

About this issue ...



Many things are happening on the oncology front!

The FIGO committee revised the staging of some gynaecologic cancers. Most notable is the strong and continued move to more accurate staging based on surgical and histopathological evidence. In this and future issues we bring you the new staging

with comments from local and international experts on the implications of these changes.

The availability of new screening and treatment methods necessitates improved diagnostics. One such an exciting new treatment modality is the monoclonal antibody, trastuzumab. Laboratories are under pressure to produce accurate, reliable and reproducible results as knowledge of each patient's HER2 status became essential. The position statement published jointly by the American Society of Clinical Oncologists and the College of American Pathologists attempted to provide guidance. The review of HER2 testing from page 7 onwards, presents also an interpreted summary of these ASCO/CAP guidelines. This excellent paper discusses different available HER2 testing methods, their use, interpretation and technical prerequisites and is essential reading for clinicians and diagnosticians alike.

Another report from the United States that may influence our clinical practice was the recent recommendation of the United States Preventive Services Task Force regarding breast screening. We publish an opinion paper that challenges the interpretation and validity of these recommendations in different local screening environments. We would welcome further debate on this issue!

While the effectiveness and cost-effectiveness of different screening modalities remain problematic, there is an urgent need for earlier diagnosis in epithelial ovarian cancer. This asymptomatic killer disease is often finally diagnosed many months after the first reported symptoms. In the discussion of early diagnosis of

ovarian cancer, the author focuses on screening options and diagnostic tests, but also argues strongly that clinicians should have an elevated awareness of the disease. This message is important for primary care physicians and specialists alike as ovarian cancer often presents with vague abdominal and gastrointestinal complaints and thus with non-gynaecologist clinicians. Diagnostic testing and screening for selected high risk individuals should be offered by gynaecologists.

In the previous issue of the journal, we introduced the South African HPV Advisory Board. We also published a summary of the guidelines for the use of HPV vaccines in our context. This time we are privileged to bring you the guidelines on the use of HPV testing in the fight against cervical cancer. It is of importance to note that this original document, produced in 2004, was one of the first worldwide to include HPV testing alone as a primary screening tool. It was also one of the first to suggest tampon self-testing as a viable and acceptable alternative. Both these concepts are currently widely accepted and included in screening programmes. These clinical guidelines will be reviewed and updated soon.

Readers who are interested in women's cancers are concerned about the effects of various drugs on hormone sensitive organs. For this reason we publish an extract of the newly developed South African tibolone guidelines. In the current extract the focus is on the effects of tibolone on breast and endometrial tissues. This document was prepared by the SA Tibolone Advisory Board. Readers are invited to comment on any of these local guideline documents.

We are able to continue our tradition of publishing an interesting case report, this time of a rare malignant soft tissue tumour of the vulva. Please continue to submit reports of interesting cases.

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