

About this issue, and about the congress ...



Guidelines are written to be followed and to aid the effective, structured and uniform treatment of patients. Staging systems also aim to stratify and group patients and to instruct therapeutic approaches. We should welcome and adopt

these new developments, but not without the necessary scrutiny and criticism. In this journal issue, we publish the newly revised FIGO staging for endometrial cancer, and one of the international members of our editorial board reflects and comments on the changes. Endometrial cancer is often detected and managed by generalist gynaecologists. It is mandatory that the correct staging be adopted by everyone who treats these patients. The commentary includes an interesting discussion on the debate about lymph node assessment in endometrial cancer, and probably accurately reflects the position of the academic units in our country.

This publication aims to be an interdisciplinary journal of interest to colleagues in all fields related to women's cancer care, and this issue addresses problems that cross the (artificial) boundaries or divisions between the disciplines. Diagnostic radiology is an essential part of routine and symptom-directed follow-up, an ever-evolving field. The authors of the first review make a plea for careful, indicated and cost-effective use of these modalities.

The management of families and patients who are at increased inherited cancer risk is also interdisciplinary, from the time when cancer is suspected, to counselling and testing, to the long-term management of cancer risk. After the recent publication on cancer prevalence in South African BRCA families, a review with emphasis on the local situation seems in order.

Clinicians are then introduced to the interesting world of the anatomical pathologist, where "advances in laboratory technology have resulted in continued refinement in the diagnosis of molar gestations." The pathology of other more

rare forms of gestational trophoblastic neoplasia is also discussed.

We are also reminded of the long-term toxicities associated with pelvic radiation, and of the ideal management of these. Gastrointestinal and vaginal toxicities present significant quality-of-life impairment, and improved knowledge will ensure optimal treatment by all involved health care providers.

In the previous issue, we focused on the early detection of ovarian cancer. This time, we feature a summary of the current status of neoadjuvant chemotherapy followed by interval surgery for patients deemed too advanced to benefit from primary surgery. This is an ongoing debate, which we will undoubtedly follow for many months to come.

Another current debate is the one on mammographic screening for low-risk patients. We received a letter challenging the position of a previous author and have decided to publish this, unchanged. The assessment of the benefit derived from and potential harm inflicted by screening tests is difficult and subjective. The interpretation of the data relating to these issues, and the conclusions about the net effect, is equally subjective. We would like to receive more letters from our readers and are eagerly awaiting additional discussion on this topic.

Finally, we are proud to publish all the oncology abstracts of the 34th SASOG congress, hosted at Sun City from 31 October to 3 November 2010. Many of the presentations report the results of local original research. Please note that our society (SASGO) will have an official meeting at the congress. We will also host a session at the SASCRO/SASMO congress next year, also at Sun City.

We hope to see members and friends at all these meetings and hope that you will enjoy reading this journal.

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