Reviewer’s report

Title: Neo-adjuvant treatment of adenocarcinoma and squamous cell carcinoma of the cervix results in significantly different pathological complete response rates.

Version: 0 Date: 03 Jun 2018

Reviewer: Kathleen Essel

Reviewer's report:

Aim: To determine the clinicopathological characteristics of patients w cervical cancer treated at a single university center and to investigate the differences in survival and relapse rates between AC and SCC of the cervix.


1. Primary goal compare survival rates & relapse pattern between AC & SCC

2. Secondary goal: evaluate a difference in survival, relapse pattern, & pathological tx response to NA-CRT between AC & SCC in the NACRT group.

N=179. AC = 36. SCC 146. 40% stage IB.

Significant overall findings:

1. 5 yr DSS NA-CRT group -AC 100% vs SCC 75.5%
   a. Univariate analysis revealed +LN, tumor size, and advanced FIGO stage influenced DSS.
   b. Thrombocytosis, tumor differentiation, LVSI did not affect DSS
   c. Multivariate analysis revealed only FIGO stage had significant impact on DSS

2. 5 yr DFS Entire cohort - AC 73.8% vs SCC 79.2 % p=0.8
   NA-CRT group - AC 61.5% vs SCC 72.3% p=0.56

3. pCR NA-CRT group - AC 7% vs SCC 42% (p=0.02)
4. Relapse rate Entire cohort -- AC 22% vs SCC 20% (p=0.90)
   a. Site of 1st relapse AC v SCC (N.S.)
      locoregional 12.5% v 39%,
      distant nodal 12.5% v 4%,
      distant non-nodal 50% v 18%,
      combo 25% v 39%

5. NACRT Relapse rate AC 36% v SCC 27% (p=0.74)
   a. Site of 1st relapse AC v SCC (N.S.)
      locoregional 0% v 42%,
      distant nodal 20% v 5%,
      distant non-nodal 60% v 16%,
      combo 20% v 37%

Other comments:
Page 12 line 14 Please clearly define early vs late stage AC & SCC
The reason as to why 5 yr DSS was utilized was well described.

Page 13, lines 1-5 - This was one of the secondary goals of the study. Recommend breaking up this sentence so that it is easier to read.

This paper explores a novel concept - the ability of chemoRT to result in a pathological CR amongst patients with adenocarcinoma vs SCC of the cervix. This article specifically explores differences in outcomes in patients who are treated with neoadjuvant chemoRT followed by surgery. This currently is not a widely-accepted standard of care. This warrants an explanation regarding this alternative and why it was selected as a treatment strategy in this hospital, particularly in patients with advanced disease for whom the current standard of care if ChemoRT. How long after completing chemoRT did patients undergo surgery?
Was there a difference in survival amongst patients with adenocarcinoma who received surgery alone vs chemoRT vs neoadjuvant CRT f/b surgery? This could shed light on the optimal method of treatment for adenocarcinoma of the cervix.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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Needs some language corrections before being published

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