

Women and children first



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This issue includes a cluster of articles on women's health. Anuradha and colleagues (*page 283*) report the first Australian study to provide national conditional survival estimates for ovarian cancer. They examined data from a national cohort of all 1192 women diagnosed with ovarian cancer in 2005 and report an overall crude 5-year survival of 35%. For women surviving 2 years, conditional survival for another 5 years was 53%. The need for more precise classification of ovarian cancer, enabling better prognostication, may be satisfied by detailed genetic description of those women who do well versus those with short survival times.

However, cervical screening, a mainstay of prevention, remains controversial. As Williams and colleagues ask (*page 295*), is the information provided sufficient to allow women to provide valid consent for the procedure? Since human papillomavirus (HPV) vaccination for young women was introduced nationally, continuing with regular Pap smear screening nevertheless remains valuable. Using linked data from the Victorian Cervical Cytology Registry and the National HPV Vaccination Program Register, Budd and colleagues (*page 279*) found that Pap smear screening participation among 20–29-year-olds in Victoria decreased between 2009 and 2011 in vaccinated women compared with those who were unvaccinated. The unscreened women may be at risk of cervical cancer associated with HPV types not included in the vaccine.

Earlier this year, the Medical Services Advisory Committee recommended the current Pap smear screening program be replaced with a 5-yearly primary HPV test, commencing from the age of 25 years (<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/ncsp-renewal>). Farnsworth (*page 245*) cautions that the success of the new screening program will depend on successful implementation incorporating quality assurance measures for HPV tests, cytology, recruitment and follow-up. The United Kingdom's experience is valuable in showing what can happen when the age of first screening is raised.

With the abundance of health information now available on the internet, Vreugdenburg and colleagues (*page 289*) examined the content of 39 direct-to-consumer websites advertising breast imaging devices. Disturbingly, they found that many claims about safety are not supported by peer-reviewed evidence.

The tragedy of unfulfilled parenthood calls for sensitive management. Kovacs (*page 244*) presents an overview of recent advances in in-vitro fertilisation, from ovarian stimulation to mitochondrial transfer, while Everingham and colleagues (*page 270*) report findings from the first Australian survey of surrogate pregnancy arrangements. They report that 170 had commenced or completed surrogacy, and over half of those living in jurisdictions where compensated surrogacy is illegal would consider engaging overseas surrogates, most commonly from the United States or India.

Good pregnancy care, including lifestyle advice, is essential and expected by all parents. Hodyl and colleagues (*page 274*) found that smoking cessation during the first trimester reduced risks of adverse perinatal outcomes compared with those for women who continued to smoke throughout the pregnancy.

Pregnant women are also present among asylum seekers. De Costa (*page 299*), who visited detention centres in Darwin in the past year, describes the standard of pregnancy care these women receive — from the limited antenatal care on Christmas Island and Nauru to the care in the Darwin facilities, where they are transferred from around 34 weeks' gestation to await birth in Royal Darwin Hospital. She writes of women in labour arriving at hospital with "a guard for the woman, a guard for her partner and a guard for the baby, once born". How will future generations judge us for this treatment?

On a different note, in an open letter to the Prime Minister (*page 252*), 12 eminent health academics voice their concern about the impacts of climate change on health and their wish to see this matter — which stands at the intersection of macroeconomics and health — placed on the agenda for the G20 Leaders' Summit in Brisbane in November.

At the coalface of medicine

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Dr Alan Hughes is an obstetrician who ran the only private clinic in Alice Springs in the Northern Territory for 20 years. Now semiretired and based in Adelaide in South Australia, Dr Hughes has joined forces with Médecins Sans Frontières to use his professional skills to help women in some of the most underresourced places in the world. He says it has changed his life and made him a better doctor, and also admits that the realities of challenging himself every day can be "a little addictive". He has missions

to Nigeria, South Sudan, the Democratic Republic of Congo (DRC) and Pakistan under his belt, and will shortly return to the DRC to help stabilise health care in an unstable world. It is a life for the totally committed, he says — "you have to really want to be there". Read his story from *page C1*. Our events calendar for September and October is on *page C3* and will run in the first issue of each month from now on. Send your event details to Cate Swannell at cswannell@mja.com.au

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