

Journal correction: Radiation therapy with chemotherapy for patients with cervical cancer and supraclavicular lymph node involvement

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In this published article by Lee et al., the abstract was the incomplete one before revision. The editorial board of Journal of Gynecologic Oncology would like to correct the abstract and apologizes for any inconvenience that it may have caused. The corrected abstract is as follows:

Objective: We wanted to evaluate the outcomes of cervical cancer patients with supraclavicular lymph node (SCLN) involvement and who received radiation therapy (RT) combined with chemotherapy.

Methods: From April 2001 to April 2009, seven cervical cancer patients with SCLN involvement were treated by RT and cisplatin-based chemotherapy. All of the patients also had a positive para-aortic lymph node(s) (PALNs). The RT field was designed to include the whole pelvis, the involved PALNs and the SCLN area. The median SCLN RT dose was 66.6 Gy (range, 60 to 75.6 Gy).

Results: The median follow-up period was 79 months (range, 13 to 98 months). The 3-year and 5-year overall survival rates were 57.1% and 57.1%, respectively and the 3- and 5-year disease-free survival rates were 57.1% and 42.9%, respectively. The acute hematologic toxicities according to the criteria of Radiation Therapy Oncology Group (RTOG) were G1/2 leukopenia in 2 (29%), G3/4 leukopenia in 5 (71%), G1/2 anemia in 6 (86%), G3 anemia in 1 (14%), G2 thrombocytopenia in 1 (14%) and G3/4 thrombocytopenia in 2 (29%). Within 6 months after RT, most of the patients (4/5; 80%) recovered from the G3/4 leukopenia, except for 1 patient who received chemotherapy after completing RT due to subsequent bone metastasis.

Conclusion: RT with chemotherapy as active therapy can be expected to provide favorable results for appropriately selected cervical cancer patients with SCLN involvement but no evidence of distant metastasis. The well designed study enrolling more patients will be necessary to clarify the future indications and selection criteria.