Reviewer's report

**Title:** Radical surgery versus standard surgery for primary cytoreduction of bulky stage IIIC and IV ovarian cancer: an observational study

**Version:** 6  **Date:** 6 February 2015

**Reviewer:** Debra Richardson

**Reviewer's report:**

The authors have written an interesting manuscript on ovarian cancer debulking, with or without radical upper abdominal procedures. I have several questions for the authors.

**Discretionary Revision:**

1. Under methods in the abstract- the authors state optimal “outcome”- I believe debulking would be a better word.

**Minor Essential Revision:**

1. In the discussion, third paragraph, the authors state patients with bulky UAD can “obviously” benefit from radical surgery- I think the term obviously should be changed or removed.

**Major Compulsory Revisions:**

2. In conclusion of abstract, the authors state both PFS and OS were improved by radical procedures. Please include median OS for both groups with 95% CI and p value in results section of abstract.

3. Please clarify if bowel resections (small and/or large bowel) are done as part of “standard surgery.”

4. Please clarify under methods if this data was collected prospectively or retrospectively.

5. If a patient has an omental cake- was this considered “carcinomatosis.” If so, I think this is an unusual way to categorize carcinomatosis. In my opinion- carcinomatosis implies military disease throughout the abdomen and/or pelvis. Why was this definition chosen?

6. The authors state that only 44% of patients in the control arm were optimally debulked, yet these same patients were optimally debulked in the pelvis. Does this mean patients underwent rectosigmoid resection and were left with bulky upper abdominal disease? What is the rational for that?

7. Did the gyn oncologists in the radical surgery arm do all of the procedures, or were there consulting surgeons- for example, CVTS, surgical oncology, etc?

8. Did both groups get the same chemotherapy after surgery? Or did optimal patients get IP chemo for example? Please elaborate on chemo given after surgery, as this can affect OS.
9. In the discussion, paragraph 3, the authors state that surgical efforts changes tumor biology. I do not think the data presented support that statement- please revise. It is possible that the improvement seen in outcomes is related to having less tumor to treat, or that the more tumor removed, the less cells that can be resistant to chemo.

10. On page 14, the authors state that extensive upper abdominal surgery should not be performed by under trained gyn surgeons- and then reference table 7b- how does table 7b support this statement? I don’t disagree that under trained surgeons should not perform radical surgery.

11. The median stay in the radical surgery arm was almost 20 days- this seems excessive- especially since ideally chemo should begin soon after surgery. When is chemo typically initiated at your center? Is it typically given as an inpatient or outpatient setting?

12. I noticed in table 1 that the majority of patients were assigned ASA 1 or 2- however, by definition- all patients with bulky stage III or IV ovarian cancer should be ASA class 3- I would consider these patients to have severe systemic disease. ASA 1 is healthy. Women with advanced cancer are not healthy. Please clarify.

13. 13 patients underwent thoracic exploration- how was this done?

14. How was resection of tumor on surface of stomach and spleen achieved? Why not remove spleen if disease present on surface?

15. Why did the 8 patients in the standard surgery get a splenectomy, since these surgeons do not “believe” in radical upper abdominal surgery? Were these done for disease or bleeding?

16. In table 7a- please include median number of PRBCs transfused and number of patients who required transfusion.

17. Were there no anastomotic leaks in these patients?

Level of interest: An article whose findings are important to those with closely related research interests

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 interests.