Special Issue

Gynecologic Cancers: Clinical Research Progress of Resection

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.

Guest Editor

Prof. Dr. Lukasz Wicherek
School of Public Health, Center of Postgraduate Medical Education, 01-809 Warsaw, Poland

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Cancers
Editorial Office
MDPI, Grosspeteranlage 5
4052 Basel, Switzerland
Tel: +41 61 683 77 34
cancers@mdpi.com

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Message from the Editor-in-Chief

Cancers is an international online journal addressing both clinical and basic science issues related to cancer research. The journal is publishing in Open Access format, which will certainly evolve to ensure that the journal takes full advantage of the rapidly changing world of information and knowledge dissemination. It publishes high-quality clinical, translational, and basic science research on cancer prevention, initiation, progression, and treatment, as well as other related topics, particularly to capture the most seminal studies in the rapidly growing area of immunology, immunotherapy, and tumor microenvironment.

Editor-in-Chief

Prof. Dr. Samuel C. Mok
Department of Gynecologic Oncology and Reproductive Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX 77030, USA

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