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Role of high dose chemotherapy and haematopoietic stem cell transplantation in the treatment of metastatic testicular cancer

Lazar Popovic, Gorana Matovina-Brko, Milica Popovic, Dragana Petrovic, Ana Cvetanovic, Jelena Vukojevic, Darjana Jovanovic

Abstract

Testicular germ cell cancer (TGCC) is rare form of malignant disease that occurs mostly in young man between age 15 and 40. The worldwide incidence of TGCC is 1.5 per 100.000 man with the highest rates in north Europe. After discovery of cisplatin cure rates of TGCC are very favorable between 90-95% and unlike most solid tumors, cure rate for metastatic TGCC is around 80%. Metastatic TGCC is usually treated with 3-4 cycles of BEP (cisplatin, etoposide, bleomycin) chemotherapy with or without retroperitoneal surgery and cure rates with this approach are between 41% in poor risk group and 92% in good risk group of patients. Cure rates are lower in relapsed and refractory patients and many of them will die from the disease if not cured with first line chemotherapy. High dose chemotherapy (HDCT) approach was used for the first time during the 1980s. Progress in hematology allowed the possibility to keep autologous haematopoietic stem cells alive ex-vivo at very low temperatures and use them to repopulate the bone marrow after sub-lethal dose of intensive myeloablative chemotherapy. Despite the fact that there is no positive randomized study to prove HDCT superior cure rates in relapsed

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