Replies to the letter to the editor ‘Still a long way to go to achieve multidisciplinarity for the benefit of patients: commentary on the ESMO position paper’ by Valentini et al.

We thank Professor Valentini et al. [1] for their consideration of our ESMO position paper and for their willingness to continue this dialogue on the development of multidisciplinarity in cancer care. The complexity of cancer is increasing, based on molecular diagnostics and the increasing number of cancer subtypes etc, and it is therefore important for all oncology professions to keep pace with these developments (and challenges), which also means it is necessary for them to reassess their respective roles on a continuing basis [2]. ESMO is proud of the contribution the medical oncology profession has made to medical progress in the field of cancer, offering patients new and better treatment options, and remains fully committed to further advancing cancer research, treatment and care. This does not in any way negate or diminish the contribution of other professions in this field. ESMO has actively contributed to the development of the European Partnership for Action Against Cancer (EPAAC) policy statement on multidisciplinary cancer care and fully supports the statements made therein. However, medical oncologists clearly have a central role to play in the treatment and care for cancer patients and ESMO not only supports medical oncologists by offering a wide spectrum of education programmes and services but also promotes the highest qualification standards, thus contributing to making sure that cancer patients receive the best available treatment and care they deserve.

R. Popescu1*, F. Ciardiello2 & R. Stahel3, for the ESMO Executive Board

1 Department of Medical Oncology, Hirslanden Clinic Aarau, Aarau, Switzerland
2 Dipartimento di Medicina Sperimentale e Clinica “F. Magrassi”, Seconda Università degli Studi di Napoli, Naples, Italy
3 Onkologie, Universitaetsspital Zuerich, Zürich, Switzerland
(*E-mail: razvan.popescu@hirslanden.ch)

disclosure
The authors have declared no conflicts of interest.

topics

We read with interest the manuscript by Sun et al. [1] that compared late thoracic radiotherapy (TRT) with early TRT in limited-disease small-cell lung cancer and found no significant difference between the two arms for overall survival (OS) [hazard ratio (HR) 0.90; 95% confidence interval (CI) 0.18–1.62] and progression-free survival (PFS) (HR = 1.10; 95% CI 0.37–1.84).

However, we were surprised that the 95% CIs for both HRs were symmetrical. Indeed, one would expect asymmetrical intervals for the logarithm of HR so that they become asymmetrical for HRs. The Method section would thus need some clarification on the way the HRs and their 95% CIs were estimated.

We assumed that the HR values were correct and we used the log-rank test as described in the article (P = 0.69 for OS and P = 0.60 for PFS) to estimate their CIs based on the methods used in the study.

disclosure
The authors have declared no conflicts of interest.