Format for ANSWERING REVIEWERS

August 27th, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 21790-Review.doc).

Title: Selecting the best strategy of treatment in newly diagnosed advanced-stage ovarian cancer patients

Author: Lucas Minig, Cristina Zorrero, Pablo Padilla Iserte, Andres Poveda

Name of Journal: *World Journal of Methodology*

ESPS Manuscript NO: 21790

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer #1:

This is an excellent review on appropriate strategies for treating newly diagnosed cancer patients. The standard of care has been well established and articulated. Multi-factors involved in the clinical and treatment decision are listed. One area that could be strengthened is as follows: the paper could add a summary table for synthesizing the results from a systematic review or meta-analysis. This will certainly enhance the credibility of proposed strategies for treatment decisions.

The following paragraph has been added in the discussion section: "**The decision regarding the initial strategy of treatment, based on NACT or PDS, in women with advanced ovarian cancer has been largely debated. A large meta-analysis involving 6885 patients in 53 studies after PDS demonstrated that each 10% increase in cytoreduction correlated with a 5.5% increase in median survival time.**

Patients with 75% or greater maximal cytoreductive efforts had a median survival of 37 months compared with a 23 months for patients with 25% or less maximal effort[20]. On the other hand, Bristow et al, studied 835 patients in 22 cohorts with advanced ovarian cancer who received NACT. The study showed a median OS of 24.5 months, range 10 – 42 month[21]. Despite the fact that this rate was shorter than what was obtained after PDS, this comparison should be taken with caution given that a bias upon the selection of patients to receive NACT might exist. On the basis regarding the extension of the disease or performance status, within patients who underwent NACT might have a worse prognosis."

<u>**Reviewer #2:**</u>

Some minor idiomatic editing required. Annotations are on attached copy.

<u>**Reviewer #3:**</u>

This review summarized, updated and commented on selecting the best strategy of treatment in newly diagnosed advanced stage ovarian cancer patients is a multifactorial and multidisciplinary decision. My recommendations on revision are as follows:

1. Provide more discussions on how tumor biology would affect the patient selection and multidisciplinary decision making.

The following paragraph has been added in the discussion section: **"Whether tumor biology or maximal up-front cytoreduction surgery is the most important determinant for better outcomes is being largely debated. At same time that some studies found cytoreduction removal of visible disease had a more significant impact on survival than the extent of the disease before surgery[23], other studies observed opposite results[24]. Thus, other factors should be taken into consideration in an attempt to**

classify ovarian tumors as with "bad" or "good" prognosis. Recent molecular studies, using microarray analysis, have associated overall survival with gene expression profiles in ovarian cancer patients after up-front surgical treatment[25]. Although future large analysis should confirm these findings, it should be expected that molecular studies using genes and proteomic pattern might represent the tools to select patients for the best individual treatment rather than to generalize one strategy over the other for all women with ovarian cancer."

2. Try to include more publications on this topic within the past 5 years (2010-2015)

3. Further polish English language, particularly in grammar aspect.

The grammar has been edited by reviewer #1

The authors would like to thank the reviewers for their comments that have improved the overall quality of the manuscript as well as the conclusion of the results.

3 References and typesetting were corrected

Thank you for the reconsideration of this manuscript.

Respectfully,

Lucas Minig, MD, PhD, MBA