About this issue…

Adjuvant treatment, tumour recurrence and survival rate of uterine serous carcinomas: a single institution review of 62 women[1]

Endometrial cancer today is not the low risk and early-stage cancer that it was previously considered to be. In South Africa, unusual tumour types of endometrial cancer, including serous (papillary) and carcinosarcomas, are common, and many patients present with advanced disease. Initial work using DNA sequencing demonstrated genetic differences between "type 1" and "type 2" endometrial cancer. These results now enable integrated genomic characterisation of different prognostic types, which is supposed to inform more appropriate treatment strategies.[2]

Unfortunately, more aggressive postoperative multimodal adjuvant therapy has not been demonstrated to convey superior survival to less aggressive therapy. Therefore, the optimal management of both high-risk histology types and late-stage disease may include multimodality therapy, but it has been difficult to demonstrate a clear advantage for chemotherapy, so the work continues.

In a retrospective cohort study in this issue, the authors review their experience and attempt to detect differences in outcome that may suggest the superiority of one treatment modality over another. The guest editorial, written by Prof David Allen from Mercy Hospital in Melbourne, Australia, places the findings in context and assists our readers to interpret the findings.[3]

Retrospective analysis of patients with cancer of the cervix attending a radiotherapy outpatient department[4]

Including 500 patients with cervical cancer radiated during one calendar year, Nandi et al provide patient and tumour characteristics, radiation and short-term outcomes. Their data provide an honest real-world scenario of women in the developing world who were fortunate enough to receive treatment for this devastating disease at a university hospital in India.

Living with the late effects of cervical cancer treatment: a descriptive qualitative study[5]

Similarly, Ntinga and Maree describe the outcomes of women who received comparable treatment at a university hospital in South Africa. Female patients' voices are heard in this qualitative study and their responses translated for the reader into themes. The study reveals the remaining fears and physical symptoms and discusses its implications at a psychological, social and economic level.

Pharmacological options for the protection of ovarian function in patients undergoing chemotherapy and/or radiotherapy[6]

The permanent loss of ovarian function is very common in older women who undergo chemotherapy for malignancy, but fortunately it is relatively uncommon in the very young. Pharmacological protection of the primordial oocytes seems to be an attractive option to improve our understanding of the determinants of follicle toxicity and to exploit the differences between the age groups. Retaining fertility potential and ovarian hormonal function are certainly highly important quality-of-life issues that are worthy of further exploration. We hope to extend the discussion to include alternative ways of protecting ovarian function and/or fertility for young women with cancer.

Case reports

We feature two case reports: two cases of rare gestational trophoblastic neoplasia and a case of metastatic cervical cancer presenting with a psoas abscess.

Greta Dreyer
Editor-in-Chief
E-mail: gretadreyer@mweb.co.za

References

1. Pol F, Allen D, Bekkers R, et al. Adjuvant treatment, tumour recurrence and the survival rate of uterine serous carcinomas: a single-institution review of 62 women. South Afr J Gynaecol Oncol. 2015;7(1):14-20.
2. The Cancer Genome Atlas Research Network. Integrated genomiccharacterization of endometrial carcinoma. Nature 2013;497 (7447):67-73.
3. Allen D. Uterine papillary serous cancer. South Afr J Gynaecol Oncol. 2015,7(1):3-4.
4. Nandi M, Mandal A, Asthana AK. Retrospective analysis of patients with cancer of the cervix attending a radiotherapy outpatient department: experience from a university-based hospital in eastern Uttar Pradesh, India. South Afr J Gynaecol Oncol. 2015;7(1):5-13.
5. Ntinga SN, Maree JE. Living with the late effects of cervical cancer treatment: a descriptive qualitative study at an academic hospital in Gauteng. South Afr J Gynaecol Oncol. 2015;7(1):21-26.
6. Botha MH. Pharmacological options for the protection of ovarian function in patients undergoing chemotherapy. South Afr J Gynaecol Oncol. 2015;7(1):27-33.