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LETTER TO THE EDITOR

Regarding "Dosimetric predictors of acute bone marrow toxicity in carcinoma cervix — experience from a tertiary cancer centre in India" (Rohith Singareddy, Harjot Kaur Bajwa, Mahendra M. Reddy)

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The entire study *Dosimetric predictors of acute bone marrow toxicity in carcinoma cervix — experience from a tertiary cancer centre in India* by Singareddy et al. [1] is based on an assumption which rests on a shaky ground. The study assumes acute bone marrow toxicity is only due to pelvic radiation. Pelvic radiation portal covers the L5 vertebra, sacrum and central part of pelvic bones and at best covers 30% of bone marrow [2]. The remaining 70% of bone marrow compensates very well in an acute myelotoxicity period. Secondly, cisplatin which is used as concurrent chemotherapy, acts systemically on 100% of bone marrow causing acute myelosuppression [3]. Cisplatin induced acute myelotoxicity is much more than radiation induced acute myelotoxicity and this confounding factor had been completely overlooked. The third confounding factor is bleeding. Majority cervix cancer patients present with bleeding. Haemoglobin, leukocytes and platelets are all lost in bleeding. Bleeding mimics acute myelotoxicity and this confounding factor was not looked at. Hence the quantum of acute myelotoxicity is due to all three factors and cannot be equated to radiation alone.

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