

Clinical challenges in the management of malignant ovarian germ cell tumors

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Non-epithelial ovarian cancers (NEOC) account for approximately 10% of all ovarian cancers and include mainly germ cell tumours (GCT) and sex cord-stromal tumours (SCST). GCT are classified as embryonal carcinoma, dysgerminoma, germinoma, yolk-sac tumour (YST), malignant (immature) teratoma, or mixed germ cell tumour. GCT occur in the first 30 years of life, and is the most common ovarian neoplasm in women of this age. As such, the issues of fertility preservation, tumour curability, and long-term survival rates are extremely important, which gives rise to extreme challenges in the management. This is a review article which highlights GCTs' epidemiology, clinical manifestations, diagnosis and molecular biology, along with the management and the therapeutic challenges. However, provided the focus and limitations of this platform, we aim to discuss the surgical management and challenges only. The European Society for Medical Oncology (ESMO) clinical guidelines dictates that fertility-sparing surgery should be the priority and must be accompanied by active surveillance and/or standard follow-up and/or adjuvant chemotherapy, based on the staging, characteristics, and histology of the GCT. Table 1 summarizes the recommended treatment of GCT according to the disease

stage. Provided proper monitoring, fertility-sparing surgery is as safe as radical surgery and has fairly comparable outcomes in most GCTs, even YSTs being treated with it increasingly in the recent years. Survivors of fertility-sparing-surgery also have a good pregnancy rate, about 79.5%. Even in gestational cases of stage 1 NEOC, the fertility-sparing surgical approach with optimal staging is recommended. On the other hand, it would be worth mentioning that non fertility-sparing surgery also plays a significant role in advance cases. When it comes to pre- and post-operative chemotherapy, BEP (Bleomycin, etoposide, and cisplatin) is recommended for stages II and above. In contrast, evidence regarding its effectiveness in lower stages is still insufficient. To summarize, fertility sparing surgery is a promising upfront in the management of malignant GCTs, provided an early diagnosis and dedicated surveillance..

Biography

I'm Shahbaz Ansari, I did my MBBS from JSMU, Karachi, Pakistan in 2017. I am currently working as a Clinical Fellow in Intensive Care Unit in Glan Clywd Hospital, North Wales.

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