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Reply: 'Comment on Phase III randomised controlled trial of neoadjuvant chemotherapy plus radical surgery vs radical surgery alone for stages IB2, IIA2, and IIB cervical cancer: a Japan Clinical Oncology Group trial (JCOG 0102)'

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Sir

We would like to thank Nagano (2013) for their comments on our work, and take this opportunity to respond to the points they raise in their letter. If adjuvant radiotherapy had been given to all patients who received neoadjuvant chemotherapy regardless of the surgical findings, the neoadjuvant therapy might be better. However, the radiation-related morbidity will not reduce. Because the purpose of neoadjuvant chemotherapy is not only to improve survival but also to reduce surgical morbidity, postoperative irradiation, and radiation-related morbidity, recent neoadjuvant trials including our trial were designed that postoperative radiotherapy was delivered if patients had high-risk factors for recurrence (Napolitano et al, 2003; Cai et al, 2006; Eddy et al, 2007).

The trials of neoadjuvant chemotherapy are still ongoing. We need more potent chemotherapy to get more efficacies. Further trials including paclitaxel and/or bevacizumab are warranted to clarify potential benefits of neoadjuvant chemotherapy for cervical cancer.

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