% of cases and nonseminomatous germ cell tumors (NSGCTs) were managed according to guidelines in 28% of cases by either a urologist, oncologist, or radiotherapist.² Similarly, in a study from the Institut Gustave Roussy, the charts of 78 patients referred to this center for second-line chemotherapy between 2000 and 2010 were reviewed. The authors demonstrated that patients were initially managed, for first-line chemotherapy and surgery for residual masses, according to guidelines in 49% of cases. Major deviations were observed for chemotherapy dose and dose schedule and for the interval between the end of chemotherapy and surgery for residual masses.³

The objective of this study, conducted by the Committee of Cancerology of the Association of French Urology - External Genital Organ subgroup, was to conduct a declarative survey on professional practices among urologists of the French Association of Urology (AFU) and pathologists of the International Academy of Pathology, French Division, concerning their management of testicular cancer.

Materials and Methods

Questionnaires

All 997 urologist members of the French Association of Urology were invited, in June 2010, by e-mail via the Urofrance Web site to answer a multiple choice questionnaire on their practice and management of testicular cancer. No reminder e-mail was sent to increase the response rate.

A second multiple choice questionnaire was sent by letter to 1200 pathologists at their workplace at 450 different institutions of the International Academy of Pathology, French Division, in June 2009 to study the frequency and modalities of examination of germ cell tumor orchidectomy specimens. No reminder letter was sent to increase the response rate.

Population

A total of 289 urologists answered the questionnaire (52% private urologists, 37% hospital and/or university urologists, and 11% working in another health care structure). The percentage of urologist responders was 29% (289/997).

A total of 84 pathologists answered the questionnaire (42% private pathologists, 43% hospital and/or university pathologists, and 15% other pathologists). For the pathologists, the percentage of responders was according to number of institutions because pathologists were specialized at each institution. The percentage of pathologist responders according to institution was 19% (84/450).

Results

Incidence

Urologists predominantly (57%) reported performing less than 5 orchidectomies for cancer per year and only 6% reported more than 10 orchidectomies per year (Fig. 1).

Pathologists reported examining less than 5 orchidectomy specimens per year in 24% of cases, between 5 and 10 specimens in 43% of cases, and more than 10 specimens in 33% of cases.

Semen Samples

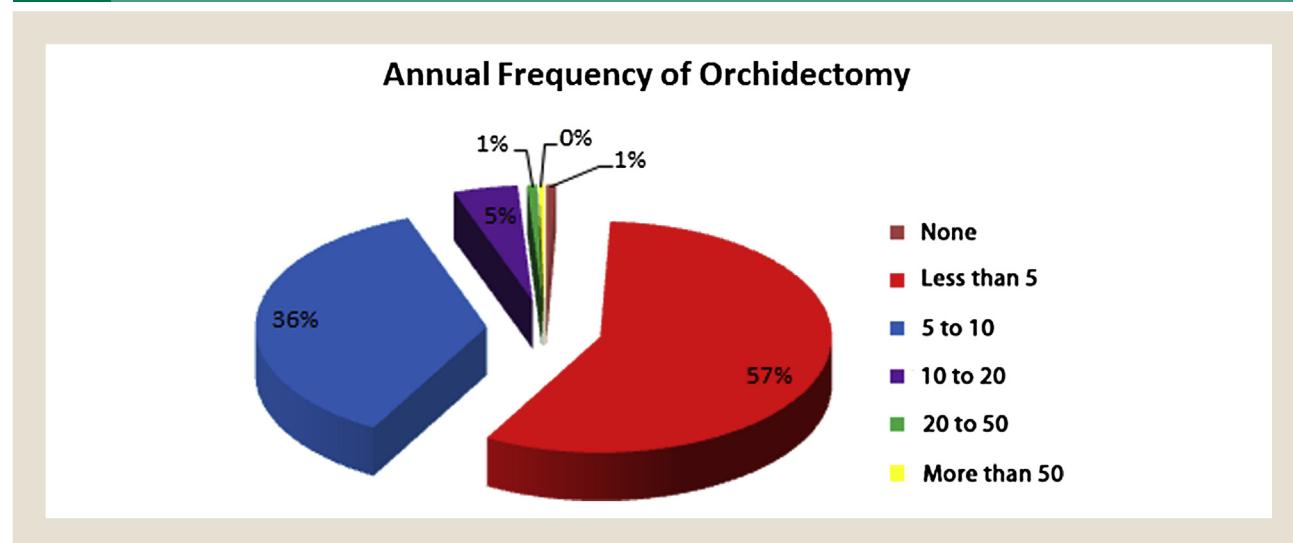
Urologists reported systematically performing semen cryopreservation before the surgery in 62% of cases, often (> 40% of cases) in 17% of cases, not at all in 9% of cases, and only when requested by the patient in 12% of cases.

Serum Tumor Markers

All urologists reported that they systematically performed a serum tumor marker analysis before the orchidectomy procedure. Figure 2 shows the frequency of biomarkers assayed.

Tumor markers recommended by the AFU or European Association of Urology (EAU) include alpha fetoprotein (AFP), lactate dehydrogenase (LDH), and total human chorionic gonadotropin (hCG) (assay of the β subunit of hCG is not indicated).

Figure 1 Annual Frequency of Orchidectomy Performed by Urologists



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