

Dear Friends,

Greetings from the Editor's Desk ...!!!

There is so much to do as far as maternal mortality, infertility and common malignancies are concerned that many a times, we are not able to pay attention to, lesser prevalent but not uncommon and yet one of the most lethal malignancies in women. Yes, I am talking about ovarian malignancy. It is important to understand that about 300 thousand women are diagnosed with ovarian cancer every year globally of which about 2/3 die and the Global Cancer Observatory predicts that this number will rise exponentially in the next two decades.

The big question is, should we screen for ovarian malignancy? Though screening is not really recommended for women who are at an average risk, nonetheless, earlier detection and downstaging of ovarian cancer have been demonstrated even in the women who are at an average risk significantly.

It still remains a difficult proposition to offer ovarian cancer screening to a large population, but it is definitely of value in high-risk women. There are lot of emerging strategies that can help us identify women who are at high risk and can benefit from prevention and early detection. There is no doubt that Salpingo-Oophorectomy does decrease the ovarian cancer risk and also mortality. It may be reasonable to offer opportunistic salpingectomy to all women who are undergoing routine gynecological surgery after completed having their family.

A lot has been done about the various screening programs, but none of the countries till now have an established ovarian cancer screening program. A lot of individual models of predicting cancer have been identified though they have helped us in picking up women at an increased risk, but we still have not achieved a deep penetrating model.

Apart from ultrasound and biochemical markers, there are other genetic tests available that might help us increase identification of women carrying CSGs (such as BRCA carriers) who can benefit from secondary cancer prevention.

The big question even today is, should we wait for someone to develop cancer, or provide strategies for prevention and early detection? As of now, for average-risk individuals, screening is not recommended. However, for high-risk individuals with a strong family history, proper counseling and genetic testing can increase the probability of detection by more than 10%. Along with this information, strategies for preventing ovarian cancer should be provided.

This issue offers some key articles and research work presented by our region, and I feel that collaborative initiatives should be worked on to form proper guidelines.

Happy reading.



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