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## EDITORIAL

### About this issue...

Welcome all to the last edition of 2017. Though it may be the edition that closes off the year, it is also the first under the new editors' team of myself and Linda Rogers. We are both excited to have been given this opportunity and hope to continue to build on the foundation laid by Professor Greta Dreyer.

#### **A new look**

The journal is dressed up with a new modern splash, courtesy of our colleagues at Medpharm, and the theme will be carried over to the website, so please take the time to visit the site and review previous issues.

#### **A focus on multidisciplinary collaboration**

The new editors' team consists of a pairing of myself, a clinical oncologist and Linda, a gynaecology oncology surgeon. With this collaboration in mind, Dr Jenny Edge, a well-known breast cancer surgeon and supporter of multi-disciplinary team work on the African continent, has written a timely editorial on the value of the multidisciplinary team in terms of financial utility, treatment and survival benefits.

#### **Raising the standard in identification of high risk precursor lesions of the cervix**

Dr Cristina Solomon and colleagues from Pretoria University describe their work on the addition of p16 and Ki-67 to routine histological confirmation of precursor lesions of the cervix. Intra-observer variation is improved by 25% with the addition of these IHC markers and they note there is a potential to extrapolate this to identifying low risk lesions that have the propensity to progress if demonstrating p16 and Ki-67 expression. Improving our ability to identify high risk lesions is the key to the reduction in invasive disease.

Included in this issue is a reprint courtesy of the South African Journal of Oncology on the outcomes of a prospective study

from Sudan examining adherence to established guidelines in the use of anti-emetics. Poor adherence is noted to be related not only to incorrect interpretation of the guidelines but also to the limited access to effective drugs, which is an issue relevant to many of us in sub-Saharan Africa. Many readers of the journal will be routinely prescribing chemotherapy and it is vital to equip ourselves with knowledge of the guidelines and the tools to ensure correct application of these to improve patient care.

A short report from Groote Schuur Hospital gynaecology oncology unit highlights the rare diagnosis of marrow infiltration secondary to endometrial carcinoma and the challenges of effective management.

Samuel Cumber et al. provide a background of prevalence of breast cancer on the continent and provide insights into the barriers to healthcare and health-seeking behaviour. We are hoping this will be the beginning of an ongoing collaboration with our breast oncology colleagues with the plan to publish local research in the 'breast cancer corner' in coming issues. This acknowledges the role of the gynaecology oncology team not only in our traditional roles managing pelvic malignancies but also in a broader role as experts in women's health.

An unusual case of mitotically active cellular fibroma is reported by colleagues from India which is uniquely managed with adjuvant pelvic radiotherapy.

A final word of thanks to Professor Dreyer for her years of dedication to the journal. With her assistance, we look forward to many more years of providing thought-provoking and practice-changing insights from the world of gynaecological oncology in sub-Saharan Africa.

**Hannah Simonds and Linda Rogers**