FERTILITY-SPARING AND MINIMALLY INVASIVE SURGERY IN PATIENTS WITH STAGE I MALIGNANT OVARIAN GERM CELL TUMOURS IN GERMANY

Introduction/Background* Malignant ovarian germ cell tumours (OGCT) often affect women of younger age at an early stage of disease who may desire fertility conservation. The Arbeitsgemeinschaft fuer Gynaekologische Onkologie (AGO) has established a clinicopathological (Current Ovarian geRm cell and SEx cord stromal Tumour Treatment strategies, CORSETT) database to describe treatment strategies and outcomes for these women.

Methodology 20 German centres entered mixed retro- and prospective data of 56 FIGO stage I OGCT patients treated between 2000 to 2014 into the CORSETT database. An independent CORSETT pathology reference panel re-evaluated the primary histological diagnosis. A descriptive analysis of the treatment strategies, pregnancy rates and disease recurrence was conducted.

Result(s)* Median age at diagnosis of patients with malignant dysgerminoma, mixed OGCT and teratoma was 28 (IQR 26–33), 33 (30–40) and 38 (29–44) years. FIGO IA/IB/IC stage distribution was 13/2/11 for dysgerminoma, 3/0/9 for mixed OGCT and 8/0/8 for teratoma patients. Laparoscopy was performed for 23 (69.7%) dysgerminoma, six (35.3%) mixed OGCT and eight (40%) teratoma patients and fertility-sparing surgery was provided for >80% of all FIGO I OGCT patients. Intra-operative cyst rupture occurred in six (19.4%) dysgerminoma, five (41.6%) mixed OGCT and four (25.5%) teratoma patients and adjuvant chemotherapy was consequently given in one (3.5%) dysgerminoma, nine (81.2%) mixed OGCT and eight (47%) teratoma patients. Four (14.3%) dysgerminoma, three (27.3%) mixed OGCT and four (23.5%) teratoma patients conceived after first line treatment. The disease reoccurred in two (7.1%) dysgerminoma, five (41.6%) mixed OGCT and four (25.5%) teratoma patients conceived after first line treatment. The disease reoccurred in two (7.1%) dysgerminoma, five (41.6%) mixed OGCT and four (25.5%) teratoma patients conceived after first line treatment. The disease reoccurred in two (7.1%) dysgerminoma, five (41.6%) mixed OGCT and four (25.5%) teratoma patients, predominantly intraperitoneally. No FIGO I OGCT patient died due to disease recurrence.

Conclusion* Women with mixed OGCTs had a high risk of intra-operative cyst rupture and high recurrence rates despite FIGO stage I disease. These events had no impact though on overall survival rates.