

Letter to the Editor

Dear Sir,

the last number of CBN (2016;4(1):26-35) published a review of the literature on management of malignant ovarian germ cell tumors (MOGTs) and two interesting clinical cases about yolk sac tumors in postmenopausal age.

MOGTs are uncommon, accounting for less than 5% of all ovarian tumors and the incidence in postmenopausal patients is extremely rare.

Several authors reported age as a prognostic indicator in malignant ovarian germ cell tumors and in the MITO-9 study we reported age >45 years as a predictor of recurrence. The authors hypothesized the difference in tumor biology and the use of less aggressive treatment due to the presence of comorbidities as potential reasons of worse prognosis. We agree with these possible explanations but we think that even the lack of suspect of a diagnosis of MOGTs in an older patient and consequently a delay in the correct diagnosis and/or treatment (as in case 1) could worsen the prognosis. As we previously reported, an independent indicator for recurrence in MOGTs is the treatment in a referral center.

Moreover, authors reported two patients affected by yolk sac tumors, that is the histotype with poorer prognosis even in the young population. Whereas in young patients PEB (cisplatin, etoposide, bleomycin) chemotherapy is well tolerated, the authors reported a 72% of patients changing to alternate regimens in older patients with testicular cancer. Moreover, in the recurrence or progression setting high dose chemotherapy can be administrated in young patients with some chance of cure, while this is not possible in elderly group due to comorbidities and performance status. Further studies are required to evaluate alternative regimen for adjuvant treatment and in the recurrence setting.

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