



Gynecologic Oncology – Old Controversies and New Strategies

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Message from the Guest Editor

The field of gynecologic oncology has experienced some impressive developments over the last few years. The already established surgical treatment of ovarian or cervical cancer has been questioned and partly changed. The inferiority of laparoscopic radical hysterectomy in the LACC study led to one of the most controversial discussions in recent years. Radical lymph node dissection was not shown to improve survival in advanced ovarian cancer. Sentinel lymph node dissection became standard in vulvar cancer. Therefore, we ask ourselves: Which of our therapeutical strategies are really based on reliable evidence? How can we improve the implementation of novel surgical techniques without delaying invention? Do these large randomized controlled trials really answer the intended questions? What role will surgical oncology play in the future? We urgently need larger randomized controlled trials. However, we also need to analyze real-world data and retrospective cohorts to generate new hypotheses which can then be specifically addressed in large prospective studies. The goal of this Special Issue is to present new hypotheses and new results regarding surgical gynecological oncology.

