Interdisciplinary Management of Testicular Germ Cell Tumors – More Needed than Ever!

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Testicular germ cell tumors (TGCT) represent the most common solid neoplasms among young men in the age groups of 20 to 40 years. High cure rates of up to 90% even in patients with advanced and metastatic tumors have been achieved by interdisciplinary management and standardization of national and international evidence-based guidelines. With this continuous treatment success in mind, TGCT are thought to be the prime example to achieving cure independent of disease stage by combined efforts of all disciplines involved in diagnosis and treatment, e.g., urology, oncology, radiation oncology, pathology, radiology, and nuclear medicine.

However, some recently published studies have attracted attention with regard to the discrepancy between clinical reality and guideline compliance. Paffenholz et al. [1] demonstrated a 20% frequency of non-guideline conformal diagnostic and therapeutic approaches among a group of patients referred for further treatment to a tertiary referral center. Even more alarming is the fact that those patients experienced a significantly poorer oncological outcome as compared to those treated in compliance with the existing guidelines. In another study, Zengerling et al. [2] evaluated the data of 1,284 patients with TGCT who subscribed to the German Testis Cancer Second Opinion Program. The authors evaluated the congruence between the first and second opinion, the conformity of applied therapy with the corresponding recommendation, and the progression-free survival rate of the introduced patients. A discrepancy was found between first and second opinion in 39.5% of the cases. Discrepant second opinions led to less extensive treatment in 28.1% and to more extensive treatment in 15.6% of cases.

These data underline the necessity to repetitively review the current evidence of diagnostic and therapeutic approaches in men with TGCT, especially in those with special, non-commonplace clinical presentation. These data also raise the question to centralizing the care of TGCT patients to dedicated and experienced referral centers as it already has been performed in some European and non-European countries [3, 4].

It is the purpose of the current issue of ONCOLOGY RESEARCH AND TREATMENT to review the most adequate interdisciplinary therapeutic approaches to manage specific clinical situations in men with TGCT.

Due to the still existing dogma ‘When in doubt, take it out’, many men undergo unnecessary radical orchiectomy with a substantial impact on quality of life if done bilaterally. In the first article of the present Focus, Pfister et al. [5] highlight the issue of testis-sparing surgery in men with synchronous or metachronous TGCT which is the treatment of choice according to the current guidelines. This article also deals with the optimal approach for patients with testicular tumors of uncertain dignity, e.g. men with small testicular masses and negative tumor markers.

Management of stage IIA–C seminomas is still discussed controversially due to the rarity of these stages in daily clinical routine. Von Amsberg and colleagues [6] profoundly discuss the advantages and disadvantages of the current standard options radiation therapy and systemic chemotherapy. Primary nerve-sparing retroperitoneal lymph node dissection has been reintroduced in the therapeutic armamentarium, especially in stage IIA patients, and its potential role is also discussed in detail.

Oing and Lorch [7] focus on the clinically extremely important issue of optimal therapy in men with early relapse of metastatic TGCT and discuss the pros and cons of salvage chemotherapy versus immediate high-dose chemotherapy in detail in order to provide the reader with profound knowledge about prognostic markers and treatment outcome. However, the authors also state very clearly that the management of those patients belongs in the hands of experienced tertiary referral centers.

Last but not least, Heidenreich et al. [8] summarize the indication, the surgical technique, and the outcome of patients who need to undergo postchemotherapeutic resection of residual retroperitoneal and extra-retroperitoneal lesions. This article provides the reader with profound knowledge who should undergo which type of surgery at what time interval following systemic therapy.

Together, these set of review articles aims at improving the readers' knowledge of interdisciplinary management of young men with TGCT which is still the key prognostic marker to achieving excellent treatment results.

Disclosure Statement

There are no conflicts of interest.

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