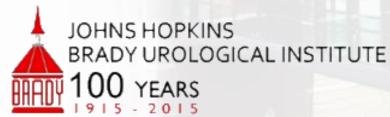
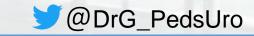
# Higher prevalence of benign tumors in men with testicular tumors and history of treated cryptorchidism

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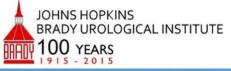






## Disclosures

None



Victoria Harbour



#### Introduction

- Cryptorchidism or undescended testis (UDT): known risk factor for testicular cancer
  - 6-fold if untreated, 2-3 fold if treated surgically

- Historically, patients with testicular cancer with a history of UDT have a higher rate of seminoma on pathology
  - But, patients with a benign tumor were excluded from analysis

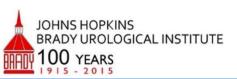




# Study Objective

 Few contemporary studies examine the effect of orchidopexy on testicular tumor pathology, inclusive of patients who have a benign testicular tumor

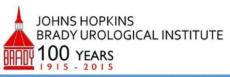
 Aimed to identify if surgically treated cryptorchidism correlated with testicular tumor pathology, risk category, and overall survival





## Methods

- Single institution database of patients treated for testicular tumor from 2003 to present
- Inclusion criteria: testis tumor patients who have undergone an orchiectomy
- Exclusion criteria: unknown UDT history, unknown pathology

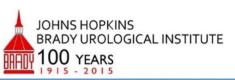




## Methods

 Data collection: demographics, surgical history, tumor marker status, testicular cancer staging, survival

- Data analysis
  - Chi-squared test
  - Two-sample independent t-test
  - Two-sample test of proportions





#### Demographics (n=435)

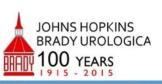
		History of UDT		
Variable	Total	No	Yes	p-value
Age at orchiectomy, mean years (sd)	33.2 (11)	31.0 (11)	34.5 (10.5)	0.572
Laterality, n (%)				0.119
Bilateral	8 (1.8%)	6 (1.5%)	2 (6.1%)	
Left	211 (48.6%)	198 (49.3%)	13 (39.4%)	
Right	216 (49.5%)	199 (49.3%)	18 (54.5%)	
Pathology, n(%)				0.03
Benign	24 (5.5%)	19 (4.7%)	5 (15.2%)	
Seminoma	141 (32.4%)	126 (31.4%)	15 (45.5%)	
Mixed GCT	156 (35.9%)	150 (37.3%)	6 (18.2%)	
NSGCT	97 (22.3%)	90 (22.4%)	7 (21.2%)	
Other	6 (1.4%)	6 (1.5%)	0	
Non-Germ cell	11 (2.5%)	11 (2.7%)	0	
LVI, n (%)	125 (28.7%)	119 (29.6%)	6 (18.2%)	0.161





#### Orchiectomy Pathology (n=435)

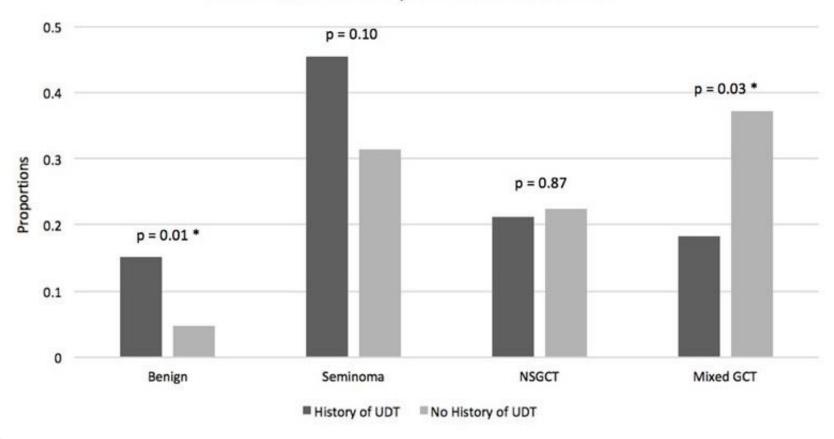
	History		
Pathology	No	Yes	p-value
Benign	19 (4.7%)	5 (15.2%)	0.012
Seminoma	126 (31.4%)	15 (45.5%)	0.096
Mixed GCT	150 (37.3%)	6 (18.2%)	0.028
NSGCT	90 (22.4%)	7 (21.2%)	0.876
Other	6 (1.5%)	0	0.480
Non-Germ cell	11 (2.7%)	0	0.336

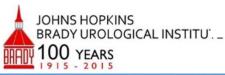


One proportion z-test with  $H_0$  = 0.076, the proportion of UDT in our sample. Two-sided p-value.



Proportion of Patients with Each Histopathologic Subtype in those with and without a History of Undescended Testes





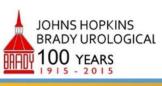


Risk Category (Germ cell tumors only, n = 397)

		History of UDT		
Risk Category, n (%)	Total	No	Yes	
Very good	274 (69%)	256 (69.4%)	18 (64.3%)	
Good	36 (9.1%)	32 (8.7%)	4 (14.3%)	
Intermediate	11 (2.8%)	11 (3%)	0	
High	18 (4.5%0	16 (4.3%)	2 (7.1%)	
Unknown	58 (14.6%)	54 (14.6%)	4 (14.3%)	

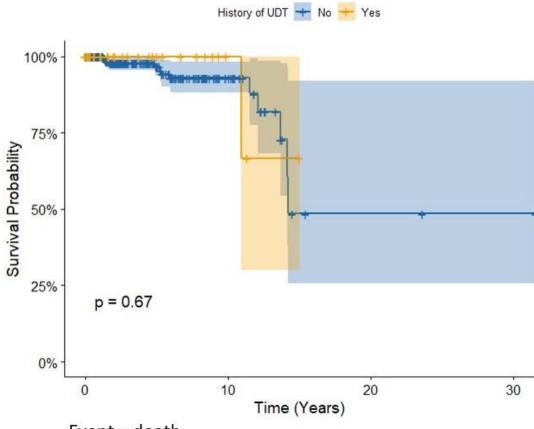
p value = 0.68

58 patients with insufficient information for risk stratification





#### Overall survival after orchiectomy



Event = death
Censored at last follow-up





#### Conclusion

 Greater percentage of patients with benign testicular tumors after orchiectomy if they have a history of surgically treated UDT

- In this specific subset of patients, is there a
  - Role for screening?
  - Testis sparing surgery?

