



Poor-Risk and Relapsed/Refractory Germ Cell Tumor

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Message from the Guest Editor

Germ cell tumors (GCT) belong to the most chemosensitive solid tumors and represent a model for a curable cancer. Cisplatin represents the mainstay in the treatment of GCTs. Cisplatin-based first line chemotherapy can cure about 70–80% of patients with disseminated testicular cancer. Salvage chemotherapy with standard dose cisplatin plus previously not utilized drugs will cure 20–25% of patients who were not initially cured with their induction chemotherapy. Because of insufficient results in the treatment of poor-risk and relapsed/refractory GCTs, evaluation of new treatment strategies and new drugs with significant antitumor activity, as single-agent or combination treatments, remains a priority. Identification of new biomarkers and/or therapeutic targets remains one of the research goals as well. This Special issue of *IJMS* is focused on advances in research of poor-risk and relapsed/refractory testicular germ cell tumor and articles that cover this topic, including preclinical research, biomarker research, and research that focuses on special subpopulations of patients are welcome.





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Message from the Editor-in-Chief

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