Patterns of Management and Surveillance Imaging amongst Medical Oncologists in Australia for Stage I Testicular Cancer

P. Grimison, B. Houghton, M. Chatfield, G. C. Toner, I. D. Davis, J. Martin, E. Hovey and M. R. Stockler

Australian and New Zealand Urogenital and Prostate (ANZUP) Cancer Trials Group Ltd, Sydney, New South Wales, Australia

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OBJECTIVE: To determine the patterns of management and surveillance imaging amongst medical oncologists in Australia for stage I testicular cancer during 2010.

METHODS: We conducted a survey comprising 14 questions about the management strategy and surveillance imaging for all patients with stage I testicular cancer treated over the previous 12 months.

RESULTS: A total of 52 medical oncologists documented the management for an estimated 470 patients. For seminoma, management was in the form of surveillance in 33%, radiotherapy in 5% and adjuvant carboplatin in 62% of patients. For non-seminoma, management was surveillance in 73%, adjuvant chemotherapy in 23% and retroperitoneal lymph node dissection in 4% of patients. The frequency of surveillance imaging was highly variable, and ≥10 computed tomography (CT) scans were used by 38% of clinicians for seminoma and 46% of clinicians for non-seminoma.

CONCLUSION: We found considerable variation in management patterns. The infrequent use of surveillance and frequent use of carboplatin for seminoma differs from international guidelines. Radiation exposure from CT imaging should be reduced through standardized follow-up protocols, and possibly by alternate imaging methods if validated in appropriate studies.