
EDITORIAL

Dear Readers and colleagues,

Thank you for your ongoing support in this difficult and challenging environment of academia in low-resource settings. We appreciate that you take the time to undertake research in our underserved communities and commit to providing a final publication. In particular we are thankful you undertake research in our unique setting, asking relevant questions that directly affect our patient care.

We editors attended the International Gynaecologic Cancer Society meeting in Dublin this year and realised that current oncological care is moving further away from our limited resources. There is now a large focus on molecular markers in endometrial and even cervical cancer. Routine practice includes immunotherapy in the first-line in advanced endometrial cancer and now in chemoradiation with cervical cancer. In the southern African region these changes will unfortunately be available only to the few who can pay out of pocket. Instead, we will continue to focus on providing the best, most rational care we can provide within our means.

In this edition Lunn *et al* review the molecular characteristics of endometrial carcinoma and provided future research considerations for the African setting – including mapping our

own prevalence of POLE and newer, cheaper alternatives to POLE testing. They encourage the use of molecular markers and the benefit of then providing cost-effective care.

Two studies published used qualitative research methods. Odendaal *et al* looked at the experiences of caregivers to advanced gynaecological cancer patients during the pandemic – this is sober reading with the reminder that isolation and financial burden impact on a carer's ability to look after their family members. For those of us who worked through the pandemic it will bring alive the memory of patients having to attend for care alone. Drunick *et al* publish their cohort findings as a subset of the Every Women Study™ – in the group interviewed for their institution 75% of patients had not heard about ovarian carcinoma before diagnosis – highlighting the need for patient information and improved patient information services.

Two case studies highlight interesting and challenging clinical scenarios in low-resource settings and some innovative solutions.

Once again, thank you to the contributing authors – we are immensely grateful to those who support the journal.

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