Supplementary material

Supplementary Table 1. Response evaluation criteria in solid tumors—RECIST 1.1.

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| --- | --- |
| CR (Complete response) | Disappearance of all lesions and pathologic lymph nodes |
| PR (Partial response) | ≥30% decrease SLD (sum of longest diameters)No new lesionsNo progression of non-target lesions |
| SD (Stable disease) | No PR–no PD |
| PD (Progressive disease) | ≥20% increase SLD compared to smallest SLD in studyor progression of non-target lesionsor new lesions |

Supplementary Table 2. GCIG (Gynecologic Cancer InterGroup) CA125 criteria.

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| Definition of response according to CA125 |
| Response according to CA125 has occurred if either of the following criteria are fulfilled: |
| 50% response definition |
| If there is a 50% decrease in serum CA125 level from two initially elevated samples, then a 50% response has occurred. The sample showing a 50% fall must be confirmed by a fourth sample (*i.e.*, four samples required). |
| 75% response definition |
| If there has been a serial decrease in CA125 level of more than 75% over three samples, then a 75% response has occurred (*i.e.*, three samples required). |
| In both 50% and 75% response definitions, the final sample needs to be analyzed at least 28 days after the previous sample. |
| Definition of progression according to CA125 |
| Progression according to CA125 has occurred if any of the following criteria are fulfilled: |
| Patients A | Patients B | Patients C |
| CA125 ≥2 × ULN (upper limit of normal) documented on two occasions. | CA125 ≥2 × nadir value on two occasions. | As for patients A |
| Date of disease progression: First date of CA125 elevation to ≥2 × ULN. | Date of disease progression: First date of the CA125 elevation to ≥2 × nadir value. |  |
| Patients A: Patients with elevated pretreatment CA125 levels that normalize on first-line chemotherapy. |
| Patients B: Patients with elevated pretreatment CA125 levels that do not normalize on first-line chemotherapy. |
| Patients C: Patients with normal pretreatment CA125 levels. |

Supplementary Table 3. ECOG (Eastern Cooperative Oncology Group)—performance status scale.

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| --- | --- |
| Grade | ECOG Performance Status |
| 0 | Fully active, able to carry on all pre-disease performance without restriction |
| 1 | Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, *e.g.*, light house work, office work |
| 2 | Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours |
| 3 | Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours |
| 4 | Completely disabled; cannot carry on any selfcare; totally confined to bed or chair |
| 5 | Dead |

Supplementary Table 4. Surgical complexity scoring system (SCS).

| Procedure | Points |
| --- | --- |
| Total Hysterectomy-BSO | 1 |
| Omentectomy | 1 |
| Pelvic lymphadenectomy | 1 |
| Para-aortic lymphadenectomy | 1 |
| Pelvic peritoneum stripping | 1 |
| Abdominal peritoneum stripping | 1 |
| Recto-sigmoidectomy and Termino-terminal anastomosis | 3 |
| Large bowel resection | 2 |
| Diaphragm stripping/resection | 2 |
| Splenectomy | 2 |
| Liver resection/s | 2 |
| Small bowel resection/s | 1 |
| Complexity score groups | Point |
| 1 (low) | ≤3 |
| 2 (intermediate) | 4–7 |
| 3 (high) | ≥8 |

Supplementary Table 5. Memorial Sloan Kettering cancer center surgical secondary events grading system.

| Grade | Description |
| --- | --- |
| 0 | No events observed within 30 days postoperatively |
| 1 | Use of oral medications, bedside interventions to treat an event |
| 2 | Use of intravenous medications, total parenteral nutrition, enteral nutrition, or blood transfusion to treat an event |
| 3 | Interventional radiology, therapeutic endoscopy, intubation, or operation required to treat an event |
| 4 | Residual and lasting disability requiring major rehabilitation or organ resection |
| 5 | Event resulting in death of patient |