



EDITORIAL

About this issue...

HPV in cervical cancer control: good news is also news

In a guest editorial, Prof Lynette Denny responds to media reports of adverse events after HPV vaccination. This opinion piece, written on behalf of the SA Society of Gynaecologic Oncology (SASGO), provides excellent answers to the concerns raised by many parents and even healthcare practitioners.¹ The truth is that these vaccines are very safe and provide the first real hope to bring the epidemic of cervical cancer, which affects and kills so many women in our own and other low resource countries, under control. SASGO officially and strongly support the HPV vaccine campaign in primary schools managed by the national Department of Health in collaboration with the Department of Basic Education. In addition, all parents and healthcare workers are urged to help ensure that girls missed by this campaign are vaccinated as young as possible. Included in the latter group are all those attending private schools and girls and young women in older age groups.

Guidelines prepared and updated by the SA HPV-Advisory Board, are presented in a revised format.² HPV primary screening is here to stay, but the old concept of triage or second testing becomes critical. Father time cheaply provides one triage test; it is established that persistence increases risk. Visual inspection (diluted acetic acid or better even Lugol's iodine) demonstrate an abnormal area and can assist in treatment. Simplified algorithms are provided which, for the first time, apply to women in low and high resource settings. The proposed guidelines for initiating, repeating and exiting screening programmes can help improve equality of health care between various sectors and regions.

Zhao and co-workers evaluated the ability of the colposcopic R-way system to assist newly-trained colposcopists to correctly identify important cervical lesions and found impressive results.³ This interesting method, described in the previous issue, will probably not be a useful mass screening tool, as it requires a colposcope and highly trained staff. It may, however provide more reproducible colposcopy outcomes and a quicker way to train colposcopy.

Invasive cervical cancer: epidemiology, percutaneous nephrostomy and iron deficiency

Diarra and Botha report the HIV prevalence and the age, histology, stage, and other characteristics of HIV positive and negative women presenting with cervical disease at the Stellenbosch unit.⁴ The study confirms the general idea that the

epidemic of cervical cancer is unabated and late presentation remains the rule. There is no way that health workers caring for these women can accept this unnecessary reality and we look forward to updated data demonstrating improvement in early detection.

To improve understanding and management of women with late stage disease, authors from the Pretoria unit studied management options for obstructive uropathy and anaemia, both extremely common, grave, and difficult problems at presentation and before the onset of radiation.^{5,6} Both these treatable conditions correlate with kidney function impairment and poor outcomes. It is hoped that the positive findings and proposed treatment will lead to improvement in management protocols over time which can have a significant impact on individual survival.

Vaginal leiomyoma: case report

As usual, an unusual case completes the journal; this time it is a benign neoplasm.⁷

New leadership for the journal

In this ninth year of existence, it is appropriate that a new team is appointed to take the journal forward. It has been my absolute pleasure and privilege to be editor of this first academic and fully peer-reviewed oncology journal for our region. It was also the first academic O&G sub-speciality journal in South Africa and accreditation was a highlight achieved after a short five years. I want to thank all who were involved since inception and during the journal's first decade: Douw Greeff was a pillar of strength and inspiration to me and he is dearly missed; the team at Medpharm made each edition a reality, later with the assistance of Taylor & Francis; Ooppel Greeff continues to lead the team. A word of thanks also to everyone who served in the editorial board and especially our reviewers who invested many hours. I know that the readership and authors were well-served and I was proud of every product.

The journal is handed over to Hannah Simonds as Editor-in-Chief and Linda Rogers as Assistant Editor and we look forward to the next editions!

Greta Dreyer

Outgoing Editor-in-Chief

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LETTERS TO THE EDITOR

Farewell, Prof Dreyer

On behalf of Medpharm Publications and all the readers of SAJGO, I would like to thank Prof Greta Dreyer sincerely for her wonderful and much appreciated association with the Journal since its inception in 2009. Not only was she the instigator and founder of the Journal, but also the most loyal supporter in the form of article editing, motivating her colleagues to write and the planning of all the issues.

Prof Dreyer's hard work, dedication and perseverance is an example for all of us.

Thank you so much!

Prof Oppel B W Greeff

Consulting Editor: Medpharm Publications

