

Treatments for peritoneal metastases for colorectal cancer

In a recent attempt to initiate a uniform standard of care for peritoneal metastases from colorectal cancer around the globe, the Peritoneal Surface Oncology Group International (PSOGI), at their biennial meeting, formulated international recommendations for the management of peritoneal metastases from colorectal cancer. The consensus was supported by more than 600 participants at this meeting, which was held on October 17-19, 2014, in Amsterdam. The recommendations are as follows: (1) Cytoreductive surgery (CRS), defined as removal of macroscopic peritoneal disease, combined with hyperthermic intraperitoneal chemotherapy (HIPEC), is the treatment that is indicated for selected patients with moderate- to small-volume peritoneal metastases secondary to colorectal cancer; (2) CRS and HIPEC should be avoided in patients who are unlikely to undergo a complete or near-complete resection, or who are unlikely to achieve a full recovery because of comorbidities; (3) CRS and HIPEC should not be offered at institutions where there is insufficient knowledge or insufficient skill to achieve a complete cytoreduction and to manage the safe administration of perioperative chemotherapy so that morbidity and mortality are acceptable; (4) developing centers should seek support from established teams to assist in their development while gaining experience in these techniques; and (5) integration of this treatment strategy into the total care of the patient with colorectal cancer has become a necessary matter of discussion for multidisciplinary teams.

There is a continued absence of support for a definitive statement regarding CRS and perioperative chemotherapy as part of the standard of care for peritoneal metastases from colorectal cancer in the United States. Although the combined treatment is widely used in the United States, the National Comprehensive Cancer Network still lists the treatment as “experimental” in its guidelines (1). The authors of this correspondence and the participants of the PSOGI meeting are confident that the international recommendations that were agreed to on October 19, 2014, in Amsterdam should become global recommendations. This would further open the treatments to properly selected patients and expand important educational efforts that are needed to optimize the treatments worldwide. Action regarding acceptance of this important new management strategy in the United States is, in the opinion of these authors, overdue.

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