ONKOLOGIE

Commentary · Kommentar

Onkologie 2012;35:608

Published online: September 24, 2012

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

1 Griffiths AJF, Miller JH, Suzuki DT, et al.: An Introduction to Genetic Analysis (ed 7). New York, W. H. Freeman, 2000.

2 Kaern J, Tropé CG, Kristensen GB, Abeler VM, Pettersen EO: DNA ploidy; the most important prognostic factor in patients with borderline tumors of the ovary. Int J Gynecol Cancer 1993;3:349–358.

3 Líbalová P, Vernerová Z, Hubicková-Heringová L, Pintérová D, Tikovský K, Kubecová M, Svoboda B: Risk factors for recurrent disease in borderline ovarian tumors. Ceska Gynekol 2012;77:31–35.

4 Verbruggen MB, van Diest PJ, Baak JP, Broeckaert MA, Kenemans P, Verheijen RH: Prognostic and clinical value of morphometry and DNA cytometry in borderline ovarian tumors: a prospective study. Int J Gynecol Pathol 2009;28:35–40.

5 Harlow BL, Fuhr JE, McDonald TW, Schwartz SM, Beuerlein FJ, Weiss NS: Flow cytometry as a prognostic indicator in women with borderline epithelial ovarian tumors. Gynecol Oncol 1993;50:305–309.

6 Ewald-Riegler N, du Bois O, Fisseler-Eckhoff A, Kommoss F, Harter P, Traut A, Hils R, du Bois A: Borderline tumors of the ovary: clinical course and prognostic factors. Onkologie 2012;35:28–33.

KARGER

Fax +49 761 4 52 07 14
Information@Karger.de
www.karger.com

0378-584X/12/3510-0608$38.00/0

Accessible online at:
www.karger.com/onk

Dr. med. Nina Ewald-Riegler
Klinik für Gynäkologie und Gynäkologische Onkologie
HSK, Dr. Horst Schmidt Klinik
Ludwig-Erhard-Str. 100, 65199 Wiesbaden, Germany
Tel. +49 611 43-0, Fax -2952
dr.n.ewri@googlemail.com