Correspondence on the article: “Patients treated with neoadjuvant chemotherapy + radical surgery + adjuvant chemotherapy in locally advanced cervical cancer: long-term outcomes, survival and prognostic factors in a single-center 10-year follow-up”

Nasir Ali¹ · Ahmed Nadeem Abbasi¹ · Muhammad Atif Mansha¹

Received: 8 September 2016 / Accepted: 5 October 2016 / Published online: 17 October 2016
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Our team has gone through this article authored by Luvero et al. [1]. Certainly, 10-year follow-up of 90 cervical cancer patients is an impressive long-term follow-up. In this study, authors reported a negative correlation for involved nodes and outcome and also mentioned that site of involved nodes is not related to survival. Our team is inclined to disagree with this statement. In one study by Kidd et al. [2], it was reported that on PET/CT imaging the more distant level of nodal involvement was associated with poor survival. In another study by Paumier et al. [3], three-year survival was 58 and 24 % in patients without and with paraaortic lymph node involvement, respectively. These patients were staged by PET/CT.

It is reported in this series that patients with parametrial invasion had poor survival as compared to those without parametrial invasion. It is understandable that in these patients local failure remains a major problem if not offered adjuvant chemoradiotherapy. We do agree with authors that systemic relapse remains a major challenge, and to cope with this issue various ongoing clinical trials are investigating the role of adjuvant chemotherapy.

Internationally accepted standard of care for the management of locally advanced cervical cancer is concurrent chemoradiotherapy, but authors have not mentioned the selection criteria of offering chemotherapy and surgery followed by chemotherapy. There are evidences in the literature published on this issue in favor of chemoradiation therapy followed by adjuvant chemotherapy [4].

Overall survival reported in this study is almost the same as reported in contemporary chemoradiation therapy series.

Seventy percentage of patients in this series were having tumor size less than 4 cm and probably could be assigned as having low risk of distant metastases and were in any case candidates for surgery [1].

We would request the authors to consider sharing their exclusion and inclusion criteria which they have adopted in this study. This information would help us and other readers in drawing meaningful inferences from this commendable effort.

Compliance of ethical standards

Conflict of interest All the authors declares that they have no conflict of interest.

Ethical approval This article does not contain any studies with human participants or animals performed by any of the authors.

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✉ Muhammad Atif Mansha
atifmanshamd@gmail.com

¹ Aga Khan University, Karachi, Pakistan