Peritoneal Malignancy Institute Basingstoke

Located at
Basingstoke and North Hampshire Hospital

Part of
Hampshire Hospital NHS Foundation Trust

PELICAN IMPACT | IMPROVING MANAGEMENT FOR PATIENTS WITH ADVANCED COLORECTAL TUMOURS

NHS

Colorectal Peritoneal Metastases

Faheez Mohamed

Consultant Surgeon

Peritoneal Malignancy Institute

Basingstoke

Best outcomes

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- Complete cytoreduction
- Limited disease
- Synchronous presentation
- Favourable biology (differentiation, time to recurrence)
- Response to adjuvant or neo adjuvant chemotherapy

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Randomized Trial of Cytoreduction and Hyperthermic Intraperitoneal Chemotherapy Versus Systemic Chemotherapy and Palliative Surgery in Patients With Peritoneal Carcinomatosis of Colorectal Cancer

By Vic J. Verwaal, Serge van Ruth, Eelco de Bree, Gooike W. van Slooten, Harm van Tinteren, Henk Boot, and Frans A.N. Zoetmulder

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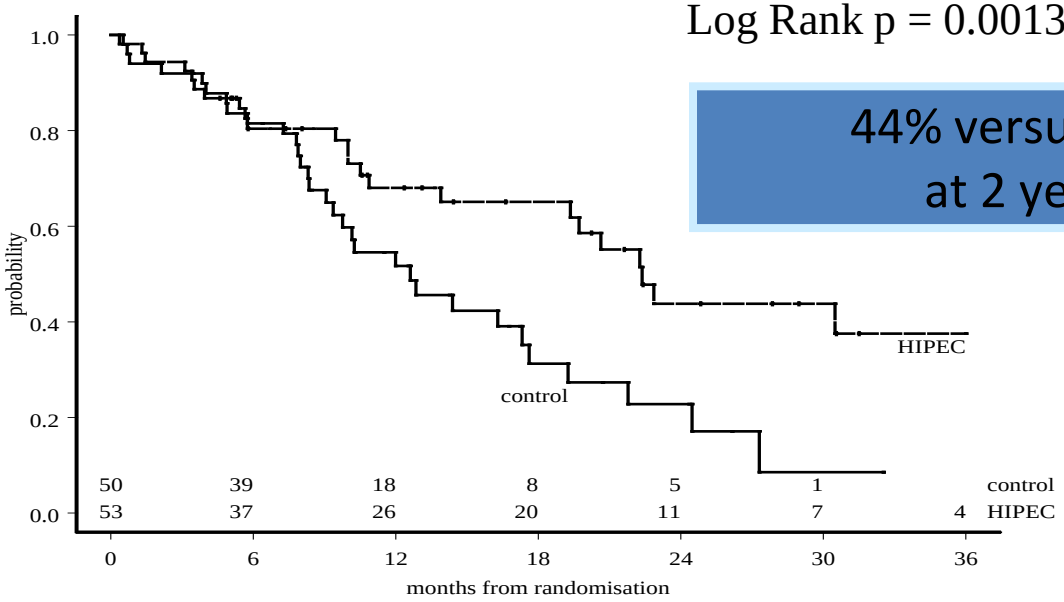

44% versus 24%
at 2 years

VOLUME 28 · NUMBER 1 · JANUARY 1 2010

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Peritoneal Malignancy Institute Basingstoke

Peritoneal Colorectal Carcinomatosis Treated With Surgery and Perioperative Intraperitoneal Chemotherapy: Retrospective Analysis of 523 Patients From a Multicentric French Study

Dominique Elias, François Gilly, Florent Boutitie, F

523 patients
23 centres
1990-2007

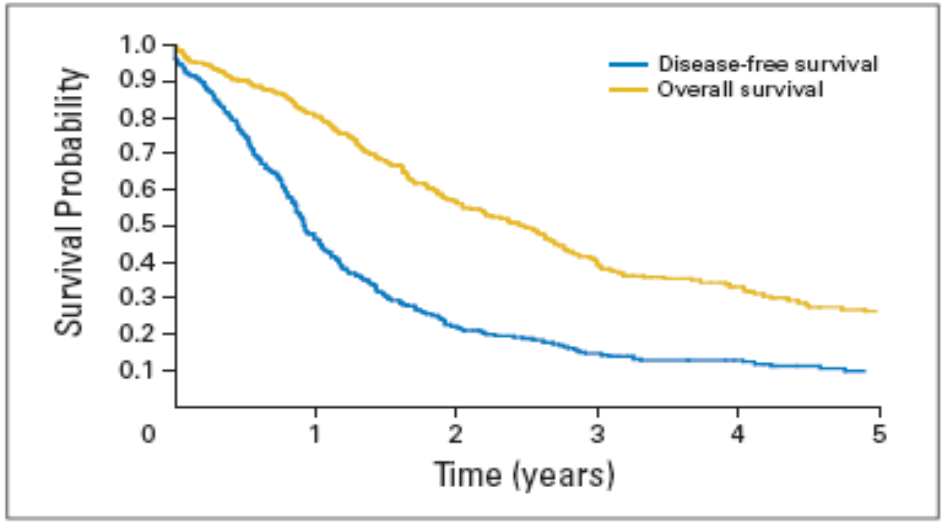

Fig 1. Overall and disease-free survival rates of the 523 patients with peritoneal carcinomatosis of colorectal origin.

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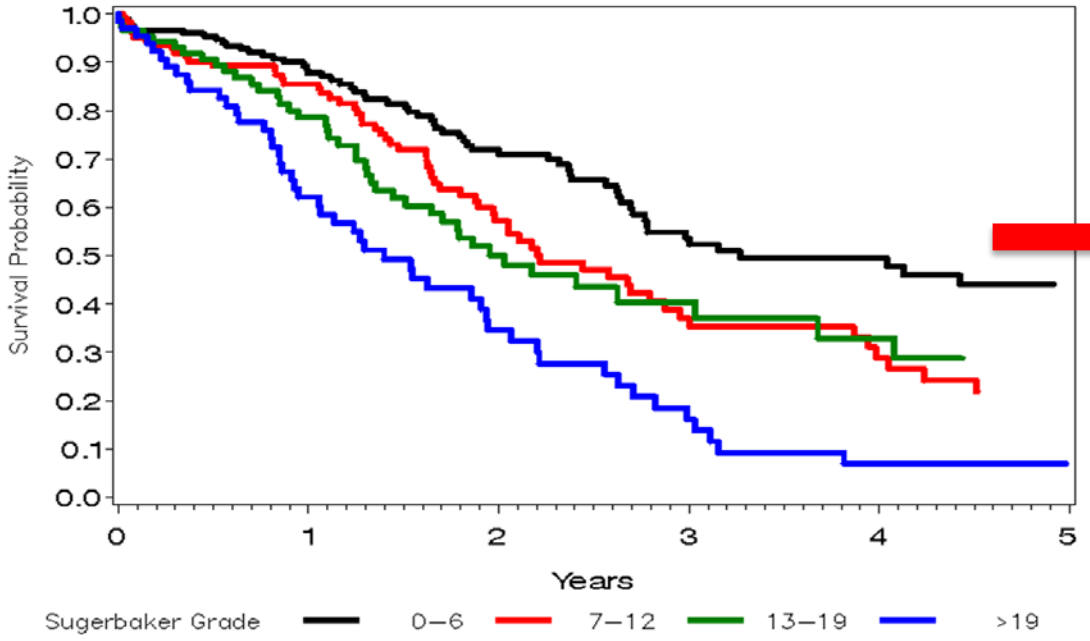

Better survival with lower volume disease

French Multicentre data

BJC

FULL PAPER

British Journal of Cancer (2014) 111, 1500–1508 | doi: 10.1038/bjc.2014.41

Keywords: peritoneal carcinomatosis; cytoreductive surgery; intraperitoneal chemotherapy

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Cytoreductive surgery in combination with hyperthermic intraperitoneal chemotherapy improves survival in patients with colorectal peritoneal metastases compared with systemic chemotherapy alone

R Mirnezami[1], A M Mehta[2], K Chandrakumaran[3], T Cecil[3], B J Moran[3], N Carr[3], V J Verwaal[2,5], F Mohamed[3,5] and A H Mirnezami[*,4,5]

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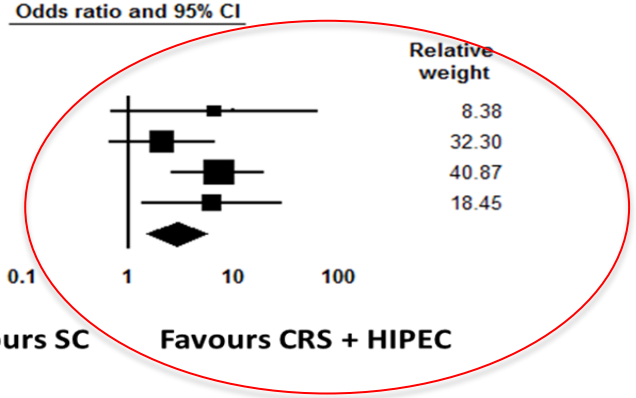
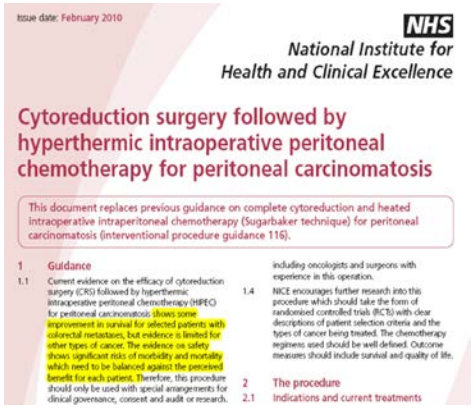
Study name	Statistics for each study				Odds ratio and 95% CI	Relative weight
	Odds ratio	Lower limit	Upper limit	p-Value		
Mahteme et al	6.538	0.679	62.987	0.104		8.38
Verawaal et al	2.095	0.661	6.642	0.209		32.30
Elias et al	7.000	2.510	19.521	0.000		40.87
Franko et al	6.120	1.330	28.165	0.020		18.45
FEM:	4.07	2.17	7.64	0.001		



National Institute for Health and Clinical Excellence

Peritoneal Malignancy Institute Basingstoke

2013 CPM Commissioned in the UK



Issue date: February 2010

NHS
National Institute for Health and Clinical Excellence

Cytoreduction surgery followed by hyperthermic intraoperative peritoneal chemotherapy for peritoneal carcinomatosis

This document replaces previous guidance on complete cytoreduction and heated intraoperative intraperitoneal chemotherapy (Sugarbaker technique) for peritoneal carcinomatosis (interventional procedure guidance 116).

1 Guidance

1.1 Current evidence on the efficacy of cytoreduction surgery (CRS) followed by hyperthermic intraoperative peritoneal chemotherapy (HIPEC) for peritoneal carcinomatosis shows some improvement in survival for selected patients with colorectal metastases, but evidence is limited for other types of cancer. The evidence on safety shows significant risks of morbidity and mortality which need to be balanced against the perceived benefit for each patient. Therefore, this procedure should only be used with special arrangements for clinical governance, consent and audit or research.

including oncologists and surgeons with experience in this operation.

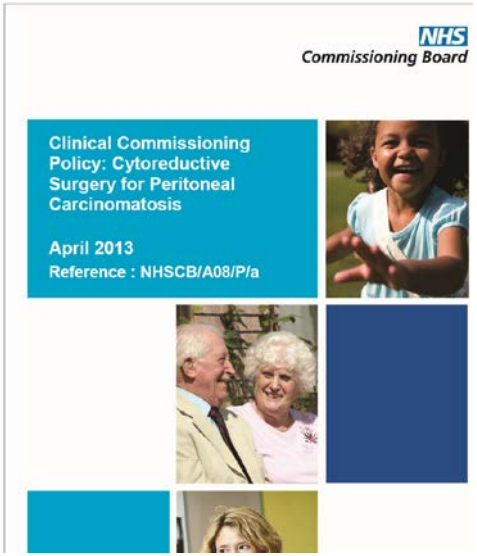
1.4 NICE encourages further research into this procedure which should take the form of randomised controlled trials (RCTs) with clear descriptions of patient selection criteria and the types of cancer being treated. The chemotherapy regimens used should be well defined. Outcome measures should include survival and quality of life.

2 The procedure

2.1 Indications and current treatments

2.3 Efficacy

2.3.1 A systematic review of 4500 patients with peritoneal carcinomatosis of colorectal origin reported an overall median 5-year survival of 19% (16 studies).



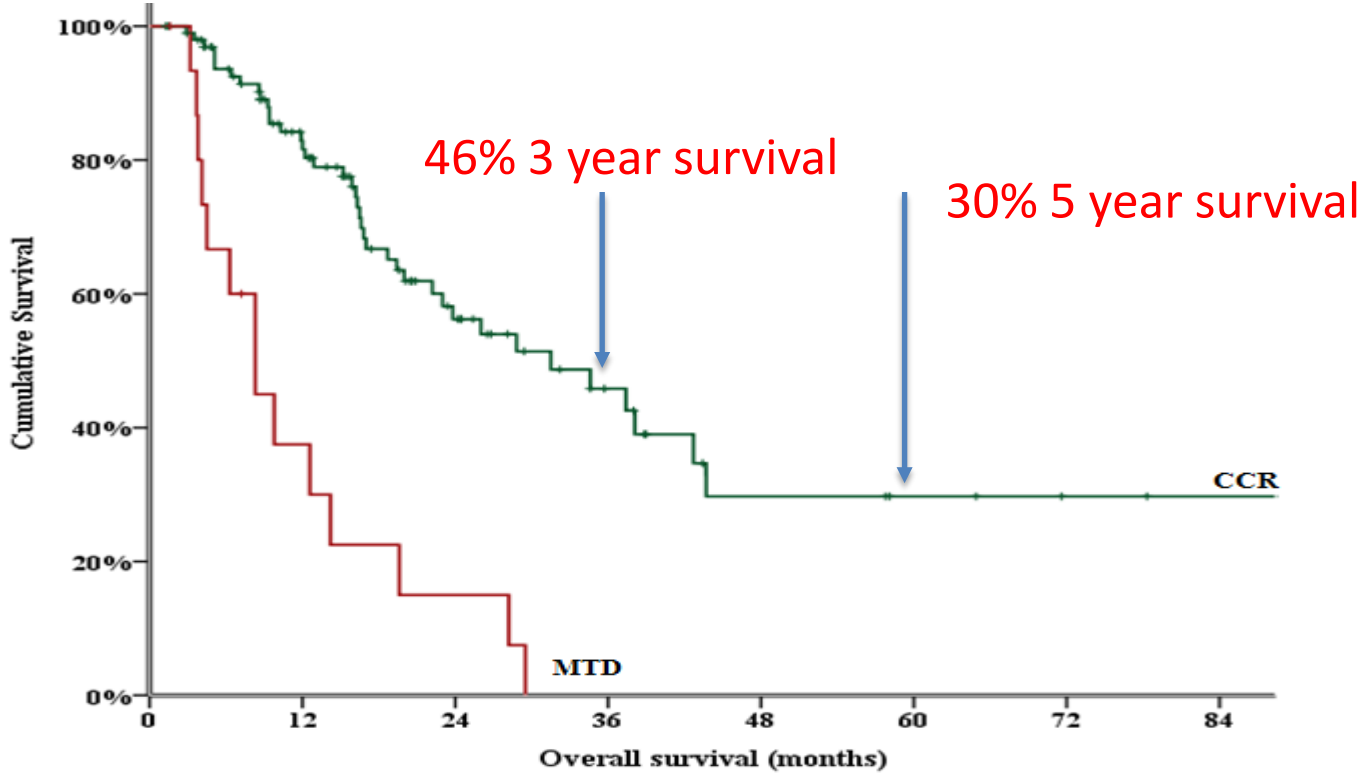
NHS
Commissioning Board

Clinical Commissioning Policy: Cytoreductive Surgery for Peritoneal Carcinomatosis

April 2013

Reference : NHSCB/A08/P/a

Overall survival



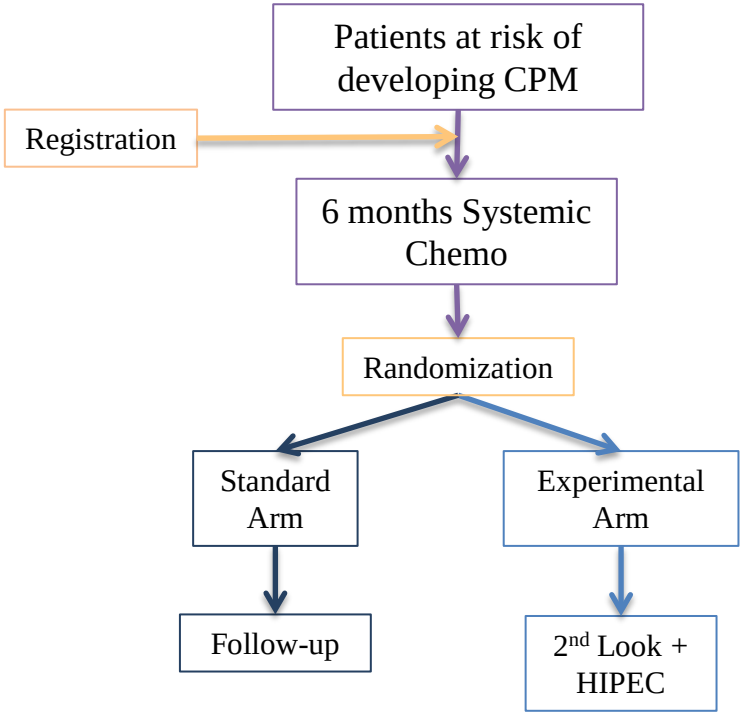
Number at risk							
100	64	29	14	6	4	2	1
14	4	2	0	0	0	0	0

ProphyloCHIP : Study Design

To improve PFS at 3 years from 40 to 65 months

Statistical Framework

- N = 160 (overall)
- Primary end point : PFS at 3 years
- Secondary end points :
  - OS at 5 years
  - Peritoneal recurrence free survival at 5 years
  - Morbidity of 2nd look laparotomy and Toxicity of HIPEC



COLOPEC: Dutch Multicentre Study

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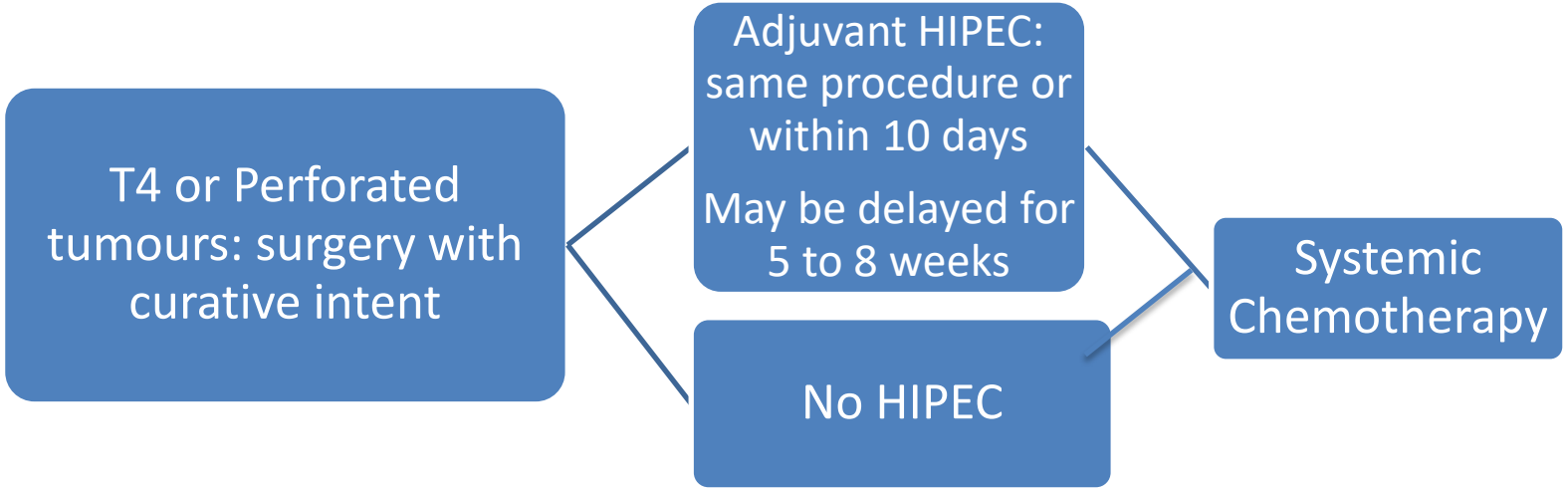
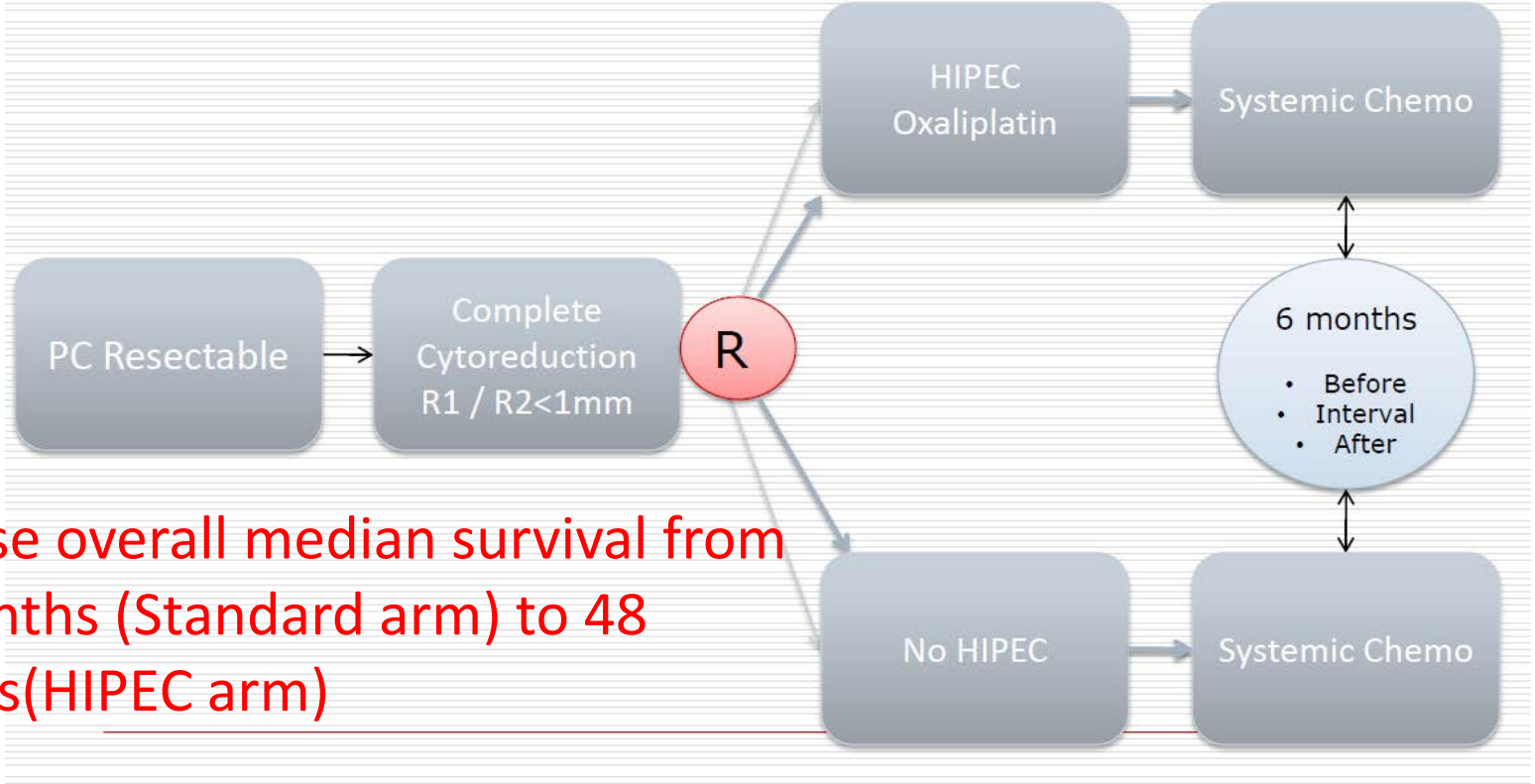
Primary endpoint: Peritoneal recurrence free survival at 18 months

176 patients to be recruited



Laparoscopy at 18 months: powered to detect 15% difference between arms

PRODIGE 7



Increase overall median survival from 30 months (Standard arm) to 48 months(HIPEC arm)