

About this issue...



Welcome to this second issue of *SAJGO* for 2012! As the practice of medicine becomes more and more specialised, and with the expansion of gynaecological oncology as a subspecialty, the question of the ideal training model becomes more relevant. This training needs to address

theory, practical clinical evaluation, and decision making and, importantly, also the surgical skills needed in the discipline. South African gynaecological oncology units currently train our own local subspecialists, often without external training rotation, because of financial constraints. Importantly, we often also take responsibility for the training of gynaecologists from other African countries. This vital outreach activity may put strain on our training capacity in future. It is therefore imperative to define our aims and also ensure strategies to reach training goals. These goals also include training in laparoscopic oncology surgery. In the guest editorial, all these issues are discussed in detail.

Venous thromboembolism continues to be an important cause of both morbidity and mortality in oncology patients. The risk is very real even without surgery in all patients with malignancy, and increases dramatically postoperatively. In a comprehensive review of the intricate associations between cancer and clotting, answers are provided to many clinically relevant questions. This review is important reading for oncologists and surgeons alike.

It is stated in the editorial policy that local Southern African research and research related to HIV and

cancer will be prioritised by this journal. In the current issue, we fulfill that promise. First, we publish a pilot study on two fractionation regimens in cervical cancer patients with HIV infection. This study was performed before the free availability of antiretroviral therapy, and the value of the findings are therefore somewhat historical. In spite of this, the editorial board considered the findings of interest to our readership, both in South Africa and in the rest of the developing world, where healthcare facilities may reflect those available at the time of the study. In spite of the small sample size, the survival data and treatment toxicity data are thought-provoking.

Then, we publish a report of locally translated versions of the EORTC questionnaire to establish quality of life in cervical cancer patients. Cervical cancer is the leading gynaecological cancer in Southern Africa, and will remain so in the foreseeable future. With the increasing focus on quality of life, there is a clear need for a validated research and assessment tool.

Three colourful case reports conclude this edition. All report on unusual tumours arising from the cervical stroma or the mesodermal rests, and from the ovarian stroma. While the question of tumour genesis remains eternally interesting, it is good to be reminded that not all neoplasms are malignant!

We thank all South African and international contributors, and are proud to present you with locally relevant material. We hope that this will contribute to the practice of oncology, as well as benign or general gynaecology.

Greta Dreyer

Editor-in-Chief

E-mail: gretadreyer@mweb.co.za