Testis cancer: some problems still remain unsolved

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In spite of an increasing incidence in most of the Northern industrialized countries in Europe germ cell cancer remains a rare disease. Diagnostic and management strategies have been published numerously, but still there remain problems to be solved. Oldenburg and Dieckmann balanced the debate of pros and cons of a contralateral biopsy. Bottom line is that a contralateral biopsy is the only way to early detect cancer within the “testicular dysgenesis syndrome” which has been molecularly identified over the last years by Looijenga and coworkers [1]. Young patients with a remaining atrophic testis after maldescent have a more than 30 times higher chance to develop a germ cell cancer and, therefore, should be recommended to undergo a biopsy to early detect germ cell neoplasia in situ (GCNIS), the newly developed term of the precursor lesion as defined by the WHO 2016 classification [2].

There is still a medical need to develop drugs or drug combinations to treat patients with germ cell cancers resistant to cisplatin treatment. Oing et al. reviewed the latest developments in clinical trials regarding this dismal subpopulation of patients with an overall long-term survival of about 10%. Research is warranted to firstly correctly define cisplatin resistance and, secondly, detect individual mechanism of resistance like efflux-pump disturbances, DNA damage repair defects or inhibition of cell growth arrests to improve the disappointing survival data

of patients that cannot undergo complete resections [3]. Salvage high-dose chemotherapy regimens are currently standard of care to treat recurrent disease. Exact classification of patients using the Lorch–Beyer classification system for recurrences and a large body of experience is necessary to achieve optimal results with these potentially toxic regimens [4]. More and more data demand this salvage treatment to be regionalized in centers with high experience. This exactly is true as well for the second component of salvage treatment, the resection of residual disease after chemotherapy which is reviewed in the paper by Lusch et al. Especially in the salvage setting, indications for surgery are wider and often times demand a dedicated team of surgeons with different expertise (liver surgeon, thoracic surgeon, vascular surgeon) to ad hoc be able to handle unforeseen intraoperative problems. At least patients with advanced and/or recurrent germ cell tumors should exclusively been treated at high volume centers with these given structures. Adherence to guidelines which is only present in about 70% of cases and dedicated multimodal treatment teams for advanced cancers will enhance the chance of the young men with this rare disease to achieve optimal treatment results [5].

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