Objectives The main pediatric (0–18 years) gynecologic cancers include stromal tumors (juvenile granulose cell tumors and Sertoli-Leydig cell tumors), genital rhabdomyosarcomas and ovarian germ cell. Outcomes depend on time of diagnosis, stage, tumor type and treatment which can have long-term effects on the reproductive career of these patients. This study seeks to analyze the trends in clinical-pathologic presentation, treatment and outcomes in the cases seen at our facility. This is the first paper identifying these cancers published from sub-Saharan Africa.

Methods Retrospective review of clinico-pathologic profiles and treatment outcomes of pediatric gynecologic oncology patients managed at MTRH between 2010 and 2020. Data was abstracted from gynecologic oncology database and medical charts.

Results Records of 40 patients were analyzed. Most, (92.5%), 37/40 of the patients were between 10 and 18 years. Ovarian germ cell tumors were the leading histological diagnosis in 72.5% (29/40) of the patients; with dysgerminomas being the commonest subtype seen in 12 of the 37 patients (32.4%). The patients received platinum-based chemotherapy in 70% of cases (28/40). There were 14 deaths among the 40 patients (35%).

Conclusions Surgery remains the mainstay of treatment and fertility-sparing surgery with or without adjuvant platinum-based chemotherapy are the standard of care with excellent prognosis following early detection and treatment initiation. LMIGs face several challenges in access to quality care and that affects survival of these patients. Due to its commonality, ovarian germ cell cancers warrant a high index of suspicion amongst primary care providers attending to adnexal masses in this age group.

Objectives Gynecologic carcinosarcoma (CS) is an aggressive subtype of uterine and ovarian cancer with limited treatment options. Preclinical work demonstrates that transforming growth factor beta (TGF-β) may play a role in epithelial to mesenchymal transition, a key feature in CS. This study aimed to determine the feasibility of combining Galunisertib (GB), a small molecule inhibitor of TGFβ receptor 1, with paclitaxel/carboplatin (TC) in patients with CS and evaluate upregulated pathways.

Methods We reviewed the records of all patients diagnosed with clear cell carcinoma of the uterine corpus or the ovary who underwent primary treatment at our institution between April 2005 and March 2021. All patients who underwent laparotomy at our institution and received a pathological diagnosis of clear cell carcinoma of the uterine corpus or ovary were included in the study. The exclusion criteria were a histological diagnosis of mixed subtype and inadequate follow up.

Results Thirty-eight and 281 patients with uterine corpus and ovarian carcinoma, respectively, were eligible. The median ages of CCCUC and CCCOV patients were 66 (42 – 81) and 53 years (21–83), respectively. The CCCUC stages were I, 21 (55%); II, 4 (11%); III, 8 (21%); and IV, 5 (13%). The CCCOV stages were I, 187 (66.3%); II, 27 (9.7%); III, 55 (19.4%); and IV, 12 (4.5%). Patients with recurrence were 14 (36%) and 72 (25%) CCCUC and CCCOV, respectively. Progression free survival: 44 and 61 months for CCCUC and CCCOV, respectively. Overall survival (OS): 51.9 and 62 months for CCCUC and CCCOV, respectively. Median OS after first recurrence were 8 and 9 months for CCCUC and CCCOV, respectively.

Conclusions The clinical course of primary and recurrent disease was very similar in CCCUC and CCCOV.