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Answer: Oncological outcomes in non-seminomatous testicular tumors and residual mass after cisplatin-based chemotherapy

Respuesta: Resultados oncológicos en tumores testiculares no seminomatosos con masa residual tras quimioterapia de cisplatino

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The study "Oncological outcomes in non-seminomatous testicular tumors and residual mass after cisplatin-based chemotherapy" by Ocampo-Gómez et al., aims to describe the oncological outcomes of patients with clinical stages II and III non-seminomatous germ cell tumors (NSGCT) that developed residual masses (RMs) post-quimiotherapy and were treated with either retroperitoneal lymph node dissection (RPLND) or observation[1]. Their findings highlight the superiority RPLND over observation, with higher rates of progression-free survival (PFS) and overall survival, particularly in patients with stage II NSGCT[1].

Despite its valuable contributions, the study's retrospective design introduces inherent limitations, such as recall and selection biases, due to the reliance on existing medical records and patients' memories, the study is subject to include incomplete or inaccurate information[2]. In addition, the small sample size of 60 patients, with only 6 managed with observation, limits the generalizability of the findings and potentially affects the statistical power of the conclusions drawn from the comparisons between both treatment options[2,3]. This issue is compounded by the lack of clarification on whether comorbidities, disease staging, or other baseline characteristics were evenly distributed among the comparison groups, which might lead to confounding variables. The median follow-up duration of 33 months, while reasonable, may not be sufficient to capture long-term results and late recurrences.

The outcomes of this study align with, and contribute to, the existing literature on NSGCT post-chemotherapy RPLND, especially given the limited literature that exists in our country. The rates of PFS found in this work are comparable to those documented in the literature, with hazard ratios ranging from 1 to 8.95, which indicates an adequate management and close relationship between the cohort's prognosis and what's expected internationally[4,5]. However, the high prevalence of teratoma in this study (73.6%) is noteworthy and suggests that this histological variant might be more common than previously thought in our context, particularly considering that other major international studies place its incidence at around 30-40%[4,6]. This is significant in our clinical practice, given that this type of tumor has proven to be chemoresistance and prone to malignant transformation, potentially warranting a more aggressive approach in management[7].

We commend the authors for bringing forward a study that allows a comprehensible understanding of NSGCT in a Colombian population. We believe these results will not only reinforce the critical role RPLND in the management of RMs in NSGCT post-chemotherapy but also underscore the necessity for timely and complete surgical intervention to improve patient outcomes. Hopefully, we can use this information to better counsel our patients and inform our future research directions.

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Conflicts of interest

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Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article. Furthermore, they have acknowledged and followed the recommendations as per the SAGER guidelines depending on the type and nature of the study.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Use of artificial intelligence for generating text. The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript, nor for the creation of images, graphics, tables, or their corresponding captions.

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