Reviewer’s report

Title: Neoadjuvant chemotherapy or primary surgery for stage III/IV ovarian cancer: contribution of diagnostic laparoscopy.

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Reviewer: Peter Rose

Reviewer’s report:

The authors report their experience with laparoscopy as a tool to assess the likelihood of complete tumor resection at primary diagnosis of advanced ovarian cancer. The findings of laparoscopy were then used to determine whether the patient was a candidate for primary surgery or neoadjuvant chemotherapy followed by interval debulking surgery. Following laparoscopy compete tumor resection was achievable in 100% and 33% of patients operated on by a gynecologic oncologist or gynecologist, respectively. This implies that the most important factor in determining the likelihood of optimal cytoreduction is the training and operative intent of the primary surgeon and not the laparoscopic findings. Most concerning is that the laparoscopic findings that led to “non-resectability and neoadjuvant chemotherapy” are loosely defined and not quantifiable (page 6 end 1st paragraph; diffuse, extensive). As a result they are difficult to validate in another patient population. The fact the a higher mean body mass was seen in the patients chosen for interval cytoreduction implies that factors other than tumor extent effected the surgeons willingness to perform primary cytoreduction. I find this difference hard to explain. The follow-up of the patients is too short with 24 month survival reported. Since survival can be altered by secondary treatments progression-free survival would be a more accurate way to assess the effect of primary therapy. The size of the study is small and no power calculation is provided to tell us the likelihood of a significant difference being missed in this patient population. Surprisingly, only 55 patients were seen by the authors over 5 years suggesting this is a relatively low volume center. Although residual disease has been identified as an important prognostic factor in numerous prospective and retrospective studies the authors state in the last sentence of the results section that the size of the residual disease had no effect again implying that the report is underpowered.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
i declare that i have no competing interest