

Letter to the Editor



Response to: Author's reply to: Lymphadenectomy in clinically early epithelial ovarian cancer and survival analysis (LILAC): a Gynecologic Oncology Research Investigators Collaboration (GORILLA-3002) retrospective study

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OPEN ACCESS

Received: May 13, 2024

Accepted: May 21, 2024

Published online: Jun 3, 2024

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We appreciate Dr. Daungsupawong investing the time and effort necessary to review the manuscript and provide your valuable comments and suggestions. Also, we thank the editor for the opportunity to respond to the inquiries raised in Dr. Daungsupawong's letter [1].

In patients with early-stage ovarian cancer, it has been recommended that removal of 10 or more lymph nodes is adequate for survival [2,3]. In this study, the median number of lymph nodes resected in the lymphadenectomy group was 21. In 371/453 (81.9%) cases, 10 or more lymph nodes were harvested. It is considered that appropriate technique was performed in the lymphadenectomy procedure.

Additionally, Dr. Daungsupawong noted that there is insufficient research information on specific perioperative issues to assess the general safety and survivability of lymphadenectomy in this study cohort.

Table S2 reveals detailed information about the perioperative outcomes and postoperative management. The lymphadenectomy group showed a longer median operation time (200 vs. 135 minutes; $p < 0.001$), higher median estimated blood loss (400 vs. 200 mL; $p < 0.001$), more frequent perioperative adverse events (12.1% vs. 3.0%; $p = 0.004$).

In the lymphadenectomy group, lymph cysts were the most common at 61.8%, followed by wound infection (18.2%), prolonged ileus (5.5%), and bleeding (3.6%).

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Funding

This study was supported by Konkuk University in 2022.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

Author Contributions

Conceptualization: S.S.H.; Data curation: Y.E.J.; Investigation: S.S.H.; Methodology: S.S.H.; Project administration: S.S.H.; Supervision: S.S.H.; Writing - original draft: Y.E.J.; Writing - review & editing: Y.E.J.

In summary, we show that this study was conducted in an appropriate procedure regarding the technique and scope of lymphadenectomy raised by Dr. Daungsupawong. Considering that this study is a retrospective study, detailed information about patients' perioperative complications may be lacking. As you mentioned, we will strive to provide comprehensive results on the safety and survival rate of lymphadenectomy through future follow-up studies.

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