



## Gynecologic Cancers: Clinical Research Progress of Resection

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### Message from the Guest Editor

Both primary cancer nests and cancer relapse nests localized in the pelvis can be removed using the en bloc resection technique. Indeed, a recent analysis shows the mortality rate following pelvic exenteration to be somewhere between 0.7% and 6.4% when an acceptable level of exenteration is achieved.

Unsurprisingly, extensive surgery of this kind requires support at the organization level. While just such an organizing trend has been observed in renowned oncological centers, it needs to be more widely promoted and connected with the centralization of patients in referring hospitals. The success of the plan is more closely related to the surgical skill of the team, as achieving R0 resection (which is the only type of surgery with a curative intent) requires considerable surgical experience. Even pelvic exenteration due to palliative indications may prolong overall patient survival and have reliable functional results when R0 resection is achieved. Moreover, should the primary intent of the surgery change from palliative to curative, patient benefit will likely increase if a well-trained multidisciplinary team performs the procedure.





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## Message from the Editor-in-Chief

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