About this issue…

Cervical cancer remains a major public and women's health problem both in our region and worldwide. In gynaecologic oncology it is both the most preventable and sadly the most prevalent malignancy in our tertiary hospitals and oncology units. It is therefore very appropriate and no surprise that much local research focuses on the prevention and treatment of this disease. In the current issue we publish four original research reports, three of these on the prevention, diagnosis and staging of cervical cancer.

In the first article in this issue, Mamahlodi, Kuonza and Candy describe their audit of the Limpopo NHLS data from 2007 to 2010, reporting characteristics of some 200 000 cervical cytology results.[1] It is essential to have audit data to identify and understand deficiencies in health systems and to enable improvements in service delivery. In this audit many women were screened who are outside the main target age groups (including many teenagers) and the screen coverage is still far below the target; problems which are correctly pointed out as major concerns. Among many positive findings count the increasing number of tests over the study period and the high adequacy rate of the smears.

In a highly interesting study by Sauer et al, the decision of the FIGO oncology committee to persist with a clinical rather than radiological staging system for cervical cancer is strongly supported.[2] In this analysis (using pathological staging as the reference standard) it was found that MRI overestimated cervical cancer disease spread in a large percentage of patients. It is postulated that the accuracy of MRI would be much better if a dedicated radiologist is assigned, but this needs to be tested prospectively. It would have been very interesting to have pathology results for the 83 patients who did not undergo surgery in the current study. We eagerly await data on the outcome of the two clinically similar groups who were treated in different ways due to the MRI results.

In a quest to understand why patients present to our excellent treatment facilities with very advanced stages of cervical cancer, Snyman and Herbst interviewed patients with confirmed invasive cervical cancer.[3] Most patients were unscreened, with a quarter reporting previous cytological screening. All patients suspected that they had a serious problem and responded to their symptoms by promptly seeking medical care. An important finding of the study was that the single factor that corresponded to early detection was whether or not a gynaecological examination was performed at the first contact with medical care. It is clear that speculum examination facilities should be made available at all primary health care clinics to be used in symptomatic women.

The retrospective observational study by Mohammed and Van Wijk contributes significantly to international data on ovarian germ cell tumours, a rare neoplasm.[4] In addition this study reports the presentation, management and outcome of five patients complicated by HIV infection. The authors found that later stage at presentation, HIV disease and treatment interruption were more common in our context. These factors can be related to the poorer outcome than elsewhere reported.

As is usual, the issue is rounded off by clinical case reports.[5,6] A patient with a highly unusual paraneoplastic syndrome and a case of late stage juvenile granulosa cell tumour are presented.

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