



Surgical Management of Gynaecological Cancer

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Message from the Guest Editor

Gynaecological surgical oncology as a subspecialty has broadened significantly. The radicality of surgery has increased for some gynaecological cancers such as advanced ovarian cancers and training curriculums now include performing upper abdominal surgeries such as splenectomy and diaphragm peritoneal stripping. The route of surgery for cervical cancer has changed in view of the LACC trial where abdominal access was shown to be safer than robotic and laparoscopic access. However, minimal access surgery is still the recommended route for early stage endometrial cancers. The robotic surgery vs. laparoscopic surgery debate continues. The use of advanced technology such as the sentinel lymph node identification using the Gamma camera in vulval cancer and the Indocyanine Green (ICG) infrared fluorescence in endometrial and cervical cancer is claimed to reduce postoperative morbidity with no compromise in survivorship. Fertility-preserving surgery has become a safe and efficient option for many young gynaecological cancer patients. Research and review articles evaluating different surgical approaches and modalities in all aspects of gynaecological oncology will be welcomed.





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