



Correspondence

In regard to Kim et al

Our team conceptually aligns with Kim et al.'s original article on "The impact of national holiday on post-operative radiotherapy of squamous cell carcinoma of head and neck" [1], this paper highlights the detrimental impact that national holidays have on local control in post-operative head and neck radiation. This study unequivocally demonstrates 15.4 % risk of local recurrence at five years (p value: 0.017) due to this influence.

This matter is a stumbling point in patient centered management for our head and neck patients, specifically in Low- and Middle-Income Countries (LMIC). It is very frequent in these regions to allocate four to five treatment gaps to accommodate public holidays, a practice that markedly affects local control as emphasized in your published article. Furthermore, Ferreira et al. highlights that any extension in treatment duration results in a progressive decline in local control ranging from 1 to 1.2 % per day to as high as 12–14 % per week [2].

Our team would humbly request the authors to add their inferences gained as per their observations gathered in other types of RT gaps, of these which occurred due to causes other than national holidays. Furthermore, in LMIC we wish to request authors to make some comments on our strategy pertinent to discussion of all cases in Multidisciplinary Tumor board meetings [3] and intradisciplinary peer review meetings, these two processes help in ensuring quality of radiation with appropriate delivery of prescribed sessions without any gaps [4].

In Yao et al.'s study about locally advanced nasopharyngeal carcinoma, they delineated Radiotherapy Interruption (RTI) as the deviation between the actual time taken to complete radiation therapy and the originally planned treatment duration. Their findings indicated that an RTI exceeding 5.5 days significantly correlated with a reduced capacity for achieving favorable local control outcomes. At 5 years specifically, patients who adhered to designated treatment schedule achieved an impressive loco regional recurrence free survival rate of 97 %, as contrary to those who experienced treatment interruptions lasting more than 5 days, among whom the rate dropped notably to 83 % (p-value 0.001). [5].

Dale et al. specifically emphasized the effect of unscheduled treatment prolongation or gaps and the dire need to preemptively identify expected breaks resulting from public holidays. It was suggested to compensate these breaks by scheduling them on weekends. Extensive knowledge on radiobiological behavior can further modify and assist in compensating treatment gaps [6]. Moreover for unscheduled gaps due to

machine breakdown, twin LINAC installment is mandated to ensure uninterrupted treatment delivery in cases of unforeseen technical issues, as similar machine can substitute planning without need to re plan patients for complex VMAT/IMRT planning [7]. We agree that early recognition and development of need-based radiation therapy delivery schedules and timing is of paramount importance.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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