



Targeted Therapies for Gynaecological Cancers

Dear Colleagues,

Nowadays, there are at least three fields of main concern in management of gynecologic cancers – treatment of advanced and recurrent cervical cancer, adjustment of proper adjuvant therapy to different genomic subtypes of endometrial cancer and finally fighting against chemoresistance of advanced and recurrent ovarian cancer. Despite no disputable advances in surgery, and traditional radio- and chemotherapy, still exists a group of patients who potentially could benefit from newly recognized drugs affecting various mechanisms of tumor development and its interplay with the host. These new targeted therapies are based on broad spectrum of activities targeting cell cycle checkpoints and DNA repair mechanisms, metabolic pathways, endoplasmic reticulum stress pathways, signaling pathways, tumor angiogenesis, immune checkpoint molecules, tumor-infiltrating cells or tumor stroma. Some of targeted therapies has already been approved for treatment, like bevacizumab or PARP-inhibitors, others are being tested in clinical trials, while plenty of new potential drugs are subjected to preclinical evaluation. Generally, targeted therapy is directed either against tumor components and growth regulatory mechanisms, or concentrates on enhancement of host antitumor activity. Both approaches could hopefully be used together to reassure maximal efficacy. Most of them could show effective anti-tumor activity under particular circumstances preconditioned by tumor histology, mutational status or metabolic behavior, what demands precise identification of the tumor type, but also generic and somatic mutations. Thus, new era of individualized therapy of gynecologic cancer patients has just begun. Moreover, new treatment modalities could be combined with both traditional chemo- and radiotherapy in order to boost their anti-tumor activity. The Special Issue of European Journal of Gynaecological Oncology is planned to cover these main topics of targeted therapies in gynecological cancers. I hope that the team of invited eminent specialists will show to the readers the fascinating landscape of approved, as well as most promising clinically tested and future drugs which could improve the outcome of our cancer patients.

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