

Treatment approaches for peritoneal carcinomatosis in colorectal cancer

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15% to 20% of patients with metastatic colorectal cancer show isolated peritoneal carcinomatosis with significant clinical relevance. Their prognosis is poor, with a reported mean survival of less than one year. Multiple peritoneal metastasis are commonly treated palliatively. However, in the last two decades views on peritoneal carcinosis, its etiology, treatment options and multidisciplinary therapy planning, have changed considerably.

Multimodal therapy, combines cytoreductive surgery (CRS) with hyperthermic intra-peritoneal chemotherapy (HIPEC) and Systemic Combination Therapy (SC). To improve the prognosis, the complete resection of all macroscopic visible tumor mass (complete macroscopic cytoreduction) is paramount. Remaining macroscopic tumor material or remaining tumor cells should be eradicated immediately after resection and during the same surgery with the help of HIPEC. For this combined therapy to be successful, careful case selection is essential. The criteria are: peritoneal carcinomatosis without extra-abdominal metastasis, a Peritoneal Cancer Intex PCI < 20, and the absence of huge metastases on the small bowel mesentery.

Additional patient - related factors include, the biological age, co-morbidities, and the estimated risk of perioperative complications. The extent of the intervention can vary a great deal, ranging from isolated right hemicolectomy, omentectomy and parietal peritonectomy to multivisceral resection. Such interventions can take many hours.

Multimodal strategies including cytoreductive surgery, intraoperative intra-peritoneal and systemic chemotherapy, for patients with peritoneal carcinomatosis should be incorporated into treatment algorithms and guidelines, in specialized centers.

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