J. DE GRÈVE

DEAR COLLEAGUES,

I am sharing the **spring issue of the BJMO** with you.

Systemic therapies for endometrial cancer have evolved significantly in the last decade with the application of immune checkpoint inhibitors. The review discusses additional innovative approaches, such as **Selinexor,** which produces a progression-free survival benefit in p53wt/pMMR advanced endometrial cancer. **Several antibody-drug conjugates** (ADCs) targeting HER2, TROP2, Fra, and Claudin 6 are in various phases of development.

Stereotactic Body Radiotherapy (SBRT) for Oligometastatic Gynaecologic Tumours can benefit not only selected patients with ovarian cancer but also other gynaecological cancers, as defined, with less than five lesions. SBRT can be beneficial alone (focal progression, for example, in a patient in overall remission under PARPi therapy) or in combination with ongoing systemic treatment.

A PhD report on **Electronic Patient-Reported Outcome Measures (PROMS)** after palliative radiotherapy focuses on how these PROMS can be more widely applicable and improve patient care.

Immune-related adverse events are an obstacle to the continuation of immune checkpoint inhibitors in a minority of patients. A case report illustrates the use of **tocilizumab**, an anti-IL6-receptor antibody, for dealing with this toxicity. The specific patient received adjuvant immunotherapy for urothelial cancer, which was stopped at the occurrence of the toxicity. For patients who have active, advanced cancer, dealing with the toxicity is one thing, but stopping active immunotherapy and facing disease progression is less evident. For some of these patients, tocilizumab allows for the continuation of or rechallenge with the immunotherapy, with both given safely together, for example, for severe immune-related hepatic toxicity (Campochiaro C Eur J Intern Med. 2021 Nov; 93:87-94).

Although substantial progress has been made in the last two decades, further advancement in breast cancer care faces major challenges in Europe: multifactorial geographical and socioeconomic disparities, strong variation in the application of therapies and screening gaps across Europe. However, Belgium could also do better by not excluding women 70+ from the population screening programmes, a discrimination that leads to avoidable mortality and suffering. The authors put forward general solutions, unavoidably region-specific, as health care and prevention are decentralised in Europe.

We also thank the authors who wrote the reports from the **European Neuroendocrine Tumour Society** and the **16th European Multidisciplinary Congress on Urological Cancers**.

Enjoy the reading and the upcoming summer season.

Jacques De Grève, MD, PhD
Editor-in-Chief