ABOUT THIS ISSUE

Welcome readers to the round-up of our 2025 contributions. As always, we thank all that took the time to contribute to our journal and present relevant research for the resource-constrained environment in which we work. This issue includes published research in cervical, vulvar, ovarian cancer and GTD groups. So, we hope, you find something relevant to your own practice.

Makunyane presents a qualitative study highlighting the importance of understanding the need and barriers to cervical screening in a small cohort of women attending rural clinics in Limpopo. It is a sobering reminder of how far we still need to go in ensuring timely, appropriate, and accessible information for women in order for them to access screening and clinical care when needed.

Sajo et al. from Pretoria University (UP) provide a high-level review of DNA methylation and its potential use as a biomarker in HPV-HIV co-infected women specifically in relation to vulvar carcinoma. Adams et al. from The University of Cape Town (UCT) also examine multi-zonal intraepithelial neoplasia and its relation to HIV status in a local cohort. The ongoing HIV epidemic in South Africa remains a significant challenge for clinicians caring for HPV-co-infected women and how best to manage both pre-invasive and invasive gynaecological malignancies.

Malaza et al. from the UP group present feasibility data on thermal ablation for those found to have no visible lesion at colposcopy with underlying abnormal cytology. This is a practical solution to those working in heavily constrained environments and where women face difficulties in accessing results and returning for repeated healthcare consultations. The group will follow up this initial cohort for treatment outcomes. Dalvie et al. from UCT looked at the other end of the disease spectrum in cervical cancer – asking the question of how hydronephrosis (HN) impacts outcome – in their cohort of 132 patients, 40 had HN, but this had no impact on survival. As in many local centres, access and use of urinary diversion is limited; this is unlikely to change and in this editor's opinion those patients with normal renal function and an adequate PS should be considered for radical chemoradiation.

Ghunney et al. and Camroodien et al., both from UCT looked at two less reported clinical subsets – borderline ovarian tumours (BOT) and molar pregnancies, respectively. The BOT cohort reported excellent outcomes if recurrence was further BOT. The molar cohort noted significant challenges with follow up and highlighted the financial burden for women having to make frequent journeys for surveillance; this is a common problem for our patients in southern Africa.

Please grab a CPD point with our CME quiz and a reminder to all that we welcome case reports and reviews alongside original research for 2026!

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