Anterior Chamber Invasion in Retinoblastoma: Not an Indication for Adjuvant Chemotherapy

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Purposes. In retinoblastoma, adjuvant chemotherapy after enucleation is given in eyes with histopathological high-risk features (HRFs) to reduced mortality. Anterior chamber seeds (AC seeds) on histopathological evaluation are a contentious finding. This study attempts to determine the effect of AC seeds on the survival rate.

Methods. This is a retrospective case record review. Eyes were divided into four groups: those with neither AC seeds nor HRFs, those with only HRFs, those with only AC seeds, and those with both HRFs and AC seeds. The groups were compared for demographic and clinical features and survival curves were plotted for each.

Results. For the 212 eyes included in the study, mean age was 30.5 ± 36.8 months. Children with only AC seeds were significantly older (75.3 ± 94.6 months) (P = 0.004). Chemotherapy was administered in 81 (38.2%) of 212 eyes; 16 (13.7%) of 117 eyes without HRF and in 65 (68.4%) of 95 eyes with HRFs (P < 0.001). The survival rate at 1, 3, and 5 years was the highest for the group with only AC seeds, although the difference was not statistically significant.

Conclusions. We conclude that AC seeds do not, by themselves, constitute an independent risk factor for metastasis. These children need not be treated with immediate adjuvant chemotherapy, but, instead, can be followed with regular screening for metastasis. However, AC seeds are seen in only a small proportion of enucleated eyes. A larger study would better validate our study results.

Keywords: retinoblastoma, anterior chamber seeds, adjuvant chemotherapy, high-risk features

Retinoblastoma is the most common pediatric intraocular malignancy.1,2 It also has the highest survival rate; nearly 95% in developed countries. Intra-arterial and intravitreal chemotherapy have even enabled globe and vision salvage, albeit in a select group of patients. However, the survival rate in developing countries ranges from 40% to 79%,3 a large percentage of eyes still undergo primary enucleation, and systemic metastasis remains an important cause of mortality. Studies have enumerated various clinical and histopathological factors postulated to increase the risk of metastasis and thus increase mortality. Adjuvant chemotherapy significantly reduces the mortality in this group of children. Clinical features that have been evaluated as predictors for systemic metastasis include older age at presentation, increased time lag between onset of symptoms and presentation, glaucoma, exophytic growth pattern, buphthalmos,4 and neovascularization of iris.5 Massive invasion of choroid, optic nerve, sclera, and ciliary body as seen on histopathological evaluation (HPE) are considered to be high-risk features (HRFs).6–8 Anterior chamber seeding (AC seeds) as seen on HPE is a contentious risk factor. There have been no large case series that have evaluated the effect of isolated AC seeds on systemic metastasis and mortality. We have observed that AC seeds are not an independent risk factor for metastasis.9 This current study attempts to determine survival rate of patients with AC seeds with and without HRFs and compare it with similar groups without AC seeds.

Materials and Methods

This was a retrospective case series. Approval by the institutional review board and ethics committee was taken. The tenets of the Declaration of Helsinki were followed. Histopathological records of all eyes enucleated for retinoblastoma between January 2008 and December 2013 were reviewed. Preparation of specimens for histopathological examination followed the guidelines given by International Retinoblastoma Staging and Working Group.10 HRFs were searched for in each eye. HRFs were defined as choroidal invasion more than 3 mm or full-thickness invasion, post-laminar optic nerve invasion, focal choroidal invasion of less than 3 mm but with prelaminar or laminar invasion, scleral invasion, and ciliary body invasion.11–13 Extra scleral extension or involvement of optic nerve transection end constituted microscopic residual disease. These were eliminated from the
study. AC seeds included tumor cell clusters on endothelium, tumor cells on surface of iris, iris stromal infiltration, and tumor cells in anterior chamber. Anterior chamber angle invasion, ectropion uveae, and neovascularization of iris were not considered as AC seeds.

There were 260 eyes that were enucleated for retinoblastoma during the study period. Eyes that had features of microscopic orbital retinoblastoma were identified and eliminated from the study; seven eyes. When there was a history of chemotherapy before enucleation, as chemotherapy reduction or as neoadjuvant chemotherapy, those eyes were excluded from the study, as chemotherapy is known to result in downgrading of the histopathological features; 41 eyes. Although there were no bilateral primary enucleations during the study period, in secondary enucleation in a bilateral affected patient, only the first eye was considered for analysis, as in all cases, the child received chemotherapy in an attempt to salvage the second eye before undergoing enucleation. There were 212 eyes with intraocular retinoblastoma that underwent primary enucleation and were included in this study. Clinical records of these children were reviewed and demographic data, clinical features, retinoblastoma grading and follow-up period were comparable among groups. In all four groups, percentage of group E tumors was more than 6 AC seeds. There was a statistically significant difference in the percentage of AC seeds. There was a statistically significant difference in the distribution of age in the four groups (P < 0.001). Children with only AC seeds were statistically older than the other three groups (P = 0.004). Of the 18 children in the group with only AC seeds, 6 (33%) were younger than 3 years, 8 (45%) were 3 to 9 years of age, and 4 (22%) were 9 years old or older. The mean plot for age distribution among the groups is shown in Figure 1.

The distribution of bilateral retinoblastoma ranged from 19.1% to 22.2% in the three groups and was considerably lower, 5.5% (one eye), in the group with only AC seeds, although not reaching statistical significance. Gender distribution and follow-up period were comparable among groups. In all four groups, percentage of group E tumors was more than that of grade D tumors, although this difference did not reach statistical significance in eyes with no HRFs or AC seeds. Patient characteristics are described in Table 2.

Eyes with only AC seeds on HPE were compared with eyes having HRF with AC seeds for clinical presentation and pattern of AC seeding on histopathology. Although duration of

### Table 1. Chemotherapy Regimen, Administered in Six Cycles, 3 to 4 Weeks Apart

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
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<tbody>
<tr>
<td>Vincristine</td>
<td>0.05 mg/kg as intravenous bolus on day 1</td>
</tr>
<tr>
<td>Carboplatin</td>
<td>28 mg/kg in 100 mL 5% dextrose over 1 hour on day 1</td>
</tr>
<tr>
<td>Etoposide</td>
<td>12 mg/kg in 100 mL 0.9% normal saline over 1 hour, on days 1 and 2</td>
</tr>
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</table>

| FIGURE 1. Box and whisker plot demonstrating distribution of age in the four histopathological groups. Nil indicates no HRFs or AC seeds. |
symptoms to enucleation was longer in patients with both features on HPE, the difference was not statistically significant. When all 36 eyes with AC seeds on HPE were analyzed, iris surface was the most common location of retinoblastoma cells seen in 21 (58.3%) of the 36 eyes. The second most common location was the anterior chamber itself, seen in 15 (41.7%) of the 36 eyes, followed by angle-Trabecular meshwork complex and iris infiltration seen in 12 (33.3%) of 36 each. This distribution was comparable between the two groups. Details are described in Table 3. Among the 18 eyes with only AC seeds on histopathology, 2 (38.9%) eyes had only anterior segment mass and the posterior segment was completely within normal limits. Diffuse infiltrating retinoblastoma was diagnosed in one eye.

Eyes with HRFs were compared with eyes with HRFs and AC seeds for the number of HRFs in the eye at HPE. The latter had a significantly higher number of HRFs than the former \( P = 0.001 \). In eyes with only HRFs, 40 (51.9%) of 77 eyes had only one risk factor, whereas there were three risk factors in 8 (44.4%) of 18 eyes with AC seeds and HRFs. Only 9 (11.7%) of 77 eyes with only HRFs had three risk factors. This distribution is shown in Figure 2.

Systemic chemotherapy comprised the vincristine-etoposide-carboplatin regimen. This was administered to 81 (38.2%) of 212 patients in the study. Chemotherapy was given in 16 (13.7%) of the 117 patients who had no HRFs (with or without AC seeds) on HPE. Chemotherapy was administered in these patients for chemoreduction for the contralateral eye in bilateral retinoblastoma. Chemotherapy was advised in all 95 patients with HRFs, and six cycles of chemotherapy were completed in 65 (68.4%) of the 95 patients, and 26 patients in this group received zero to four cycles of chemotherapy. Only 5 of the 26 children had follow-up of less than a year and 2 of these 5 children were lost to follow-up immediately after enucleation. Chemotherapy was administered to two patients who had only AC seeds, one who had bilateral retinoblastoma and the other who had inadvertently been subjected to AC tap elsewhere before being diagnosed to have retinoblastoma. Distribution of chemotherapy in the four groups is shown in Table 2.

There were 13 deaths in this case series. In 12 of the 13 of these cases, HRFs were observed in the enucleated specimen. Histopathological HRFs in these 13 cases included massive choroidal invasion in nine eyes and post laminar optic nerve invasion in eight eyes. There were five eyes with massive choroidal invasion as well as postlaminar invasion. In four of these cases, AC seeds were present in the enucleated specimen in addition to other HRFs. All 13 cases had received adjuvant chemotherapy, and 3 of the 13 had also received external beam radiation therapy (EBRT).

**Survival Curve**

A survival curve was plotted for each of the four groups of eyes (Fig. 3). Occurrence of metastasis or death was taken as an adverse event for the construction of the survival curve and children lost to follow-up were censored at the last follow-up date. The survival rate at 1-year, 3-year, and 5-year follow-up for each of the four groups is given in Table 2. Survival curve of the group with only AC seeds was highest, followed by patients with no HRFs or AC seeds, followed by those with HRFs and finally those with HRFs and AC seeds. The difference of survival rate among the groups was not significant.
DISCUSSION

Current management techniques for retinoblastoma have improved the survival rates in retinoblastoma; of the child, the globe, and the vision. Mortality is most commonly consequent to microscopic residual disease and adjuvant chemotherapy is an effective tool to eradicate presumed micrometastases before they clinically manifest and to thus reduce mortality. However, chemotherapy is not without side effects. Common side effects include anemia, thrombocytopenia, and neutropenia, potentially requiring hospitalization and transfusions. Other significant, but controversial side effects include a risk of secondary malignancies and ototoxicity.

Although children with heritable retinoblastoma are at risk of secondary cancer due to the innate genetic predisposition, the risk is increased with the use of chemotherapy agents. Malignancies observed at a mean of 11 years’ follow-up were osteosarcoma, rhabdomyosarcoma, melanoma, glioma, and acute promyelocytic leukemia. There have also been reports of acute myelogenous leukemia.

It is thus important to identify the eyes at high risk of developing metastasis to reduce the risk of metastasis without the consequent side effects. Although massive choroidal invasion, postlaminar optic nerve invasion, and scleral invasion are accepted histopathological HRFs purported to increase risk of metastasis, anterior chamber seeding is a contentious issue.
histopathological finding. Determination of structures whose involvement constitutes AC seeds is also a gray area. Figures 4C2a–d demonstrate invasion of various anterior chamber structures by the tumor cells.

Seeds in the anterior chamber, on corneal endothelium and iris surface and stroma are well accepted as AC seeds; however, involvement of trabecular meshwork and ciliary body is contentious. In an article by Baroni et al.20 AC seeds were

%FIGURE 4. Representative microphotographs of histopathological features of the four groups included in the study; The horizontal panels represent the four histopathological groups and the vertical panels, the histopathological sections of anterior chamber, choroid, and optic nerve of the four groups. C2a–d do not show choroidal invasion, which was absent, and instead show magnified view of anterior chamber invasion. All slides are stained with hematoxylin and eosin. The magnification is given in the lower right-hand corner. Black arrows headed by letter T point toward the tumor cells in all panels. T, tumor cells.

### Table 3. Clinical and Histopathological Features in Eyes With AC Seeds, With and Without HRFs

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>AC Seeds With HRF</th>
<th>AC Seeds</th>
<th>P</th>
</tr>
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<tbody>
<tr>
<td>Duration of symptoms to enucleation, mo, mean ± SD</td>
<td>6.65 ± 8.75</td>
<td>3.08 ± 3.17</td>
<td>0.254</td>
</tr>
<tr>
<td>AC seeds seen clinically, n (%)</td>
<td>9 (50)</td>
<td>7 (43.7)</td>
<td></td>
</tr>
<tr>
<td>Presence of NVI clinically, n (%)</td>
<td>2 (11.1)</td>
<td>6 (33.3)</td>
<td></td>
</tr>
<tr>
<td>Mean IOP before enucleation, mm Hg, mean ± SD</td>
<td>38.5 ± 18.15</td>
<td>31.24 ± 13.23</td>
<td>0.3</td>
</tr>
<tr>
<td>Location of AC seeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adhered to cornea, n (%)</td>
<td>1 (5.6)</td>
<td>1 (5.6)</td>
<td>1</td>
</tr>
<tr>
<td>In anterior chamber, n (%)</td>
<td>7 (38.9)</td>
<td>8 (44.4)</td>
<td>0.7353</td>
</tr>
<tr>
<td>On iris surface, n (%)</td>
<td>10 (55.6)</td>
<td>11 (61.1)</td>
<td>0.7353</td>
</tr>
<tr>
<td>Iris infiltration, n (%)</td>
<td>6 (33.3)</td>
<td>6 (33.3)</td>
<td>1</td>
</tr>
<tr>
<td>Trabecular meshwork, n (%)</td>
<td>7 (38.9)</td>
<td>5 (27.8)</td>
<td>0.4795</td>
</tr>
</tbody>
</table>

AC seeds, anterior chamber seeds; HRF, high risk features; NVI, neovascularisation of iris.
not considered an HRF and chemotherapy was administered only if concomitant HRFs were present. However, AC seeds alone were not analyzed independently. In an article by Khelfaoui et al,17 AC seeds, although identified as a risk factor for metastasis in the multivariate analysis, did not remain risk factors once eyes with extra scleral or resection line involvement were excluded. Presence of AC seeds has been considered an HRF and treated with six cycles of chemotherapy in a few studies,18 considered to be of intermediate risk for development of metastasis and treated with four cycles of chemotherapy in a few studies15,21 and not considered a risk factor for metastasis and monitored for metastasis without chemotherapy in a few studies15. In most of the studies, AC seeds have not been independently analyzed for effect of adjuvant chemotherapy, and when analyzed, the number of eyes was too small to comment on the effect of chemotherapy.

In this study, we compared the survival rates of eyes with no HRFs, only AC seeds, only HRFs, and AC seeds with HRFs to demonstrate the good survival rate of eyes with AC seeds alone. A study by Kaliki et al22 reported AC seeds in 36 (23%) of 157 eyes with anterior chamber seeding in 6% and iris infiltration in 3%. This was comparable to 16.9% eyes with 157 eyes with anterior chamber seeding in 6% and iris infiltration in 3%. This was comparable to 16.9% eyes with diffuse anterior retinoblastoma with enucleation followed by adjuvant chemotherapy and radiotherapy, Khetan et al28 treated diffuse anterior retinoblastoma with enucleation followed by adjuvant chemotherapy and radiotherapy, Khetan et al28 treated with enucleation alone and did not report a recurrence at time of publication. A recent report by Shields et al29 described successful globe salvage in three such cases wherein only two of the three cases received systemic chemotherapy and none developed metastasis over a follow-up of 35 months.

Studies have shown that metastasis, after enucleation, usually occurs within 5 years.7 A study had identified 6.4 months in unilateral cases and 14.2 months in bilateral cases as the median time to development of metastasis.20 In a study by Shields et al,31 78.2% of recurrences occurred within the first year of diagnosis of retinoblastoma, whereas the median time to death was 10 months in that series. In our case series, 80 (57% of the 212 eyes had a follow-up of 1 year, and in the group with AC seeds alone, 89.9% had a follow-up of more than a year and during this period, none developed metastasis.
Anterior Chamber Seeds on Histopathological Examination

CONCLUSIONS

There is lack of consensus on AC seeds as high-risk prognosticators. In this study, we presented a series of 18 cases of AC seeds, 89% of whom were successfully managed without adjuvant chemotherapy for a mean period of 3.99 years. There were no relapses or metastases in this group of children. We therefore conclude that AC seeds do not, by themselves, constitute an independent risk factor for metastasis, and that all children with AC seeds alone on histopathological examination need not be treated with immediate adjuvant chemotherapy. Instead, they can be followed with regular screening for metastasis. However, AC seeds are seen in only a small proportion of enucleated eyes and rate of metastasis in retinoblastoma is low. A larger study would better validate our study results.

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References


