



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

Shalini Venkatappa, MD, Avir Sarkar, MD

Department of Obstetrics and Gynecology, Post Graduate Institute of Medical Education and Research, Chandigarh, India

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 seven patients of the HIPEC group who were positive for *BRCA*

mutation, only three received additional therapy with bevacizumab/olaparib. Similarly, five out of nine 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

Received: 2021.08.22. Accepted: 2021.10.13.

Corresponding author: Avir Sarkar, MD

Department of Obstetrics and Gynecology, Post Graduate Institute of Medical Education and Research, Madhya Marg, Sector 12, Chandigarh 160012, India

E-mail: [avirsarkar93@gmail.com](mailto:avirsarkar93@gmail.com)

<https://orcid.org/0000-0002-3315-7739>

Articles published in *Obstet Gynecol Sci* are open-access, distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Copyright © 2022 Korean Society of Obstetrics and Gynecology

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

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

## Funding information

None.

## Reference

1. Ko J, Ha HI, Choi MC, Jung SG, Park H, Joo WD, et al. Hyperthermic intraperitoneal chemotherapy as consolidation treatment of advanced stage ovarian cancer. *Obstet Gynecol Sci* 2021;64:437-43.