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:** 28 February 2015

**Reviewer:** Eric Eisenhauer

**Reviewer’s report:**

The authors present their observational comparison of outcomes after surgical cytoreduction for advanced ovarian cancer with bulky upper abdominal disease in 353 women from 2009-2012 at a single institution. Effects of employing radical upper abdominal surgical procedures to resect their disease were compared. Strengths of this study include a relatively low rate of neoadjuvant chemotherapy (approx 15%), good detail as to procedures employed and location of residual disease, and the use of a validated system for grading postoperative complications (MSKCC surgical complication scoring system). My comments and revision suggestions are as follows:

**Major Compulsory Revisions:**

1. The Team A and B concept is good to define groups based on "surgical attitude," but does raise the question as to whether the patient population seen by each team is similar or different in terms of socioeconomic status, resources and the like. Please elucidate for the reader not familiar with patient referral patterns in China as to whether there are referral biases that affect whether a patient ends up seeing doctor in Team A or B.

2. Were authors of the manuscript included from both Teams A and B?

3. Because there are limitations to what can and cannot be shown in an observational study of this type, please detail in the Discussion what you feel are important biases in your analysis, and what steps you took to minimize these.

**Minor Essential Revisions**

1. line 137 - 353 patients "enrolled". "Enrolled" implies a prospective trial with consent obtained to participate. Would "included" suffice?

2. line 138-139 - please clearly identify for the reader that there are 2 different comparison groups you will discuss: 1. Team A (116 pts) and Team B (237 pts), and 2. Radical (112 pts) versus non radical (241 pts) surgical procedures. Because they are not mutually exclusive and the numbers between them similar, it would be helpful for the reader to get these groups straight from the beginning.

3. line 239 - one does not know whether extensive upper abdominal disease indicates poor tumor biology, it could just be that the went undiagnosed longer and had more time for disease to spread to the upper abdomen

4. Table 6: state the outcomes (R0, R0.5) in the table heading
Discretionary Revisions
1. Combine tables 4a and 4b

**Level of interest:** An article of importance in its field

**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