

Guest Editor



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Current Research on Endometrial and Ovarian Cancers

🕒 **Deadline: 30 August 2022**

Dear Colleagues,

The cornerstone of treatment for endometrial cancer (EC) is surgery, which is important not only for staging purposes but also the appropriate tailoring of adjuvant treatment modalities. In the last year, we assisted in a paradigm shift of the benefits of lymph nodal staging, expanding from classic high-risk patients to include low risk patients. In fact, EC is no longer considered a dualistic disease (type I and type II disease), but one of four molecular subgroups that have been identified, overcoming historical prognostic factors and classification: POLE ultra-mutated, mismatch repair-deficient, p53 mutant and EC lacking any of these alterations, referred to as NSMP. While the impact of this molecular classification is evident, further research is necessary to provide new molecular-based standards for surgical and medical treatment of these patients.

Conversely, ovarian cancer (OC) is currently very difficult to cure as it is typically diagnosed only at an advanced stage. Conventional treatment of OC includes aggressive debulking surgery and adjuvant chemotherapy, even though this approach rarely can permanently halt the progression of the disease. Introduction of PARP inhibitor ameliorates the prognosis of this disease in selected patients, even though development of targeted therapy is poor compared to other solid tumors. In parallel to medical treatment, current findings have confirmed that surgical approach with no residual disease, including in cases of recurrence, can play an appreciable role in survival trends. Lastly, quality of life is one of the crucial aims that must be considered early by clinicians in the global treatment of these patients. Future research is based on a complicated intersection of these components, namely, surgical approach, targeted therapy and quality of life that could together finally improve the prognosis of OC patients.

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