Letter to the Editor

Comment on: hyperthermic intraperitoneal chemotherapy as consolidation treatment of advanced stage ovarian cancer

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Running title:

Received: 2021. 08. 22. Revised: 2021. 10. 13. Accepted: 2021. 10. 13.

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We read with great interest the study entitled “Hyperthermic intraperitoneal chemotherapy as consolidation treatment of advanced-stage ovarian cancer”- a retrospective chart review by Ko et al. [1]. We appreciate the authors for conducting the trial on this promising futuristic aspect of HIPEC. However, we wish to make certain observations that will further help in comprehending the results of the study.

First, the eligibility criteria of patients for HIPEC needed clarification as the prerequisites for the inclusion of patients remained undefined. Further, we would also like to know the methodology for the selection of the controls. The given study mentioned recruitment of 24 controls retrospectively, but the exact strategy for recruitment was obscured. This aspect of mitigating selection bias among the control population needs due consideration.

The study did mention the significant difference of age in the case and the control group (49.2 years vs. 55.9 years; \( P=0.03 \)). This limitation of the retrospective comparative studies could be vindicated by applying age-matched cases to control analysis.

The study mentioned that 10 (41.7%) out of 24 patients in the HIPEC group received maintenance platinum-based chemotherapy for positive pathologic results after HIPEC. We are of the opinion that the inclusion of these patients into the final results could have affected the results of disease-free survival (DFS) and overall survival (OS) of HIPEC. Discrete statistical analysis of this subgroup of patients might give us a better comprehension of the results.

We appreciate the authors’ robust work on testing germline \( BRCA \) mutations in the study population. However, few aspects would require additional clarification. Of the 7 patients of the HIPEC group who were positive for \( BRCA \) mutation, only 3 received additional therapy with bevacizumab/olaparib. Similarly, 5 out of 9 patients of the non-HIPEC group who were positive for \( BRCA \) mutation received additional chemotherapy. Hence, the criteria for the
selection of germline BRCA mutated patients for further treatment with bevacizumab/olaparib remained unexplained. In addition, discrete statistical analyses of DFS and OS in this subgroup of patients with germline BRCA mutation could be thought of as an auxiliary outcome of the study.

**Conflict of interest**

No potential conflict of interest relevant to this article was reported.

**Ethical approval**

This study does not require approval of the Institutional Review Board because no patient data is contained in this article. The study was performed in accordance with the principles of the Declaration of Helsinki.

**Patient consent**

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Written informed consent and the use of images from patients are not required for the publication.

**Funding information**

000 or None.

**References**