The recent publication of the OV05/EORTC 55955 study on the use of Cancer Antigen 125 (CA-125) in the follow-up of patients with ovarian cancer after primary treatment has challenged the assumed advantage of early detection of recurrent disease on the basis of a CA-125 rise. This study suggests that despite earlier initiation of second-line treatment, there is no survival benefit.\(^1\) Publication and subsequent review of these European data gave rise to a generalized conclusion that CA-125 monitoring should be abandoned routinely for disease monitoring after treatment.

In an accompanying paper in this issue, a European Society of Gynaecological Oncology (ESGO) consensus group has reviewed current data on the use of CA-125 in the follow-up of patients with ovarian cancer.\(^2\) As the conclusions of the OV05/EORTC 55955 study are only applicable for a particular group of patients with ovarian cancer, there is a danger that the conclusion that CA-125 follow-up does more harm than good is also extended to patients that would or could possibly benefit from CA-125 follow-up. The ESGO therefore advises that the use of CA-125 should not be universally abandoned in the routine follow-up of all patients with ovarian cancer. We recommend to consider CA-125 follow-up in the following cases:

Patients after complete response on primary treatment for epithelial ovarian cancer who:

- have been or are being treated as part of a clinical trial;
- are considered for (future) studies on second-line treatment;
- will not have routine (3 monthly) follow-up including regular imaging; and
- are eligible for secondary surgery at recurrence.

Individual discussions between patients and physicians should take place either at the time of diagnosis or at completion of chemotherapy, with the physicians explaining the rationale of follow-up procedures and why CA-125 may be measured but not necessarily lead to intervention. Local teams are encouraged to give patients written information about this process.

### REFERENCES
