Dear editor

We read this study\(^1\) with great interest. At present, due to the lack of screening and diagnosis methods for ovarian cancer, there is still a lack of early diagnosis of ovarian cancer. This study uses the systemic inflammatory response index (SIRI) and platelet–lymphocyte ratio (PLR) scoring standards, by adding some different auxiliary diagnostic indicators, to improve the sensitivity of detection, which is helpful for the early detection of ovarian cancer. It is a good supplement to ovarian screening. Screening tools are necessary for early-stage diseases and must be highly specific. In view of the low absolute incidence of ovarian cancer, high specificity can avoid unnecessary intervention in false-positive cases. So far, ovarian cancer screening strategies are based on tumor biomarkers (CA125) combined with transvaginal ultrasound, which has also prompted the shift from treatment to early tumor diagnosis. However, there may be two shortcomings in this study:

1. This study lacks a comparison with the normal population. This study is based on a screening method. It may be more convincing to increase the study group of a control group of the normal population for early diagnosis comparison. This part of data may be lacking for the screening test confirmation.

2. There is no detailed distinction between the different types of ovarian cancer patients, because the expression of tumor markers in each tumor may be different. For example, someone reported in the literature,\(^2\) CA 125 is positive in more than 80% of nonmucinous epithelial ovarian carcinomas and expressed in most Müllerian origin carcinomas, including fallopian tube and primary serous peritoneal carcinoma. The lacking stratification of ovarian cancer may be misleading in the application of this study.

Nevertheless, this is a novel study to introduce a scoring system to the evaluation of ovarian cancer. The results are also applauding. Thanks again for the authors’ pivotal idea and research.

Correspondence: Renjie Wei
Hechi People’s Hospital, No. 455 Jincheng Middle Road, Jinchengjiang District, Hechi City, Guangxi Zhuang Autonomous Region, 547000, People’s Republic of China
Tel/Fax +86 778-2281409
Email wei7789908@163.com

Honglian Huang*  
Tao Huang*  
Renjie Wei
Hechi People’s Hospital, Hechi City, Guangxi Zhuang Autonomous Region, People’s Republic of China
*These authors contributed equally to this work

Reference:
1. \(^1\) \(1.\) CA 125 is positive in more than 80% of nonmucinous epithelial ovarian carcinomas and expressed in most Müllerian origin carcinomas, including fallopian tube and primary serous peritoneal carcinoma.

2. \(^2\) CA 125 is positive in more than 80% of nonmucinous epithelial ovarian carcinomas and expressed in most Müllerian origin carcinomas, including fallopian tube and primary serous peritoneal carcinoma.
Disclosure

The authors report no conflicts of interest for this communication.

References
