

Editorial

Is more radical more effective?

Chen et al have published an interesting article entitled *Is conization once following by simple hysterectomy sufficient for all clinical stage IA1 cervical squamous cell carcinoma?* [1]. The authors found that only 4.2% of simple hysterectomies (SH; 2/48) needed postoperative adjuvant radiation [1]. Based on our understanding, only two patients had an up-staged pathological diagnosis (>T1a1 squamous cell carcinoma), and were given a so-called inadequate treatment, so they needed adjuvant therapy. By contrast, >95% of much more extensive surgeries (for example, modified radical hysterectomy) could be avoided for these patients, although the accurate percentage might be only 89.7%, since 68 patients had at least one risk factor in the cone specimens. We congratulate Chen et al for the success of their work. However, since this study challenged an old concept—the more radical, the more effective—some issues need to be discussed.

First, how many patients or what percentage of patients who are given so-called inadequate treatment should we accept? It is not easy to respond to this question. For example, the cut-off value of the maternal serum Downs screening test is 1/270 [2,3], and laparoscopic cystectomy of ovarian mature teratoma is considered as a treatment of choice, based on the low incidence of malignant transformation—representing <0.5% [4]. Now, in Chen et al's report, it is 4.2%, which is nearly 5% by self-reporting, but 10.3% by accurate reporting if these 68 patients were all treated with SH. Is this acceptable? In addition, if the cases of reconization were added into the data pool for analysis, the percentage of upgraded cases might be as high as 23.8% (19/80). It is questionable whether physicians can accept the conclusion reached by the authors, that extra-fascial SH may be recommended for all clinical T1a1 cervical squamous cell carcinomas, regardless of the pathologic risk factors [1].

Second, the risk of lymph node metastases should be considered, since nearly 3% and 15% of the FIGO stage IA2 and IB cases showed metastases of the pelvic lymph nodes, suggesting that the authors failed to discuss an important issue—the necessity of lymphadenectomy [5,6]. That is another limitation of this article, which focused only on types of hysterectomy in the management of microinvasive squamous cell carcinoma on cone specimens.

Finally, the type of rescue therapy for inadequate surgery to deal with squamous cell carcinoma of the cervix could be

discussed, including reoperation or concurrent chemoradiation. Adjuvant therapy with radiotherapy might not be a better choice, since much evidence supports the better tumor control and disease-free survival when concurrent chemoradiation is used as adjuvant therapy, compared with radiation alone [7].

In conclusion, sometimes it is hard to make the decision on how much radical surgery is enough [8], although a delicate surgical method for cancer treatment is always welcome [9] and better teamwork is always of value [10,11]. Although more evidence is needed, this paper has provided an excellent basis for the reconsideration of the necessity of radical surgery [1].

References

- [1] Chen JR, Chiu ML, Wang TY, Chen TC, Wang KG, Su TH, et al. Is conization once following by simple hysterectomy sufficient for all clinical stage IA1 cervical squamous cell carcinoma? Taiwan J Obstet Gynecol 2013;52:385–8.
- [2] Chang YW, Chang CM, Sung PL, Yang MJ, Li WH, Li HY, et al. An overview of a 30-year experience with amniocentesis in a single tertiary medical center in Taiwan. Taiwan J Obstet Gynecol 2012;51:206–11.
- [3] Chang YW, Wang PH, Li WH, Chen LC, Chang CM, Sung PL, et al. Balanced and unbalanced reciprocal translocation: an overview of a 30-year experience in a single tertiary medical center in Taiwan. J Clin Med Assoc 2013;76:153–7.
- [4] Chen P, Yeh CC, Lee FK, Teng SE, Chang WH, Wang KC, et al. Squamous cell carcinoma occurring in the pelvis after total hysterectomy and bilateral salpingo-oophorectomy for an ovarian mature teratoma with malignant transformation. Taiwan J Obstet Gynecol 2012;51:446–8.
- [5] Roman LD, Felix JC, Muderspach LI, Varkey T, Burnett AF, Qian D, et al. Influence of quantity of lymph-vascular space invasion on the risk of nodal metastases in women with early-stage squamous cell carcinoma. Gynecol Oncol 1998;68:220–5.
- [6] Wang PH, Li YF, Juang CM, Lee YR, Chao HT, Ng HT, et al. Expression of sialyltransferase family members in cervix squamous cell carcinoma correlates with lymph node metastasis. Gynecol Oncol 2002;86:45–52.
- [7] Wang PH, Cheng MH, Yuan CC, Yen MS. Is concurrent chemoradiation a choice for high-risk cervical cancer patients after radical hysterectomy? Eur J Cancer Care (Engl) 2009;18:102–3.
- [8] Shih CY, Lai CR, Huang CY, Twu NF, Chao KC, Wang PH. A challenge in the management of a patient with ovarian cancer associated with extensive endometriosis. Taiwan J Obstet Gynecol 2012;51:324–5.
- [9] Yen MS, Ng HT, Wang PH. A delicate surgical method for cancer treatment is welcome. Taiwan J Obstet Gynecol 2012;51:329–30.

- [10] Lee WL, Lee FK, Su WH, Tsui KH, Kuo CD, Hsieh SL, et al. Hormone therapy for younger patients with endometrial cancer. *Taiwan J Obstet Gynecol* 2012;51:495–505.
- [11] Yen MS, Ng HT, Wang PH. Teamwork is needed for better care. *Taiwan J Obstet Gynecol* 2013;52:159–60.

Ming-Shyen Yen

*Department of Obstetrics and Gynecology,
Taipei Veterans General Hospital, Taipei, Taiwan
Department of Obstetrics and Gynecology,
National Yang-Ming University, Taipei, Taiwan*

Heung-Tat Ng

*Female Cancer Foundation, Taipei, Taiwan
Department of Obstetrics and Gynecology,
Taipei Veterans General Hospital, Taipei, Taiwan
Department of Obstetrics and Gynecology,
National Yang-Ming University, Taipei, Taiwan*

Peng-Hui Wang*

*Department of Obstetrics and Gynecology,
National Yang-Ming University, Taipei, Taiwan
Department of Obstetrics and Gynecology,
Taipei Veterans General Hospital, Taipei, Taiwan
Immunology Center, Taipei Veterans General Hospital,
Taipei, Taiwan
Department of Medical Research,
China Medical University Hospital, Taichung, Taiwan*

*Corresponding author. Department of Obstetrics and Gynecology, National Yang-Ming University, Taipei Veterans General Hospital, Taipei, Taiwan.

E-mail addresses: phwang@vghtpe.gov.tw,
phwang@ym.edu.tw (P.-H. Wang)