

## **Abstract**

Ovarian carcinoma is the tumor with the highest lethality in gynecological oncology. Approximately two-thirds of all patients newly diagnosed with ovarian cancer will ultimately die of this disease. Standard therapy consists of a radical multivisceral surgical treatment in order to remove all intra-abdominal manifestations of the tumor, followed by a combined chemotherapy with carboplatin and paclitaxel and antiangiogenetic maintenance therapy. Just recently molecular diagnostics have been introduced to supplement this treatment with the administration of a PARP inhibitor in suitable patients.

With approximately 12.000 new cases annually, endometrial cancer is the fourth most malignancy in women in Germany. For many years standard of care consisted of hysterectomy and bilateral salpingo oophorectomy as well as adjuvant systemic treatment or radiotherapy. Over the last years robotic surgery has more and more become a standard in endometrial cancer. Immunotherapeutic and antiangiogenetic therapy are very new medical options in advanced endometrial cancer. While in the past therapeutic decisions were based on staging and grading of the tumor, therapy decisions based on tumor biological characterization is now possible defining four different molecular subgroups of endometrial cancer. This will lead to therapy decisions being made in a more targeted manner in order to avoid over- or under-therapy.

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