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OPEN PEER REVIEW

Comparison of Neoadjuvant Chemotherapy Followed by Radical Surgery with Chemoradiation in Stage IB2 to IIB of Cervical Cancer

Maliheh Arab, Fatemeh Hadi, Masoomeh Raoufi, Robab Anbiaee, Somayyeh Noei Teymoordash, Maryam Sadat Hosseini, Farah Farzaneh, Maryam Talayeh, Tahereh Ashraf Ganjouee, Samira Azghandi, Atefeh Moridi, Rezvaneh Sadat Beheshti Rooy, Fatemeh Amiri

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About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

1 comment · 27 Aug 2024

Associate Editor

MAJOR REVISION 27 Aug 2024

Thank you for submitting your valuable manuscript to the journal. We would like to inform you that the peer review of your manuscript is now complete and that, despite several useful points, it needs "Major Revision". Below you may find the peer review comments. Please reply to them one by one and resubmit the manuscript.

1. Abstract: It needs to be revised, especially the background. The main reason for the study is not well defined.
2. In the introduction, be sure to discuss the national study on cervical cancer incidence and survival: Epidemiology and survival of cervical cancer in Iran based on national cancer registry data (2008-2014)
3. At the end of the introduction, the purpose of this study should be mentioned.
4. The English text needs serious editing.
5. The study method and inclusion and exclusion criteria are not well explained and are unscientific.
6. In the method section, what does 'less than half' mean?
7. At the beginning of the method section, it was mentioned that patients had negative lymph nodes, so why did they undergo complete lymph node dissection?
8. In the study method, patient selection is from 2020-2023. Evaluating the effectiveness of one treatment method compared with another requires the evaluation of overall survival and disease-free survival, which becomes meaningful after at least 3 years, then 5 years, 7 years, and 10 years. The present study has no scientific value over a period of one year, even though the main topic is very interesting and can be discussed.
9. Tables 1 and 2 are long, need to be summarized, and do not reflect a specific point.
10. In terms of comparison, especially in the complication table, the effectiveness of the methods should be compared using a p-value or another factor.
11. Table 3 is unnecessary.
12. What was the main purpose of this study? Was it to establish the superiority of one method over another or to compare the methods, and to achieve what goal? Reducing recurrence? Increasing survival or increasing quality of life?
13. The present study is not a literature review study, and Table 4 has no value in it.
14. The sample size needs to be revised.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Response to reviewers:

We would like to express our sincere gratitude to the reviewers for their valuable comments and suggestions, which have significantly improved the quality of our manuscript. We have carefully considered each point raised and have made the necessary revisions throughout the text. The reviewers' comments have been highlighted in yellow within the body of the manuscript.

1. Abstract: needs to be revised especially back ground, the main reason for the study is not well defined

Response: Thanks. The abstract section revised completely. The main reason for the study well defined in the background.

2. In the introduction, be sure to talk about the national study on cervical cancer; national incidence and survival: Epidemiology and survival of cervical cancer in Iran based on national cancer registry data (2008-2014)

Response: Thank you. It was added. Please see the first paragraph of the introduction.

3. At the end of the introduction, the purpose of this study should be mentioned

Response: Thanks for your kind comment. The purpose of the study was mentioned at the end of the introduction.

4. The English text needs serious editing

Response: We improved the English writing the manuscript.

5. The method and criteria for inclusion and exclusion of the study are not well explained and unscientific

Response: Thanks. We improved the method section completely. The inclusion and exclusion of the study were explained clearly.

6. In method section: what does ‘less than half’ mean?

Response: The phrase "less than half" refers to the extent of parametrial involvement as seen on MRI. This criterion was used as part of the inclusion criteria for patients in the study.

7. At the beginning of the method, it was mentioned that patients with negative lymph node, so why are they subjected to complete lymph node dissection?

Response: In our study, all patients had negative lymph nodes as determined by MRI prior to treatment. However, complete lymph node dissection was performed as a standard part of the surgical procedure, because complete lymphadenectomy allows for a thorough pathological evaluation of the lymph nodes, which is crucial for confirming the absence of metastasis and ensuring accurate staging of the cancer. Also, even in cases where preoperative imaging suggests negative lymph nodes, there is still a risk of undetected micrometastases. Performing a complete lymph node dissection helps to mitigate this risk by allowing for the identification and removal of any potentially involved nodes that may not have been visible on imaging.

8. In the method of the study, patient selection is from 2020-2023, the value of evaluating the effectiveness of one treatment method with another method requires the evaluation of overall survival and disease-free survival, which becomes meaningful after at least 3 years, then 5 years, 7 years, and 10 years. The present study has no scientific value in a period of one year, even though the main topic is very interesting and can be discussed.

Response: Dear reviewer, many thanks for your kind comment. Although the current results, while limited, however offer valuable information on immediate post-treatment effects and short-term complications, which can be relevant for treatment planning and patient quality of life, especially in resource-limited settings. We recognize the need for extended follow-up to assess the true comparative effectiveness of NACT-RS versus CRT and will present these initial findings as a foundation for future, more comprehensive research.

9. Tables 1 and 2 are long, needs to be summarized; and do not reflect a specific point

Response: Thank you. To focus on the most relevant information and highlight specific points, we summarized table 1 and dropped one un-necessary row of the table 2.

10. In terms of comparison, especially in the complication table, the effectiveness of the methods should be compared with P- value or another factor.

Response: We agree with your comment. The p-values for comparisons between groups are mentioned in the body of manuscript:

In the NACT-RS group, 7 patients (41.2%) experienced minor complications, while in the CRT group, 20 patients (39.2%) did so (p=0.886). Major complications occurred in 4 patients (23.5%) in the NACT-RS group and 13 patients (25.5%) in the CRT group (p=0.872). All 17 patients in the NACT-RS group responded to chemotherapy and the size of the tumor was significantly reduced (47.7 ± 8.0 vs. 11.2 ± 8.6, P<0.001). In NACT-RS group in one-year follow-up, there was no recurrence and in CRT group, in first year of follow-up there was 8 out of 51 (16.7%) recurrence cases (P=0.186).

11. Table 3 is unnecessary

Response: Thank you. We agree with your comment. Table 3 may not contribute significantly to the overall findings of the study. Therefore, we remove Table 3 from the manuscript.

12. What was the main purpose of this study? The superiority or comparison of one method over another in order to achieve what goal? Reducing recurrence? Increasing survival or increasing quality of life?

Response: The main purpose of this study was to compare NACT-RS with CRT in the treatment of cervical cancer stages IB2 to IIB. The study aimed to evaluate the effectiveness and safety of NACT-RS compared to CRT, with a focus on several key outcomes including:

1. Short-term treatment complications: The study compared minor and major complications between the two groups within two months of treatment.
2. Recurrence rates: The study assessed recurrence rates within a one-year follow-up period.
3. Treatment response: For the NACT-RS group, the study evaluated the response to chemotherapy in terms of tumor size reduction and resolution of vaginal involvement.

13. The present study is not a literature review study and Table 4 has no value in it

Response: You're absolutely correct. Thank you for pointing this out. We acknowledge that Table 4, which presents a literature review of other studies, is not appropriate for our original research article and does not add value to our specific study findings. To address this issue, we removed Table 4 from the manuscript entirely.

14. The sample size needs to be revised

Response: We acknowledge that our sample size, particularly in the NACT-RS group (N=17), is relatively small compared to the CRT group (N=51). This limitation potentially affects the statistical power of our comparisons and the generalizability of our results. To address this, we clearly stated this as a limitation in our discussion section. We included to the study all eligible patients during the mentioned time period.

2 Revision 1

1 comment · 18 Sep 2024

Associate Editor

REJECT 18 Sep 2024

I regret to inform you that, after a careful second review, the response letter did not convince the judges, and unfortunately, the manuscript has not been accepted for publication in the International Journal of Cancer Management.

The rejection of an article does not necessarily indicate a lack of scientific merit. The editors base their decision on several considerations. These include the suitability of the topic for our readers, originality of the material and the publication of similar articles in the journal.

The editor's final assessment took all publication requirements into account. In this case, the Editor believes the paper adds little new information to the current field of research, as well as having limited interest for IJCM readers. Furthermore, the Editor feels the paper contains information that has regional interest only. The decision to reject this manuscript should be considered final.

Thank you for allowing us to review your article; we hope you will consider the IJCM for future submissions.

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Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reply to comments:

Dear Editor;

We answered the comments. The corrections highlighted in the body of manuscript and answers as below:

1. In the method please mentioned the reason of low sample size in the NACT group.

Response: We mentioned the reason of low sample size in the NACT group in the paragraph 3 of the methods section (lines 3-4).

2. In the limitations please mention your intention to following the study

Response: Thank you. We mentioned. Please see the highlighted texts before the conclusion.

3. Manuscript needs to grammatically improved.

Response: The manuscript revised grammatically by the Article X service. The certificate is attached.

Regards

3 Revision 2

0 comments

No public comments in this round.