Commentary

Nina Ewald-Riegler

Klinik für Gynäkologie und Gynäkologische Onkologie, HSK, Dr. Horst Schmidt Klinik GmbH, Wiesbaden, Germany

In aneuploidy, the chromosome number in a cell is abnormal. It differs from wild type by one or a small number of chromosomes. Aneuploid organisms can have a chromosome number either greater or smaller than that of the wild type [1]. While in 1993 the aspect of aneuploidy showed a certain significance in the results of Kaern et al. [2], it has never been independently confirmed by other groups [3–5] and consequently was not implemented in treatment algorithms on a regular basis.

On the other hand, BOT show survival rates greater than 90% in 5 years, while tumor rupture, incomplete staging and fertility sparing surgery were repeatedly identified to be risk factors for recurrence. These factors are all influenced by the surgeon and must be considered before therapy is applied.

Considering the unconfirmed relevance of ploidy on the one hand and the confirmed and influenceable risk factors on the other, aneuploidy was neither analyzed nor discussed in our study [6]. In your analysis, aneuploidy was found in 1 out of 70 patients with BOT. This patient suffered from early-stage serous BOT and was treated adequately with TAH/BSO. Aside from aneuploidy, according to our findings, this patient belongs to a low-risk cohort. So as expected, this patient showed no recurrence of disease.

We agree that independent confirmation of both prevalence and prognostic value of ploidy is needed before it is used routinely in treatment algorithms.

References

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