International Urology Cancer Summit 2026

Guildford, UK – 3rd & 4th, September, 2026

De-escalated management of stage I seminoma: three decades of real-world outcomes

IUC26664-89

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1 BACKGROUND / OBJECTIVE

To evaluate long-term outcomes, relapse patterns and clinicopathological factors associated with recurrence in patients with clinical stage I seminoma managed in routine practice over three decades.

2 METHODS

- Retrospective single-centre study.
- Clinical stage I seminoma, diagnosed 1993–2025.
- Variables: baseline features, post-orchiectomy strategy, relapse events/timing.
- Management: active surveillance or adjuvant carboplatin.
- Associations assessed via descriptive statistics and Cramér's V.

3 PATIENT CHARACTERISTICS

n = 113 patients

Median age at diagnosis	36 years
Stage IB disease	21.2%
Tumour size >4 cm	56.0%
Rete testis invasion	26.5%
Lymphovascular invasion	16.8%
Diagnosis period	1993–2025

4 MANAGEMENT AND RELAPSE PATTERNS

- Active surveillance: 59.3%
- Adjuvant carboplatin: 39.8%
- Overall relapses: 6 patients (5.3%)
- All relapses occurred after surveillance
- Mean time to relapse: 17.2 months

- Low overall relapse rate
- No relapses after adjuvant carboplatin
- Recurrences concentrated in surveillance group
- Structured follow-up is essential

5 KEY OUTCOMES AND RISK FACTORS

Patients included	Relapse rate	Relapses after surveillance	Mean time to relapse	Strongest association with relapse	Cramér's V / p-value
113	5.3%	6 / 6	17.2 months	Lymphovascular invasion	0.30 / 0.006

6 CONCLUSIONS

In this real-world cohort of clinical stage I seminoma, relapse rates were low and all recurrences occurred after surveillance, supporting the overall safety of a de-escalated post-orchiectomy strategy when combined with structured follow-up. Lymphovascular invasion emerged as a potential marker of relapse risk in this dataset, although the small number of events precludes definitive conclusions. These findings support individualized counselling and highlight the value of long-term real-world series to refine risk-adapted management in stage I seminoma.