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Editorial

From Editor's Desk

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COVID – 19 has had major devastating effects on the economy, health and mental status of people globally. Maintaining a balance in this situation is important. In this direction various changes in the working system have been evolved. Digitalisation and online mode of communication have been the preferred system now. Meeting a set deadline holds importance. In this regard punctuality and regularity in publication of IJPO was challenging. We stand to our commitment inspite of all odds. There have been many changes made in the journal with regard to its overall outlook, quality of articles, number of original articles submitted, peer review process, editorial board and many more such things.

Carcinoma breast is ranked as the number one cancer among females in India. No histopathological reporting of breast carcinoma is complete without the application of the prognostic markers – ER, PR and Her – 2 neu. Profiling of gene expression is not practically possible in all the institutions. Molecular classification is vital in characterisation of the neoplasia.¹ Another article by Gatty et al emphasised on conservative breast surgery in carcinoma especially in the young. The authors also highlighted the importance of education and self breast examination.²

Tumours of ovary form another important group wherein the mortality rate is high especially since the diagnosis is usually late and at an advanced stage. Furthermore,

accurate staging and classification are other important points contributing towards the prognosis. Rao studied histological and morphological variants of ovarian tumours and divided them on the basis of age and clinical presentations.³ Another study compared the p53 expression pattern of serous tumours of ovary and the fallopian tubes. The author gave a special reference to SCOUT and STIC pathologies and concluded that p53 positive STICs led to high grade serous ovarian carcinomas.⁴ Such variety of articles on a particular organ will provide an intricate insight to the readers about the different lesions and the diseases.

Lesions and the classification system of thyroid pose great challenge both for the clinicians as well as the pathologists. Cytological categorisation using the Bethesda system is in routine practice now. Patil et al have in their study followed the same pattern and concluded stating that the risk pattern could be better understood via this system as compared to the older system. The clinician is also benefitted by providing a better patient management.⁵ Similarly, Karre S using the same classification system concluded the better reproducibility of the system avoiding unnecessary surgeries for non-neoplastic conditions and better clinical management.⁶ Malignancy of thyroid is an important entity which needs to be recognised early and also managed efficiently. CD 56 indicates follicular epithelium so serves as an important marker in problematic cases i.e follicular neoplasms, and follicular variant of papillary thyroid carcinoma.⁷ Tyagi et al in their research on the cytology of lung lesions have proposed a protocol

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for suspected malignant cases thus helping in the early diagnosis and better patient management.⁸

All the readers are requested to share their original quality research work to IJPO which will help us getting a wider citation as well as indexing. This not only would help in increasing the reputation of the journal but also the value of publication by the authors.

Wishing you a happy reading and safe and healthy life.
Jai Hind.

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