

## Gynaecological Oncology in South Africa

All lists of cancers in women in South Africa include gynaecologic cancers in high ranking orders. In particular cervical cancer is still one of the most common cancers in women in South Africa and probably still the most common cancer of women in Africa. In other parts of the world cervical cancer has been surpassed by endometrial cancer in frequency of occurrence. This pays tribute to the ultimate success of well designed and properly executed screening programmes for cervical cancer in many countries. Ovarian cancer seems to also occur with an increasing frequency around the world. This disease with its guarded prognosis has been associated with gene mutations in an important proportion of cases. The geographical regional HIV pandemic also made an impact on gynaecologic cancer occurrence. Cancers of the vulva and cervix are more commonly diagnosed in sufferers from HIV than in non-infected women. The more rare gynaecologic cancers include soft tissue sarcomas, cancers of the rest of the Mullerian system, and gestational trophoblastic neoplasia.

Treatment for gynaecologic cancers is multidisciplinary in many cases. South Africa with its very high incidence of some of these cancers also has some of the best treatment facilities on the continent. This includes strong and functioning hospitals at secondary and tertiary level where specialists are appointed to diagnose, offer basic treatment and refer patients for cancer treatment in tertiary facilities. The availability of chemotherapeutic agents and radiotherapy equipment is the best in Africa. Appropriately trained specialists function in both the public and private sectors to offer cancer treatment to women with these diseases.

As far as the discipline of Obstetrics and Gynaecology is concerned, a South African Society of Gynaecologic Oncology (SASGO) has existed for decades to further interest, study and dissemination of information on these diseases. With the advent of subspecialisation in South Africa, Gynaecologic Oncology has recently been recognised as a registered subspecialty. This led to the formalisation of SASGO as the collective for gynaecologic oncologists in South Africa and for other disciplines involved in cancer care for women.

Gynaecologic Oncology is now well established in South Africa as a major and important role playing discipline to, in the spirit of legislation mandating subspecialties, further knowledge, research and improved treatment for our patients. Training units have been established in several Medical Schools and the first South African subspecialist by training and certificate examination of the Colleges of Medicine of South Africa has already qualified. More Fellows are in training and the body of gynaecologic oncologists will be strengthened over the forthcoming years. This is regarded as a major improvement for the health care of women in South Africa.

The multidisciplinary nature of gynaecologic cancers is of course evident. Colleagues in Medical Oncology, Radiation Oncology, Urology and Surgery form part of the treatment teams when required. Similarly, the contributing roles of practitioners involved in screening and diagnosis, of anatomical pathologists and virologists, of public health medicine practitioners and of health care practitioners, including nurses, are always recognised. Palliative care has become a most important facet of cancer care in South Africa. It is evident that for the holistic management of gynaecologic cancers the efforts and input from health workers in many fields are essential.

We now see the birth of a new journal, the SA Journal of Gynaecologic Oncology (SAJGO) to further the academic aspirations of the subspecialty. This journal, the official journal of SASGO, is blessed with a strong and dedicated editorial board, an experienced national and international reviewing panel, a well versed and successful publisher, and a very able, committed and visionary editor.

On behalf of SASGO and all the readers of the journal a huge vote of thanks is offered to the editorial team for providing this first edition of SAJGO, the first of many to follow. I am convinced that this will be a most successful venture with a huge contribution towards awareness, information, research, evidence and guidelines for the management of women with gynaecologic cancers.

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