In Reply: Response to Sammartino et al.

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Dear colleagues,
We would like to thank you for your fruitful comments on our article. You expressed strong concerns regarding favoring systemic therapy only in patients with supposed resectable tumors. We share your concerns; however, we have to admit that surgery may offer benefit but will not solve all problems in these patients. First, it is unlikely that patients will be cured by surgery for recurrent ovarian cancer. Second, cytoreductive surgery always includes a non-negligible rate of complications. Therefore, we believe that an invasive approach, especially if applied in a palliative setting, should be based on strong evidence (e.g. randomized trials). So far, several randomized trials in patients with recurrent ovarian cancer have only focused on systemic treatment and set standards. In contrast, there isn't any randomized trial evaluating the role of secondary cytoreductive surgery. The only evidence so far is based on retrospective series, mostly without any or with only historical controls. The positive results reported after secondary surgery might be attributable to a selection process of good prognostic patients—perhaps

patients who would have had a similar good prognosis after chemotherapy only. Having said this, we agree that both standpoints are based on weak evidence and may be biased by our own preferences. Therefore, a randomized trial is urgently needed to overcome the dark ages of speculation, and scientifically evaluate the potential prognostic benefit of surgery against peri-operative morbidity and mortality [1].

Conflict of Interest Philipp Harter declares no conflict of interest.
Florian Heitz declares no conflict of interest.
Andreas du Bois declares no conflict of interest.

Reference

1. Galaal K, Naik R, Bristow RE, et al. Cytoreductive surgery plus chemotherapy versus chemotherapy alone for recurrent epithelial ovarian cancer. *Cochrane Database Syst Rev*. 2010;6:CD007822.

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