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REVIEWER'S REPORT

Manuscript No.: IJAR-58007

Title: FIVE-YEAR SURVIVAL OF CERVICAL CANCER IN WOMEN TREATED AT A SECONDARY-LEVEL HOSPITAL.

Recommendation:
Accept as it is .....
Accept after minor revision.....
Accept after major revision .....YES
Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		√		
Techn. Quality			√	
Clarity		√		
Significance		√		

Reviewer's ID: JPR-094

Detailed Reviewer's Report

Reviewer's Report

Manuscript Title

****Five-Year Survival of Cervical Cancer in Women Treated at a Secondary-Level Hospital****

1. Strengths

1. **Clinically relevant topic**

*** Cervical cancer survival remains an important public health issue, especially in low- and middle-income countries.**

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2. **Real-world hospital-based data**

*** The study uses actual patient records from a secondary-level hospital, providing valuable local epidemiological evidence.**

3. **Appropriate survival analysis**

*** Kaplan–Meier survival curves and Log-rank tests are suitable methods for evaluating survival outcomes.**

4. **Reasonable sample size**

*** Inclusion of 199 confirmed cervical cancer cases provides a useful dataset for descriptive survival analysis.**

5. **Assessment of multiple prognostic variables**

*** Age, FIGO stage, histological type, HPV history, and treatment modality were evaluated.**

6. **Public health relevance**

*** Findings may support improvements in screening, early diagnosis, referral systems, and treatment adherence.**

2. Weaknesses

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Major Weaknesses

1. **Impossible/Questionable follow-up duration**

*** Patients were enrolled from 2019–2024, yet mean survival is reported as **100 months (8.3 years)** and a complete 5-year survival analysis is presented.**
*** Maximum possible follow-up for patients diagnosed in 2024 is less than one year.**
*** This raises serious methodological concerns.**

2. **Lack of censoring information**

*** The manuscript does not explain:**

*** Number censored.**
*** Lost-to-follow-up cases.**
*** Administrative censoring date.**
*** Survival status ascertainment methods.**

3. **No multivariable survival model**

*** Only Kaplan–Meier and Log-rank analyses were performed.**
*** No Cox proportional hazards regression was conducted.**
*** Independent predictors of survival cannot be identified.**

4. **Contradictory survival findings**

*** Stage III mean survival (78.18 months) exceeds Stage I survival (70.57 months).**

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*** This is biologically unexpected and suggests possible analytical or reporting errors.**

5. **Inconsistent HPV results**

*** Mean survival is lower in HPV-positive patients (67.5 months) than HPV-negative patients (100.1 months).**

*** However, HPV-positive patients show higher 5-year survival (91.4% vs 85.9%).**

*** These findings require clarification.**

6. **Small subgroup sizes**

*** Clear cell carcinoma (n=3).**

*** Leiomyosarcoma (n=2).**

*** Survival estimates are unreliable and statistically underpowered.**

7. **No hazard ratios reported**

*** Survival studies typically present HRs with 95% CIs.**

8. **No adjustment for confounding**

*** Important variables such as:**

*** Stage,**

*** Treatment,**

*** Comorbidities,**

*** Socioeconomic factors,**

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*** HIV status**

were not controlled.

Minor Weaknesses

1. Introduction is excessively long and contains textbook-style descriptions.

2. Several sections on screening, treatment, and follow-up are not directly relevant to study objectives.

3. Numerous grammatical and formatting issues.

4. Figure quality and labeling need improvement.

5. Terminology is inconsistent (epidermoid vs squamous carcinoma).

6. Survival proportion is reported but not clearly defined.

7. Ethical approval statement is missing.

8. Data collection procedures are insufficiently described.

3. Key Points

Positive Findings

*** Overall reported 5-year survival: **86.9%****

*** Significant survival differences by FIGO stage ($p < 0.001$).**

*** Significant survival differences by treatment modality ($p = 0.002$).**

*** Better survival observed in younger women.**

*** Stage I disease demonstrated the highest survival rate.**

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Major Scientific Concerns

*** Survival time calculations appear inconsistent with study period.**
*** Lack of Cox regression substantially limits scientific value.**
*** Several survival estimates contradict expected clinical patterns.**
*** Small subgroup analyses may produce unstable estimates.**

4. Significance

Scientific Significance: Moderate

The topic is important because cervical cancer remains a major cause of mortality in women worldwide. The study contributes local evidence from a Mexican secondary-level hospital.

Clinical Significance: Moderate

The findings reinforce:

*** Early diagnosis,**
*** FIGO stage importance,**
*** Timely treatment,**
*** Follow-up adherence.**

Public Health Significance: Moderate to High

Results may help healthcare planners improve:

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*** Screening coverage,**

*** Referral systems,**

*** Treatment access,**

*** Survival monitoring.**

However, methodological limitations reduce confidence in the conclusions.

5. Recommendation

Decision: MAJOR REVISION

Justification

The manuscript addresses an important topic and uses appropriate basic survival methods. However, major methodological concerns must be resolved before publication:

1. Clarify survival calculations and follow-up duration.
2. Explain censoring procedures and follow-up completeness.
3. Verify all survival estimates and correct inconsistencies.
4. Add Cox proportional hazards regression analysis.
5. Provide hazard ratios with 95% confidence intervals.
6. Explain contradictory findings regarding FIGO stage and HPV status.
7. Improve methodology description and ethical reporting.
8. Reduce excessive background material and focus on study findings.

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****Final Recommendation: Major Revision**. The study has potential value but requires substantial methodological clarification and statistical strengthening before it can be considered for publication.**

Recommendation: Major Revision

The manuscript addresses an important public health topic and presents survival data from a secondary-level hospital. However, there are several major methodological, statistical, reporting, and interpretation problems that affect the validity and reliability of the conclusions. These issues require substantial revision before the manuscript can be considered for publication.

Line-by-Line Major Revision Justification

Line(s)	Issue	Reason for Major Revision
13–15	Risk factors listed in abstract	Risk factors are not directly analyzed in the study and distract from study objectives.
18–25	Methods insufficiently described	No information on censoring, survival definition, follow-up procedures, software settings, missing data handling, or event definition.
26–32	Study period 2019–2024 but reports 5-year survival	Maximum follow-up is less than 5 years for many patients diagnosed after 2019, creating methodological inconsistency.
30	Overall survival reported as 86.9%	Method of calculation not explained. Need Kaplan-Meier estimate at 60 months with confidence interval.
33–38	Conclusions exceed presented analyses	No multivariable analysis performed to support claims regarding predictors of survival.
70–75	Definition of relative survival	Study actually reports overall survival, not relative survival. Conceptual confusion.
76–80	FIGO staging description	Version of FIGO staging system used is not specified.
98–120	Extensive global epidemiology	Introduction is excessively long and unfocused; much information unrelated to study objective.

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Line(s)	Issue	Reason for Major Revision
141–225	Detailed screening and treatment review	Large sections resemble textbook content and should be substantially shortened.
227–240	Cohort design description incomplete	Start date, endpoint definition, censoring criteria, and follow-up procedures not adequately defined.
237–240	Exclusion/elimination criteria	May introduce selection bias by excluding patients with incomplete follow-up.
247–249	Mean survival 100 months	Impossible to reconcile with study period 2019–2024; follow-up duration appears insufficient. Requires clarification.
247–254	Mean survival preferred over median survival	Survival studies generally report median survival when applicable. Justification needed.
258	Five-year survival estimate	Methodological concern because complete 5-year follow-up may not exist for all patients.
259–274	Age-group survival analysis	No adjustment for stage, treatment, or comorbidities; findings may be confounded.
283–289	FIGO Stage III survival exceeds Stage II	Unexpected pattern suggests possible sample size limitations or data quality issues; requires explanation.
290–293	Stage-specific survival rates	Confidence intervals are not reported.
283–294	FIGO sample sizes small	Particularly Stage III and IV groups; estimates may be unstable.
310–316	Histological subtype analysis	Extremely small numbers (e.g., leiomyosarcoma n=2, clear cell n=3) make comparisons unreliable.
321–329	Histological survival interpretation	Conclusions are based on underpowered subgroup analyses.
338–347	HPV survival analysis	Contradictory findings: mean survival favors HPV-negative group while 5-year survival favors HPV-positive group. Requires explanation.
338–347	HPV variable unclear	Method of HPV determination and timing not described.
353–368	Treatment analysis	Treatment groups likely affected by indication bias; more severe patients may receive different treatments.
354–359	Mean survival higher in neoadjuvant group	Contradicts survival rates shown in Table 11; requires clarification.

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Line(s)	Issue	Reason for Major Revision
362–368	Treatment effect interpretation	No Cox regression or adjusted analysis performed.
241–374	Only Kaplan-Meier analysis used	No multivariable Cox proportional hazards regression despite multiple prognostic factors. Major methodological limitation.
Entire Results section	Hazard ratios absent	Prognostic studies should provide HRs with 95% CIs.
Entire Results section	No confidence intervals for survival rates	Limits interpretation of precision.
Figures 1–6	Figure quality and reporting	Numbers at risk and censoring information not displayed.
379–411	Discussion largely descriptive	Limited critical interpretation of findings and comparison with broader literature.
388–390	Stage interpretation inaccurate	Stage I described as "tumor confined to uterus"; FIGO staging terminology should be corrected.
402–404	Histology conclusions	Overinterpretation given very small subgroup sizes.
413–423	Conclusions not fully supported	Predictive statements require adjusted survival models.
Entire manuscript	Ethical approval absent	No ethics committee approval number or informed consent waiver mentioned.
Entire manuscript	STROBE reporting deficiencies	Several recommended items for observational studies are missing.
Entire manuscript	Language and grammar issues	Multiple inconsistencies, repetition, formatting errors, and typographical problems.

Major Statistical Concerns

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5-year survival estimation may be invalid because recruitment continued until December 2024.

No Cox proportional hazards regression performed.

No hazard ratios (HRs) reported.

No confidence intervals for survival rates.

Small subgroup sample sizes (n=2–3) produce unstable estimates.

Potential selection bias from exclusion criteria.

No adjustment for confounders (stage, age, histology, treatment).

Strengths

Clinically important topic.

Real-world hospital-based data.

Use of Kaplan–Meier survival methodology.

Inclusion of stage-specific and treatment-specific analyses.

Relevant regional evidence from Mexico.

Weaknesses

Major methodological inconsistencies.

Inadequate survival follow-up period.

Absence of multivariable analysis.

Overinterpretation of subgroup findings.

Insufficient reporting of survival statistics.

Missing ethical approval information.

Excessively long introduction.

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Significance

Moderate. The study contributes regional survival data on cervical cancer, but the current methodological limitations substantially reduce confidence in the findings.

Final Recommendation

MAJOR REVISION

Reason

The manuscript has potential value, but important concerns regarding survival-time calculation, adequacy of follow-up, statistical methodology, subgroup interpretation, reporting standards, and ethical documentation must be addressed before the results can be considered reliable.