neoadjuvant chemotherapy subgroup, the number of adjuvant chemotherapy less than 6 cycles was 20.9% in the control group and 20.6% in the HIPEC group ($P = .97$). In the HIPEC group, the number of adjuvant chemotherapy less than 6 cycles was 6.9% in the primary cytoreductive group and 20.6% in the interval cytoreductive group after neoadjuvant chemotherapy ($P = .09$).

In the Interval Debunking Surgery +/- Hyperthermic Intraperitoneal Chemotherapy in Stage III Ovarian Cancer (OVHIPEC-01) trial, the dose of cisplatin was used at 50 mg/m² for the initial 30 minutes with the addition of 25 mg/m² for the next 30 minutes and 25 mg/m² for the last 30 minutes with the open technique. In the HIPEC for Platinum-Resistant Recurrent Ovarian Cancer (KOV-HIPEC-01 trial), 75 mg/m² of cisplatin was used for 90 minutes with the closed technique. The overall dose of cisplatin is the same, 75 mg/m² for both studies, with dose escalation in OVHIPEC-01 and fixed dose in KOV-HIPEC-01.

In the total set of the KOV-HIPEC-01 trial, the median progression-free survival was 25.8 and 16.5 months ($P < .001$) and the median overall survival was 89.2 and 51.7 months ($P = .001$) in the primary cytoreductive group and the post-neoadjuvant chemotherapy interval cytoreductive group, respectively. In the control group, the median progression-free survival was 29.7 and 15.4 months ($P < .001$) in the primary cytoreductive group and postneoadjuvant chemotherapy interval cytoreductive group, respectively; the median overall survival was not reached in the primary cytoreductive group, respectively; the median overall survival was 89.2 and 51.7 months ($P < .001$) in the primary cytoreductive group and postneoadjuvant chemotherapy interval cytoreductive group, respectively; the median overall survival was 89.2 and 51.7 months ($P < .001$) in the primary cytoreductive group and postneoadjuvant chemotherapy interval cytoreductive group, respectively. The indication of neoadjuvant chemotherapy is poor patient performance and difficult cytoreductive surgery.3

In this trial, patients with pathological complete remission by frozen section were not considered for this study. We believe that these patients also benefit from the HIPEC. The size of the residual tumor was estimated diameter horizontally, not in depth. So, the size of the tumor is not a critical issue for the application of HIPEC in most cases of ovarian cancer. Finally, the impact of HIPEC on survival outcomes is needed to be clarified according to the homologous recombination status including BRCA1/2 pathogenic variants in near future clinical trials.

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Conflict of Interest Disclosures: Dr Lim reported having a consulting or advisory role for AstraZeneca, Boryung, Chong Kun Dang Pharm, Genexine, Hospicare, GL Innovation, and Takeda and receiving research funding from AbbVie, Amgen, Astellas, AstraZeneca, Beigene, Celldid, Chong Kung Dang Pharm, Clovis, Eisai, Genexine, GlaxoSmithKline, Incyte, Merck, Merck Sharp & Dohme, OncoQuest, Pfizer, and Roche. Dr S.-Y. Park reported having a consulting or advisory role for Boryung and Takeda and receiving research funding from AbbVie, Amgen, Astellas, AstraZeneca, Beigene, Cloidid, Chong Kun Dang Pharm, Clovis, Eisai, Genexine, GlaxoSmithKline, Incyte, Merck, Merck Sharp & Dohme, OncoQuest, Pfizer, and Roche. No other disclosures were reported.


CORRECTION

Error in Abstract: In the Original Investigation titled “Paradoxical Association of Hyperglycemia and Surgical Complications Among Patients With and Without Diabetes,” published on June 15, 2022, there was an error in the Results section of the Abstract. Of the 5868 patients who had blood glucose testing, 4899 did not have diabetes, and 969 did have diabetes. This article was corrected online.


Error in Figure and Results: The Original Investigation titled “Self-selection vs Randomized Assignment of Treatment for Appendicitis,”1 was corrected to fix errors in the Figure title and y-axis label (where “cumulative hazard” had been erroneously written as “cumulative incidence”) and the last sentence of the Results (where the data for the RCT and self-selection cohorts had been swapped). This article was corrected online.