To the Editor:

In contrast with the treatment of other gynecological malignancies, the radicality of surgery for advanced ovarian cancer is increasing.1,2 The significance of complete cytoreduction for survival has been well documented in many observational studies, and recently, the principle has been confirmed by prospective randomized trials.3,4 The achievement of no residual disease in the pelvis and abdomen requires extensive debulking of upper abdominal disease in more than one third of the patients and bowel resections in up to 60% of them.1,2,5,6 Making high-quality surgery accessible to all patients currently presents an important challenge for gynecological oncology. The situation about the quality and complexity of surgical treatment of advanced ovarian cancer shows a high degree of variation across Europe.7 Existing differences are well presented in a survey, which is published in this issue.8 Colorectal resections, splenectomies, or procedures on diaphragm are already performed by gynecological oncologists in growing proportion of the centers without well-established postgraduate training.

Postgraduate training should always reflect relevant evidence-based data and development in clinical practice. Surgical training in gynecological oncology must take into account new requirements for the treatment of ovarian cancer and implement training in selected procedures of bowel and upper abdominal surgery. In large gynecological oncology centers, it is currently easier to offer an adequate volume of bowel resections for postgraduate training than it is in performing radical hysterectomies or pelvic exenterations, the latter procedures being required by current logbooks. In the United States, the American Board of Obstetrics and Gynecology already presents the list of procedures required for training in gynecological oncology, including 12 gastrointestinal procedures, among them resections and re-anastomosis of small and large bowel (http://www.abog.org/publications).

Traditional curricula in European countries without a training program in extended abdominal surgical procedures constitute a significant barrier to the development of the discipline and to achieving ultimate quality care. Training in selected bowel and upper abdominal procedures should be part of the gynecological oncology curriculum. This process will rather stimulate than replace the interdisciplinary cooperation, which shall always be necessary in complex cases.

This statement represents an opinion of the ESGO Council. It reflects recent changes in the requirements for the surgical treatment of advanced ovarian cancer. It promotes the introduction of selected bowel and upper abdominal procedures into the postgraduate training in gynecological oncology and supports the role of gynecological oncologist in its performance.

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