Role of Systemic Chemotherapy in the Radical Approach to Peritoneal Metastases

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No disclosures

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SAVE THE DATE

10th International Congress on Peritoneal Surface Malignancies

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Preoperative systemic chemotherapy			
Yes	275	19.2	0.35
No	231	20.4	

Postoperative systemic chemotherapy			
Yes	204	25.2	0.021
No	302	15.6	

Cytoreductive surgery combined with perioperative intraperitoneal chemotherapy for the management of peritoneal carcinomatosis from colorectal cancer: A multi-institutional study.

Glehen O, Kwiatkowski F, Sugarbaker PH, Elias D, et al.

Journal of Clinical Oncology, 15 August 2004

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Multivariate Analysis of Prognostic Factors for Overall Survival of 523 Patients Treated With Cytoreductive Surgery Combined With Perioperative Intraperitoneal Chemotherapy

Variable	Multivariate Analysis		
	P	Hazard Ratio	95% CI
Peritoneal cancer index*	< .001	1.052	1.029 to 1.076
Completeness of surgery†	.07	1.398	0.970 to 2.014
Positive lymph nodes‡	.02	1.534	1.058 to 2.224
Adjuvant chemotherapy‡	.002	0.578	0.407 to 0.820

* For each additional point in the peritoneal cancer index, the risk of death of the relative risk increases (ie, by 5.2%).
† Completeness was divided into three categories: completeness of the cancer resection (CCR)-0, CCR-1, and CCR-2. Passing from one category to another increases the risk of death by 39%.
‡ Compared in two classes (ie, yes or no).

Peritoneal colorectal carcinomatosis treated with surgery and perioperative intraperitoneal chemotherapy: Retrospective analysis of 523 patients from a multicentric French study.

Elias D, Gilly FN, Boutitie F, et al.

Journal of Clinical Oncology, 1 January 2010

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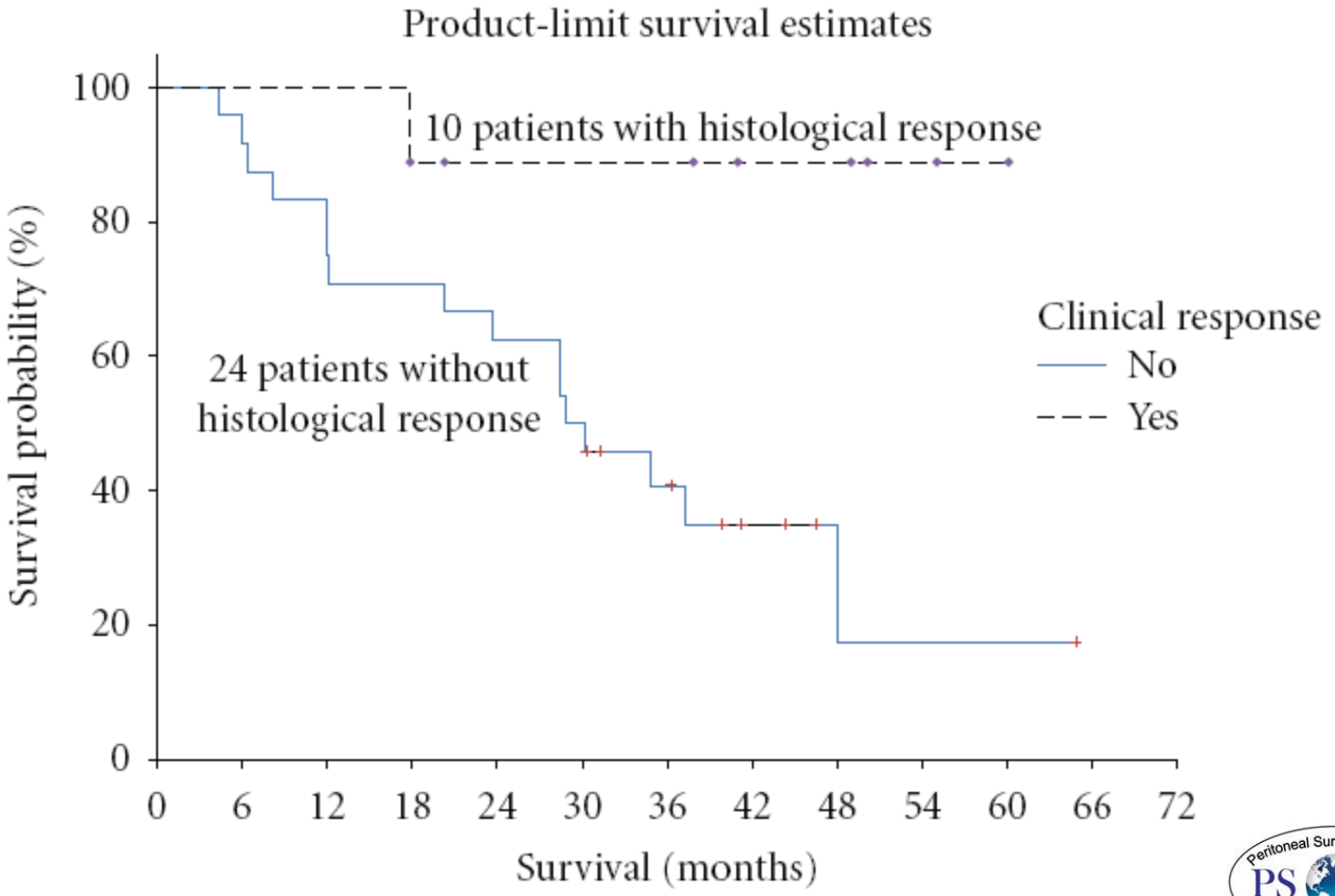
Response to Neoadjuvant Chemotherapy

Bijelic L, Kumar AS, Stuart OA, Sugarbaker PH. Systemic chemotherapy prior to cytoreductive surgery and HIPEC for carcinomatosis from appendix cancer: Impact on perioperative outcomes and short-term survival. **Gastroenterol Res Pract** 2012



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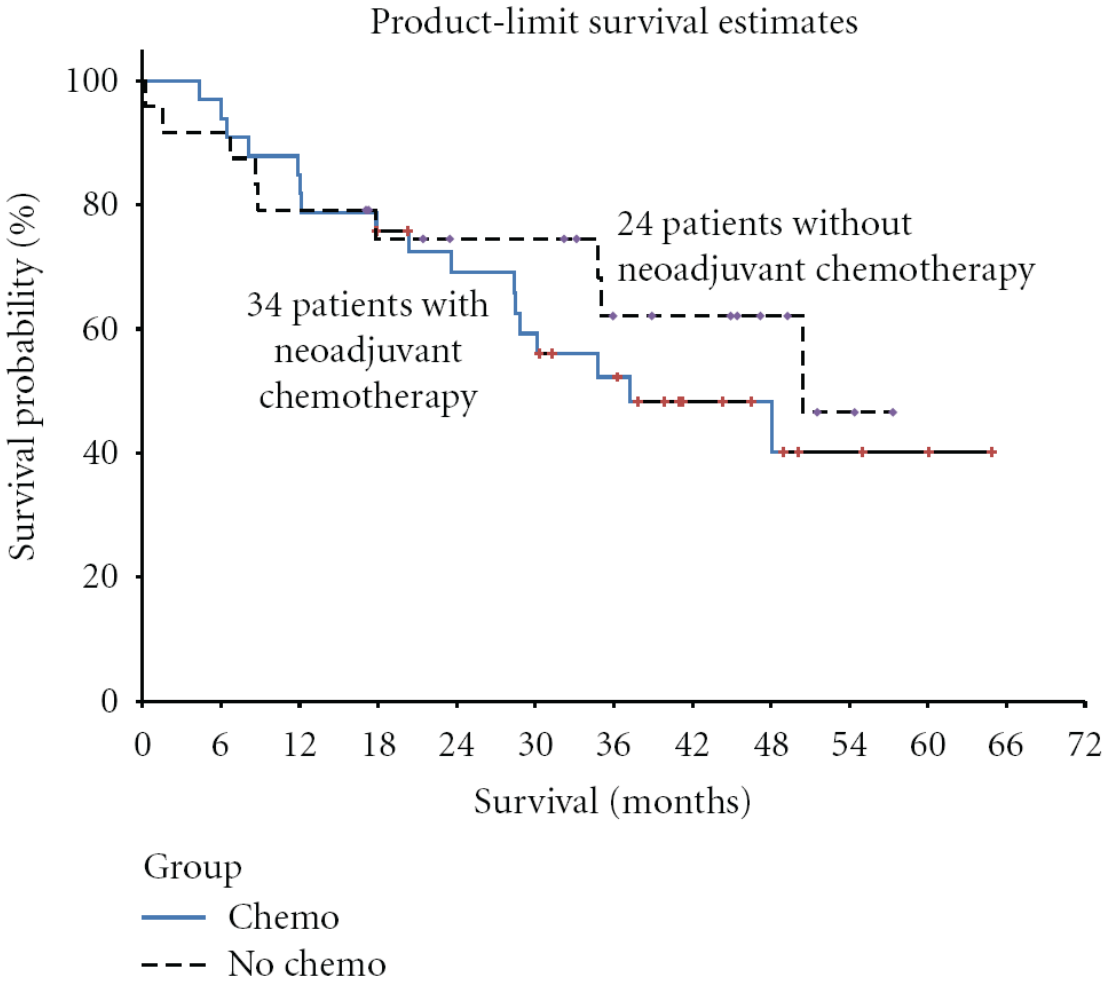

Systemic chemotherapy prior to cytoreductive surgery and HIPEC for carcinomatosis from appendix cancer: Impact on perioperative outcomes and short-term survival.

Bijelic L, Kumar AS, Stuart OA, Sugarbaker PH

Gastroenterol Res Pract, 26 Jul 2012

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Pathological Response to Neoadjuvant Chemotherapy: A New Prognosis Tool for the Curative Management of Peritoneal Colorectal Carcinomatosis

Passot G, You B, Boschetti G, Fontaine J, Isaac S, Decullier E, Maurice C, Vaudoyer D, Gilly FN, Cotte E, Glehen O.

Ann Surg Oncol. 2014 Aug;21(8):2608-14.

Pathological response was based on the determination of the percentage of viable tumor cells with respect to the area of each nodule, independent of the presence of chemotherapy-related tissue injury, fibrosis, or necrosis. Three groups were created for statistical analysis; no residual cancer cells in all specimens (complete response), 1 to 49% residual cancer cells (major response), and >50% residual cancer cells (minor or no response).

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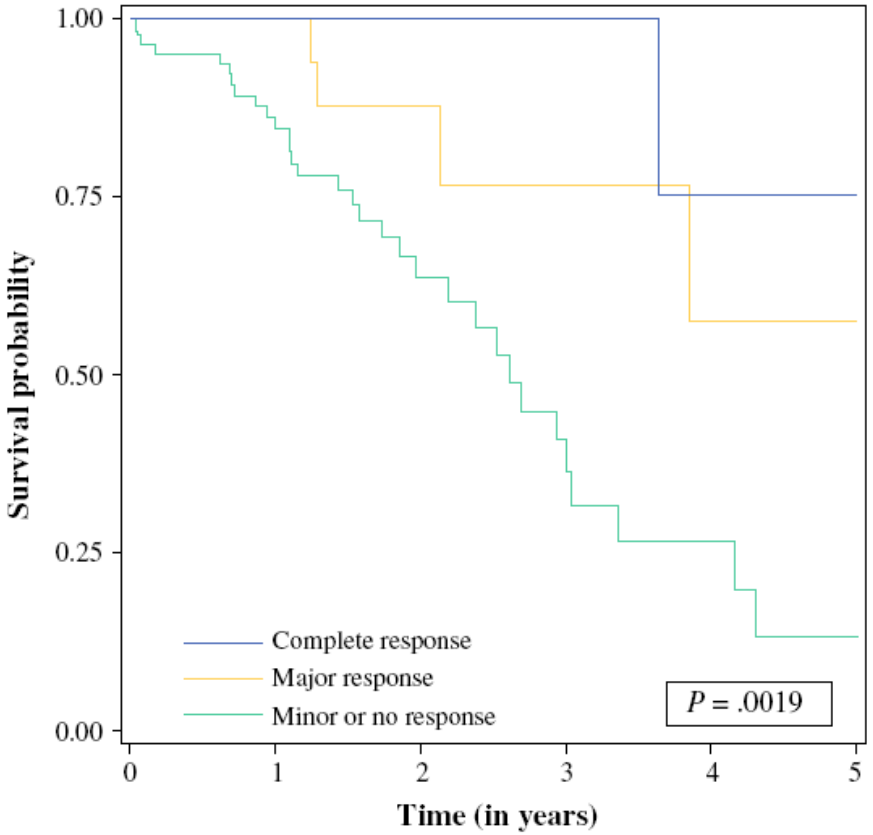

Patients at risk	0	1	2	3	4	5
Complete response	12	10	7	5	2	2
Major response	23	16	11	5	3	2
Minor or no response	80	54	21	9	4	1

Overall survival according to pathological response

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Conclusion:

Complete or near complete response (10-20% of patients) to systemic chemotherapy outperforms the effects of CRS and HIPEC for colorectal cancer or high grade appendiceal neoplasms. The degree of pathological response can be assessed and represented as a new prognostic indicator for treatment with curative intent.

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Concept – Neoadjuvant Chemotherapy PRN (solo necessario)

- NAC only used to select from a very poor prognosis group of patients those who respond and therefore may benefit from CRS and HIPEC (gastric cancer with peritoneal metastases).

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Response to Neoadjuvant Chemotherapy

Borderline resectable patients given neoadjuvant chemotherapy separated into 3 groups

No Response (80%)	Partial Response (20%)	Complete Response (10%)
Palliative benefit from resection, HIPEC of no benefit	Expect benefit from CRS and HIPEC	CRS of value for staging, benefit from HIPEC questionable

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