Correspondence

Correspondence: Premature Stop of the SOCceR Trial, a Multicenter Randomized Controlled Trial on Secondary Cytoreductive Surgery

Netherlands Trial Register Number: NTR3337

In July 2012, we started the multicenter randomized controlled phase III Surgery Ovarian Cancer Recurrence (SOCceR) trial to assess whether secondary cytoreductive surgery followed by chemotherapy versus treatment with chemotherapy alone increases progression-free survival in patients with recurrent platinum-sensitive epithelial ovarian cancer.[1] All nine gynecological oncology centers and their affiliated hospitals in the Netherlands participated. In total, 230 patients, 18 years or older, with first recurrence of platinum-sensitive (≥6 months after completion of frontline platinum-taxol chemotherapy) epithelial ovarian cancer had to be included. From the start of the trial until the premature stop in August 2015, only 27 (11.7%) of the 230 patients needed for completion of this trial were included. There are a number of possible reasons for this lagging inclusion. First, patients with recurrent ovarian cancer and eligible for secondary cytoreductive surgery were operated on outside the SOCceR trial because of a strong belief in secondary cytoreductive surgery among Dutch gynecological oncologists. On the other hand, some eligible patients were also not included because Dutch medical oncologists seem to have a less strong faith in secondary cytoreductive surgery. Second, serum Cancer Antigen 125 (CA125) monitoring after primary treatment was abandoned in the Netherlands after publication of the OV05/EORTC 55955 study.[2] In this study, there was no survival benefit of an early start of treatment for relapsed ovarian cancer when the detection was based on a raised CA125 concentration alone. Not performing CA125 monitoring might have resulted in relatively late detection of recurrent ovarian cancer which, in turn, might have reduced the possibility to perform secondary cytoreductive surgery. This finding has led to a renewed discussion toward the early detection of recurrent disease with CA125 in the follow-up of patients with ovarian cancer. Especially when taking into account that only a minority of the patients (7%) in the OV05/EORTC 55955 trial was treated with secondary cytoreductive surgery, which makes the conclusion of the study not generalizable to patients who are possible candidates for relapse surgery. When preliminary promising data on the value of surgery in recurrent ovarian cancer are confirmed in prospective randomized controlled trials (DESKTOP III trial, GOG 213 trial), early detection of recurrence by means of CA125 surveillance could become important. Third, there seems to be a tendency toward performing secondary cytoreductive surgery after some courses of "neo-adjuvant" chemotherapy,[3] which was not allowed in the SOCceR trial. As long as there is no evidence for secondary cytoreductive surgery from randomized controlled trials, we believe that it is too early to adopt "interval" secondary cytoreductive surgery as a treatment option.

In conclusion, due to the premature stop of the SOCceR trial and, as a result, a low number of included patients, we are unable to determine the role of secondary cytoreductive surgery. We hope that the results of the DESPKTOP III study and the GOG 213 trial will demonstrate the role of secondary cytoreductive surgery in patients with recurrent platinum-sensitive epithelial ovarian.

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The authors declare no conflicts of interest.

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