

**In reply:** We are grateful to Dr. Kim for interest and advice in our article. We admit that the criteria of dividing patients into two groups in this study were somewhat arbitrary.

Generally the major prognostic factors for patients having radical hysterectomy and pelvic lymphadenectomy for stages IB to IIA cervical cancer are as follows:

Lymph node status, size of primary tumor, depth of stromal invasion, lymph-vascular space invasion, parametrial extension, histologic type, and resection margin status.

We know that univariate and multivariate analysis is required before subgrouping the each criteria in this study. However, the number of patients was too small for such analysis in this study, and these criteria are already known to have poorer prognosis in other studies.<sup>1-6</sup> So, we subgrouped the three criteria based on the previous report.

We also know that there is not any definite evidence of survival nor disease free benefit of consolidation chemotherapy after adjuvant concurrent chemoradiation therapy (CCRT). The only report about the consolidation chemotherapy after CCRT by Lee et al.<sup>7</sup> dealt with small number of patients (25 vs. 15) but is not enough for disregarding the trial of consolidation treatment. I also agree with you that we cannot say there is any beneficial role in consolidation chemotherapy after CCRT until the result of other prospective study is published.

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