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## Radical surgery for cervical cancer



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In *The Lancet Oncology*, Michael Höckel and colleagues<sup>1</sup> report the long-term results of a prospective cohort study assessing the role of cancer field resection in cervical cancer. Mesometrial resection is aimed at removing the embryologically defined uterovaginal (ie, Müllerian) compartment consisting of the Fallopian tubes, uterus, and proximal and middle vagina enveloped by topographically complex peritoneal and retroperitoneal mesometrium. The study cohort included 523 patients with 2009 FIGO stage IB1–IIB cervical cancer who underwent total or extended mesometrial resection plus lymphadenectomy without adjuvant radiotherapy. The median follow-up was 61.8 months (IQR 49.3–94.8). The study population, of which 150 (29%) of 523 patients had positive lymph nodes and 160 (31%) had stage IIB disease, had a 5-year overall survival of 87.9% (95% CI 84.8–91.1).<sup>1</sup> This survival estimate, albeit a secondary outcome of the study, exceeded those reported elsewhere. For instance, available data from the Surveillance, Epidemiology, and End Results programme suggested that 5-year overall survival is about 55–60% for patients with lymph node metastasis and in patients with locally advanced cervical cancer.<sup>2</sup> Similarly, the Cancer Research UK estimated that the 5-year overall survival for stage II cervical cancer is about 55%.<sup>3</sup> These differences lead to the hypothesis, although indirectly, that mesometrial resection is associated with improved local control and survival. However, it is unlikely that modifying the surgical approach resulted in a greater than 30% improvement in survival. Patient selection might have a role in explaining these results.

The study included a very heterogeneous group of patients with cervical cancer, including those receiving neoadjuvant chemotherapy and those with stage IIB

cancer, making it difficult to estimate the effects of mesometrial resection across patients with various types of cervical cancer. Moreover, about half of the study population comprised patients with stage IB1 cancer. It is questionable to offer this radical procedure to this group of early-stage patients. Published data show that 5-year overall survival is more than 90% in patients with stage IB1 disease, with negative nodes, after type B radical hysterectomy; thus, mesometrial resection might represent overtreatment in these patients, possibly increasing morbidity without improving oncological outcomes.<sup>4</sup> A fair evaluation of the effects of mesometrial resection plus lymphadenectomy on oncological outcome can only be achieved in a study comparing this approach with other types of radical hysterectomy.

Another point deserving attention is the use of radiotherapy. The adoption of radiotherapy for cervical cancer is a source of concern, because it might increase the risk of long-term morbidity, especially when delivered after radical surgery. However, the data reported by Höckel and colleagues<sup>1</sup> do not rule out the possibility that radiotherapy adds to mesometrial resection in terms of local tumour control. A large randomised trial<sup>5</sup> enrolling more than 1800 patients with rectal cancer and comparing total mesorectal excision with total mesorectal excision plus radiotherapy showed that the addition of radiotherapy almost doubled tumour local control (5.6% vs 11%). These data suggest that a study evaluating the effectiveness of radiotherapy in patients with cervical cancer after mesometrial resection is needed.

The authors made a substantial clinical effort to improve patient outcomes without jeopardising their survival. However, until now, this technique is the preserve of a single institution and has been tested

Published Online  
August 2, 2019  
[http://dx.doi.org/10.1016/S1470-2045\(19\)30409-7](http://dx.doi.org/10.1016/S1470-2045(19)30409-7)  
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only in few patients treated elsewhere.<sup>1,6</sup> Just two cases series (in total reporting 97 cases) are available in the published literature.<sup>7,8</sup> The study did not have a control group that received standard treatment. The impressive results of mesometrial resection should be confirmed through implementation of this technique at other centres in randomised trials comparing conventional radical surgery according to available guidelines with this innovative approach, with or without standard treatment that includes radiotherapy.<sup>9</sup>

The authors should be congratulated for their efforts in increasing the sample size of the study, but the only possible way to validate their data would be a randomised controlled trial. Additionally, external validation is strongly advised to evaluate the reproducibility of the technique in other settings.

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We declare no competing interests.

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## Cancer control in small island nations: too often overlooked



As the global burden of cancer continues to rise and disproportionately affect low-income and middle-income countries, several regions face specific challenges in their attempts to address this ongoing health crisis. Small island nations are not always classified as low-income and middle-income countries, but share many of the same resource constraints, coupled with the triple burden of disease—infections, non-communicable diseases, and age-related morbidities. They also have unique geographical, cultural, political, economic, and environmental contexts that affect their capacities for, and approach towards, cancer control, meaning that their situations and needs differ greatly to those of other countries worldwide. In this issue of *The Lancet Oncology*, we publish a Series of five papers looking at cancer control in small island nations, with a focus on the Pacific and Caribbean regions. This Series brings together the collective wisdom of a large number of international experts who make a number of pertinent recommendations for policy makers to focus their efforts.

In the first paper of the Series, Diana Sarfati and colleagues describe the current state of cancer control in the Pacific islands and territories, highlighting the main complex challenges faced in this region, including geographically dispersed and isolated populations, fragile ecological and economic situations, vulnerabilities to climate change and natural disasters, poor access to treatment and palliative care, and overburdened health care systems. In the second paper, Alec Ekeroma and colleagues then discuss several examples of promising innovative practice in cancer planning, prevention, and treatment in some Pacific islands, including improved management of childhood cancers and cervical cancer screening programmes, and postulate how these strategies could be implemented elsewhere through collaborative approaches. In the third paper of the Series, Dingle Spence and colleagues describe the cancer control situation in the Caribbean islands, highlighting the rising incidence of cancer and cancer mortality in the region and the major challenges faced in attempts

Published Online  
August 5, 2019  
[http://dx.doi.org/10.1016/S1470-2045\(19\)30527-3](http://dx.doi.org/10.1016/S1470-2045(19)30527-3)  
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