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Lymph node growth rate in testicular germ cell tumours: Implications for computed tomography surveillance frequency - Abstract



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To estimate the growth rate of lymph nodes in patients on surveillance for testicular cancer who developed recurrent disease.

During a 7-year period, 318 patients at our institution were managed by surveillance and 39 relapsed (12.3%). The computed tomography scans of 28 patients (median age 32 years; range 19-51 years) who met our inclusion criteria and who developed recurrent disease in the abdomen/pelvis were retrospectively reviewed. Thirteen patients had non-seminoma and 15 had seminoma. To estimate the lymph node growth rate, the slope of lymph node size over time was calculated.

The median length of time from orchiectomy to the recurrence computed tomography was 131 days (range 49-520) or about 4.4 months for non-seminoma patients and 373 days (range 129-675) or about 12.3 months for seminoma patients. The median size of the involved lymph node at final computed tomography for seminoma patients was 12mm (range 9-31mm) and for non-seminoma patients was 15mm (range 10-56mm). The median lymph node growth rate for patients with seminoma was 1.35mm/month (range 0.62-4.56) and for patients with non-seminoma 2.99mm/month (range 0.77-7.06); the difference in growth rates was statistically significant (P=0.029).

There is a statistically significant faster growth rate of lymph nodes in patients with recurrent non-seminoma compared with patients with seminoma. This finding supports a more frequent computed tomography schedule during the first 2 years of surveillance in non-seminoma patients compared with seminoma patients.

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Mazrani W, O'Malley ME, Chung PW, Warde P, Vesprini D, Panzarella T. [Are you the author?](#)

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