

The peripheral and central administration of CBP has similar overall complication rates”  
Worst et al (2015).

Abstract:

**OBJECTIVE:** Despite the low local toxicity of the used agents, Cisplatin-based chemotherapy (CBP) for patients with testicular germ cell tumors (TGCT) is mostly delivered via a central venous access (CVA). Since 2008, CBP is given peripherally in our hospital.

**METHODS:** Medical reports of TGCT patients who received CBP between September 1991 and August 2014 were evaluated. Complications regarding the way of administration (CVA vs. peripheral venous catheter ) were classified according to the Common Terminology Criteria of Adverse Events. The complication rates were compared using chi square test and propensity score matching.

**RESULTS:** During 288 cycles in 109 patients, 85 complications (29.5%) were observed with similar rates for overall (PVC 31.3%, CVA 29.9%;  $p = 0.820$ ) and grade I complications (21.3%, 25.4%;  $p = 0.470$ ). More grade II complications were observed in the PVC group (10.0 vs. 1.5%;  $p < 0.001$ ). Grade III complications requiring invasive treatment were found only in the CVA group (3.0%;  $p = 0.120$ ). Using propensity score matching, no differences in overall ( $p = 0.950$ ), grade I ( $p = 0.540$ ) and grades II/III ( $p = 0.590$ ) complications were seen.

**CONCLUSION:** The peripheral and central administration of CBP has similar overall complication rates. Despite more grade II complications, the peripheral administration of CBP is a safe alternative for TGCT patients. Additionally, no severe grade III complications occurred.

Reference:

Worst, T., Sautter, L., John, A., Weiss, C., Häcker, A. and Heinzlbecker, J. (2015) Cisplatin-Based Chemotherapy for Testicular Germ Cell Tumors: Complication Rates of Peripheral versus Central Venous Administration. Urologia Internationalis. December 18th. .

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