Reviewer’s report

Title: Case report: term birth after fertility-sparing treatments for stage IB1 small cell neuroendocrine carcinoma of the cervix

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Reviewer: Jesus Salvador Jiménez López

Reviewer's report:

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Revisión: Case report: term birth after fertility-sparing treatments for stage IB1 small cell neuroendocrine carcinoma of the cervix

Abstract:

- It seems to us that the abstract is well presented, with an adequate extension and emphasizing the relevance of its case.

Background

- Error line 74, respectively.5 respectively [5]

- In general they make a good contextualization of the subject. It is somewhat incomplete because they introduce the concept of neoadjuvant chemotherapy, but the authors mention it very much above and the relevance of such therapy in these tumors is not clear.
Case presentation

- Association of SCNEC with HPV 18 has been described. We considered that the authors should mention whether the patient had performed a previous cytology study, whether it was performed after the finding and whether HPV PCR was performed.

- The neuroendocrine lung tumor has a high rate of metastasis to the CNS, which is why some authors advocate a guided exploration of CNS in patients with SCNEC and even prophylactic cranial irradiation. It is important to justify the absence of a more detailed neurological study and should refer to the fact that the patient had NO clinical suggestion of CNS involvement at any time.

We have a number of issues that we believe authors should include in the text.

- Was there any more tumor marker? Only Ca125? Why Ca125 and not others?

- Did you consider the possibility of sentinel lymph node?

- Why not perform a technique for ovocitaria preservation? Especially knowing that a chemotherapy treatment is going to be done.

- What kind of follow-up was done to the patient?

- Since when was pregnancy allowed?

Conclusion

- Regarding the comment on line 155 on QT only in stadiums> IIA. QT has been proposed as an adjuvant treatment for all stages, not only advanced (Ref Neuroendocrine Tumors of the Gynecologic Tract: A Society of Gynecologic Oncology (SGO) clinical document).

- On the trachelectomy, the data presented are about cancer of the cervix with other histologies. This should be specified very clearly since this is NOT a recurrence in cases
of neuroendocrine tumors that have a higher recurrence rate. We believe this needs to be clarified

- Although there are no studies designed to compare QT vs QTRT, there is some descriptive article about it (Prognostic factors in FIGO stage IB-IIA small cell neuroendocrine carcinoma of the uterine cervix surgically treated: results of a multicenter retrospective Korean study. Factors in neuroendocrine small cell cervical carcinoma: a multivariate analysis.)

We believe that the authors should include it in their discussion

- Perhaps they should justify more why only adjuvant QT and non QTRT, what made them opt for this alternative, the reason was because they posed a more conservative behavior ?.

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

Yes

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?
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Not relevant to this manuscript

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Acceptable
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