Advances in the Treatment of Metastatic Germ Cell Cancer and Colorectal Cancer in Recent Years

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Metastatic germ cell tumors represent a model of a curable malignant disease due to a unique chemosensitivity to cisplatin-based combination therapy resulting in long term survival rates of about 80%. Therefore, germ cell tumors became a model for the evaluation of long-term treatment toxicity as well as for the role of chemotherapy dose intensification in patients with very advanced disease. Patients with first relapse seem to profit most from high-dose chemotherapy with autologous stem cell support and a multinational study is underway to prove its role. In addition chemotherapy-resistance has become an important area of experimental and clinical research in the few multiply relapsed / refractory patients. Several new agents have been tested in this situation with gemcitabine, paclitaxel and oxaliplatin being the most active. Carefully conducted clinical studies and the development of clinical risk models for all stages of this disease have significantly contributed to the progress made over the last years. Colorectal cancer represents a common malignant disease where a broad variety of chemotherapy and targeted therapies have been incorporated into the therapeutic armamentarium over the last 10 years resulting in a significantly improved survival of patients with localized and metastatic disease. In addition, chemotherapy and targeted agents have been integrated into the multimodal local-ablative management of limited metastatic disease. Furthermore, the development of molecular predictive markers such as K-RAS (exon 2) and subsequently extended RAS mutations serving as exclusion factors for the use of EGFR-antibody treatment, have led to an improved patient selection for a maximum effective treatment. Further molecular markers such as BRAF mutations and others are actively investigated both for their prognostic or predictive impact and the role as potential therapeutic targets. In this respect colorectal cancer has become a model for the use of an integrated diagnostic and molecular driven treatment approach in the oncological setting. Integration of new results into treatment guidelines as well as offering CME based education to clinicians are important ways for both diseases to ensure optimal patient care.

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