

Gynaecologic Oncology—The Next Lap

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Cancer of the pelvic reproductive organs and external genitalia accounts for one in six cancers in women. It can occur in women of all age groups: rhabdomyosarcoma in young girls, germ cell tumours in teenage girls and young women, cervical cancer in the middle age women, and epithelial ovarian cancer and endometrial cancer in the post-menopausal women. The great diversity in histological typing, aetiology and biological behaviour of these tumours is matched by equally diversified therapeutic modalities. Establishment of gynaecologic oncology subspecialty is a logical development and an important advance in the management of these tumours.

In Singapore, the concept and operational infrastructure of gynaecologic oncology have been evolving steadily for several years. There are now established gynaecologists with major interest and commitment in managing women's cancer in all departments of obstetrics and gynaecology in public institutions and in private hospitals, with tumour board and multidisciplinary input from medical oncologists, therapeutic radiological oncologists and other para-medical and ancillary disciplines. With the opening of the National Cancer Centre in 1999, these clinical services should consolidate. Gynaecologic oncology shall then emerge as a distinct specialty comprising gynaecologic oncologists, gynaecologic medical oncologists, gynaecologic therapeutic radiological oncologists, palliative care physicians and ancillary staff. This will provide the most comprehensive and easily accessible specialist oncologist services to all patients with women's cancer.

There are three aspects of gynaecologic oncology demanding high priority in its future development. First, it is the development of a specialised pelvic surgical team. With the small population of women in Singapore, the absolute number of women requiring advanced pelvic surgery involving multisystem organs is very small. Nonetheless, expertise to treat these patients is an integral part of a comprehensive cancer management programme. A multidisciplinary surgical team with advanced surgical skills within their individual disciplines orchestrated by a gynaecologic oncologist would serve the purpose well. Surgical and ancillary supports required for these surgical procedures are readily available within tertiary general hospitals.

Second, it is important to develop experimental therapeutic regimens and clinical trials in order to bring treatment of gynaecologic cancers to an advanced level. Consolidation of clinical services of gynaecologic oncology in the National Cancer Centre brings about a larger patient population which will facilitate evaluation of experimental regimens and phase two and three trials of therapeutic agents. These studies allow new therapeutic agents or approaches to be made available to the patients earlier. They also help to establish the role of Singaporean contribution to clinical research in gynaecologic oncology.

Third, it is to develop epidemiological research *pari passu* with the rising incidence of endometrial and epithelial ovarian cancers. The steadily upward rising trend of these two cancers over the last two decades in Singapore offers an opportunity for evaluation of their aetiological factors which may indicate possible interventions to halt this trend.

In conclusion, gynaecologic oncology in Singapore has come a long way in patient care. Establishment of a specialty of gynaecologic oncology in the National Cancer Centre should play a catalytic role in forging the development of gynaecologic oncology into the next millennium, both in clinical services to cater for the need of all the patients and in the field of clinical and epidemiological research.

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