

About this issue ...



The supportive care of our patients is, without doubt, at least as important as the “medical” treatment of their ailments. Yet we often fail to pay the needed attention to the supportive and symptomatic part of therapy.

These aspects are of particular importance during the medical treatment of patients with gynaecological malignancies. In their guest editorial contribution, Klasterky and Lossignol consider the most important components of supportive care. It is argued that these recommendations on palliative care should be incorporated into all situations where we aim for “best supportive care”, and then it is demonstrated how this can improve outcomes. This argument questions the classical definition of palliative care.

Perhaps we should adopt the term “best supportive care” more widely. It is clear that patient outcomes are improved if best supportive care is rendered early in the disease process. Using the same term and providing, in essence, the same support to the patient and family nearing the end of therapy and of life could contribute to well-being. The term “palliation” may imply inaccurately that the future course of the disease is known to the medical team, and may cause patients and families significant distress.

Symptomatic control of pain is also of particular importance in the postoperative phase. In an article aimed at all gynaecologists and, indeed, all pelvic surgeons, this subject is reviewed extensively and practically. In the same way that best supportive care is provided by a multidisciplinary team, perioperative pain control is best handled by a team consisting of an anaesthetist, surgeon

and nursing professional. It is of importance that all team members share the same goals.

In this issue, the results from two original, local research studies on cervical cancer are presented. The first examines the histopathological findings on LLETZ biopsy specimens in Limpopo. The importance of positive vs negative margins is questioned in this study, which has the scientific benefit of a surprisingly high hysterectomy rate after LLETZ.

The second research study is on cervical cancer awareness, and confirms previous local research that suggested strong health-seeking behaviour among women, but a relatively low level of knowledge about disease symptoms. Future cancer screening programmes will probably be supported by communities, and should be used to help distribute accurate facts about the disease.

There are also two case reports which should be of interest to our readers. Both serve as a warning not to generalise cancer treatment and outcomes. Uterus- and fertility-sparing surgery can possibly now be offered to selected patients, with early and limited cervical neoplasia, who are also HIV positive.

Rare types of gestational trophoblastic disease are always of interest. Relatively indolent-looking gestational trophoblastic disease is not always harmless and should also be managed in an individualised manner. Again, the role of the multidisciplinary team is of importance.

August is also the month in which the combined meeting between all the oncologists with different areas of interest takes place. This time, the SASMO/SASCRO congress is supported by the South African Society of Gynaecologic Oncologists, and the sessions on women’s cancer will be hosted together. We look forward to it!

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