line therapy. For salvage treatment paclitaxel (200 mg/m^2) and ifosfamide (6 g/m^2) (TICE) followed by sequential carboplatin (AUC24) and etoposide (1.2 g/m^2) were used. The data were reviewed retrospectively. Decline in tumor marker levels, tumor response, treatment toxicity and survival were evaluated.
Results: From January 2004 to May 2009, 12 GCT patients (6 primary poor-risk GCT and 4 cisplatin refractory patients) were included. For 2 patients no data were available. Median age was 25.2 (17–35) years. Five patients had testicular primaries while another five presented with primary extragonadal tumor. Four of 5 patients underwent primary orchofuniculectomy, and all were managed with retroperitoneal lymph node dissection (RPLND) of residual disease. In one patient with initially high disease burden orchofuniculectomy was performed after chemotherapy. Three of 5 patients with mediastinal primaries underwent thoracotomy. 6 patients with primary GCT received VIP treatment. 3 relapsed and 1 refractory cases were treated with TICE protocol. 2 primary patients progressed after VIP and received second line treatment with TICE. Eight patients had elevated both AFP and β-HCG. After primary treatment, 8 of 12 patients had partial responses (PR), 1 had stable disease (SD) and 1 had progressive disease (PD). Pretreatment tumor markers decreased in all 9 patients with SD or PR but remained elevated in the refractory case.Chemotherapy related toxicity was acceptable, with grades III-IV thrombocytopenia (100%) and febrile neutropenia being the most prevalent (58%). Median follow up was 26.2 months. Overall survival was 66.7% and progression free survival was 58.3%. Eight out of 12 patients are alive and 7 are disease free. Two patients died from treatment toxicity, one from progression of disease, one from secondary acute leukemia.
Conclusions: HDCT is feasible and effective with acceptable toxicity in patients with poor risk primary and relapsed GCTs. Surgery remains an important part of any strategy.

N93
The value of radical radiotherapy in patients with penile cancer

W. Majewski, B. Bojanowski*. *Maria Sklodowska-Curie Memorial Cancer Center and Institute of Oncology, Gliwice Branch, Dept. of Radiotherapy, Gliwice, Poland*

Introduction and Objectives: The data on radical external-beam radiotherapy in patients with penile cancer are scarce. Most commonly it is used as an elective treatment of inguinal and pelvic lymph nodes. However, radiotherapy is sometimes used as a first-line treatment of primary tumor or recurrent/involved lymph nodes. This is in case of contraindications or lack of patients' consent for surgery. So, it is important to evaluate radio-curability of penile cancer and efficacy of radiotherapy in such group of patients. Therefore, the aim of the study is to assess the value of radical radiotherapy in patients with penile cancer, presenting with macroscopic tumor in primary site or pelvic lymph nodes.
Material and Methods: Between 1989 and 2008 there were 35 patients with penile cancer, treated with radical external-beam radiotherapy at MSC Cancer Center. Among them there were 15 patients who were irradiated to the macroscopic penile or nodal tumor. The mean patients' age was 54 years (SD±14). There were 6 patients treated as a first-line therapy of primary tumor and 9 patients who were irradiated to the involved lymph nodes or recurrent nodes/primary site. Patients were considered not suitable or refused surgery. External-beam irradiation was performed with 250 kV X-rays (3 patients), 1.25 MV gamma rays (5 patients) or 6–20 MV X-rays (7 patients). The median total doses given to uninvolved sites and to macroscopic tumor were, respectively: 50 Gy and 60 Gy with a median dose per fraction of 2 Gy. Median follow-up was 53 months. Treatment outcome was evaluated in terms of tumor regression after radiotherapy and in terms of actuarial local control.
Results: Complete regression (CR) of macroscopic tumor after radiotherapy was observed in 10 patients (67%), in 2 patients (13%) partial regression (PR) was observed, no regression and progression were noted in 2 patients and one patient, respectively. Among patients with complete regression two patients had local recurrence; however, only in one patient it was a real recurrence in the field of radiotherapy. Actuarial 5-years Local Control was 57%. Treatment was well tolerated; acute Grade-3 and Grade-4 toxicity was observed only in the skin, in 7 patients (47%) and one patient, respectively.
Conclusions: Penile cancer is potentially radio-curable. External-beam radiotherapy may be the option for patients with primary/recurrent tumors or involved lymph nodes, who are not candidates or refuse surgery.

Poster Session 7: Stones and Reconstruction
Saturday, 12 September 2009, 09:50–11:50
Poster room 2

N94
Impact of stone location on success rates of ureteroscopic pneumolithotripsy

C. Sönmez*, S. Arısan, S. Güney, O. Akca, A. Dalkılıc, E. Ergenekon. *Sisli Etfal Research Hospital, Dept. of Urology, İstanbul, Turkey*

Introduction and Objectives: To determine whether the stone location affects the stone-free rates of ureteroscopic pneumolitotripsy.
Material and Methods: From January 2000 to June 2008, 632 patients with 658 stones, ranging from 5 to 12 mm in size, underwent ureteroscopy (URS) with pneumolithotripsy. The patients were followed up preoperatively and postoperatively with noncontrast spiral computed tomography, abdominal plain radiography, renal ultrasonography, or intravenous pyelography. Patients were considered to have been treated successfully if they had no residual stones.
Results: A total of 658 ureteroscopy and pneumolithotripsy were performed on 226 female and 406 male, as a total 632 patients. Thirty-three stones were localized in proximal, 230 in the middle and 395 in the distal ureter. Of these, 575 (83%) were successfully treated with pneumolithotripsy without residual fragments. 52 patients (17%) had persistent stones that were treated by repeat ureteroscopy and pneumolithotripsy or with ESWL. Twenty-five (75%) of 33 upper ureter stones were cleared, 195 (85%) of 230 middle ureter stones were cleared, and 355 (90%) of 395 lower ureter stones were cleared. The residual stones were evaluated by abdominal plain radiography or noncontrast spiral computerized tomography in the postoperative first day and tenth day.
Conclusions: The results of our study have shown that stone location does not significantly affect stone clearance rates when performing ureteroscopic pneumolithotripsy.