European Journal of Cancer (2015) **51**, 543–550

Ovarian Sertoli Leydig cell tumours in children and adolescents: An analysis of the European Cooperative Study Group on Pediatric Rare Tumors (EXPeRT)

Dominik T. Schneider [a,*], Daniel Orbach [b], Giovanni Cecchetto [c], Teresa Stachowicz-Stencel [d], Bastian Brummel [a], Ines B. Brecht [e], Gianni Bisogno [f], Andrea Ferrari [g], Yves Reguerre [h], Jan Godzinski [i], Ewa Bien [d], Gabriele Calaminus [j], Ulrich Göbel [k], Catherine Patte [l]

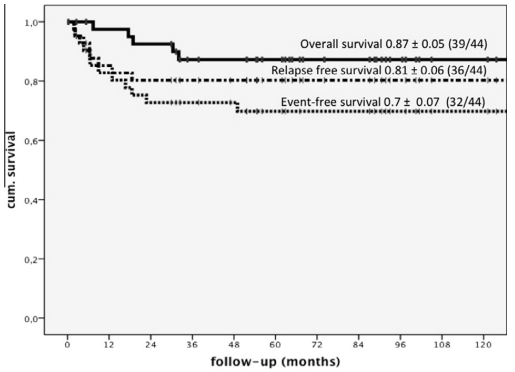
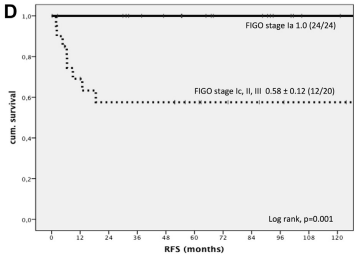
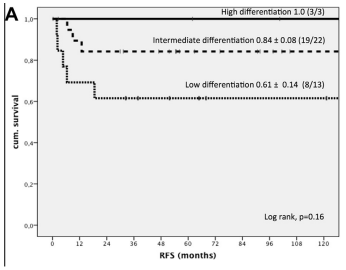


Fig. 1. Event-free, relapse-free and overall survival of 44 patients with ovarian Sertoli-Leydig cell tumours.

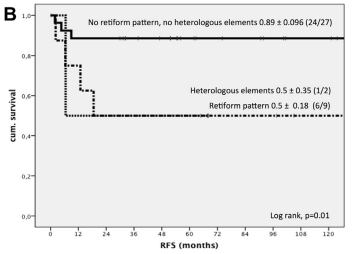
- Study period: 1993-2010
- 44 patients <18 years (median age 14)
- FIGO-stage: Ia 24 pts., Ic 17 pts., II/III 3 pts; 1 had bilateral tumours; 4 developed a metachronous contralateral tumour



- All stage Ia patients remained in complete remission. Among 20 patients with incomplete resection or tumour spread (stage Ic–III), 8 relapsed, and 5 patients died
- 11 patients were initially treated with 2-6 cycles of cisplatin-based chemotherapy. Of these, 7 patients are in continuous remission
- Poor histological differentiation was associated with higher relapse rate (5/13) compared to intermediate (3/18) and high differentiation (0/4). Tumours with retiform pattern or heterologous elements showed high relapse rate, too (5/11)



- 5-year EFS 70%, RFS 81%, OS 87% (median follow-up 62 months)



- **Conclusions:** Prognosis of SLCTs is determined by stage and histopathologic differentiation. Complete resection with careful avoidance of spillage is a prerequisite of cure. The impact of che- motherapy in incompletely resected and advanced stage tumours remains to be evaluated.