

**Selection of patients with colorectal
carcinomatosis for a procedure combining
perioperative intraperitoneal chemotherapy.
Proposition of guidelines**

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Current Evidence



- Suggests that cytoreductive surgery combined with perioperative intraperitoneal chemotherapy is associated with an improved survival, compared with systemic chemotherapy for peritoneal carcinomatosis from colorectal carcinoma.



However in my practice ...

- « I did not understand the indications »
- « I send a very young man with a very general health status condition, but he was rejected. The situation was impossible after. The patient refuse treatments because HIPEC was rejected. It is finish for me. I did not send any patient more. »
- The more active colorectal unit in Paris, more than 400 colorectal cancer per years did never send a patient to a HIPEC center after 10 years !

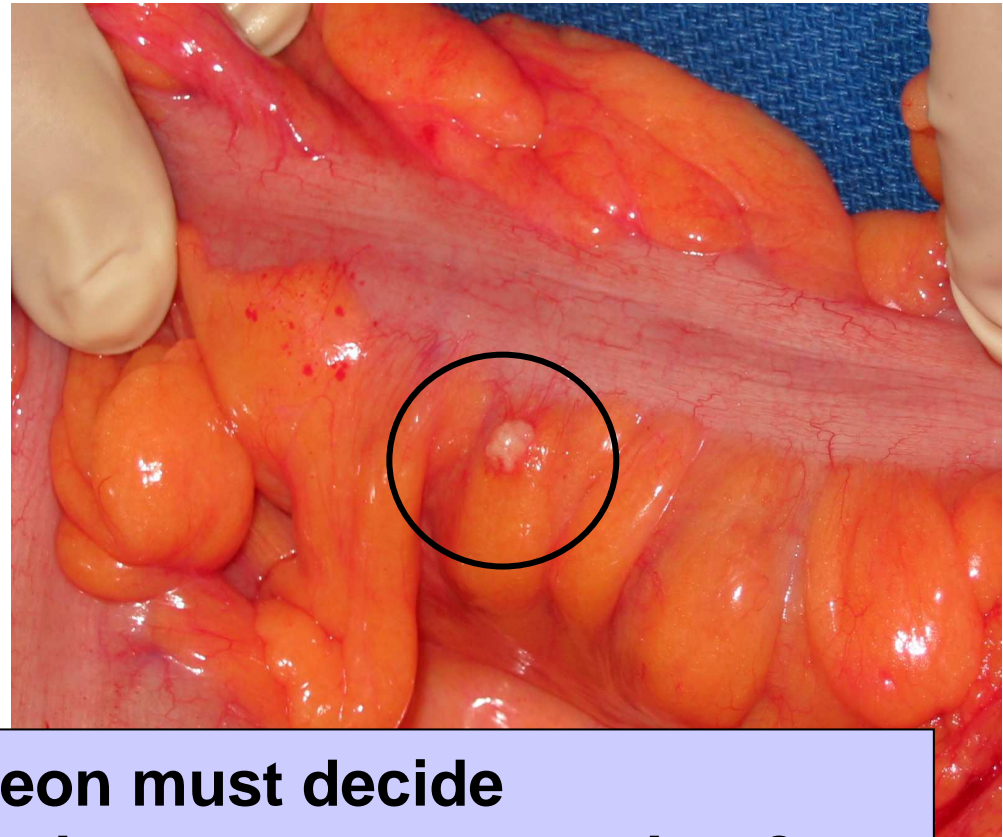


We need GUIDELINES

- For surgeons for perioperative peritoneal carcinomatosis discovery
- For medical or surgical oncologists if a metachronous carcinomatosis is diagnosed.
- For us because of economical impact of HIPEC

Synchronous carcinomatosis

- 40 years
- Caecal primary location
- No liver
- No pulmonary metastasis
- Distant from the primary a unique



The surgeon must decide during the intervention = stop or resection ?



We need **GUIDELINES**

- For surgeons for perioperative peritoneal carcinomatosis discovery

GUIDELINES :

**all items must be in the clinical report,
at the operative room to take quickly
the decision**



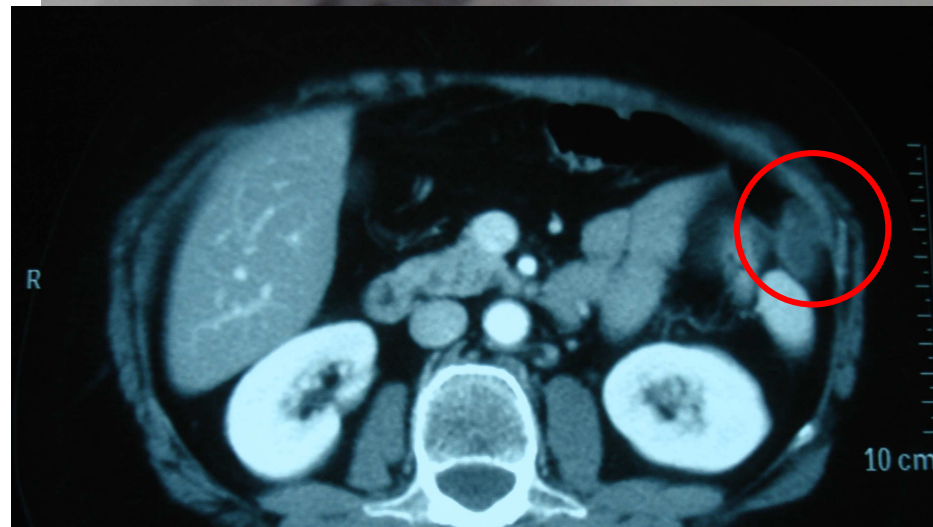
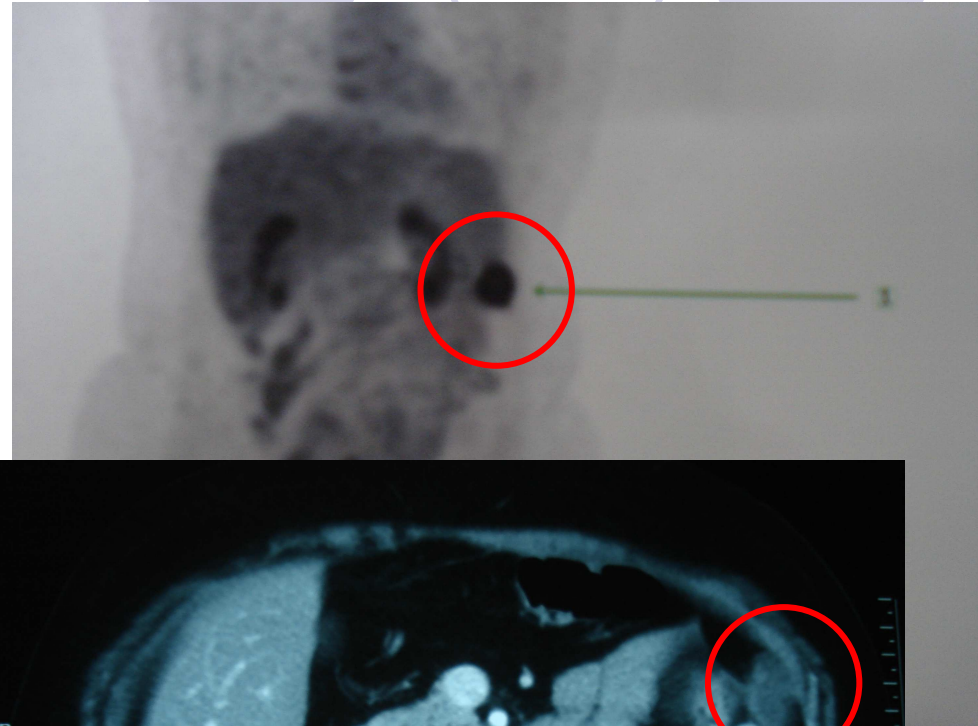
Metachronous carcinomatosis

- 60 years
- Colon cancer resected 3 years ago, tumor open during the surgery
- CEA elevated and carcinomatosis on the CT
- Operated and partially resected
- Chemotherapy with complete response
- Nothing during one year
- New surgical resection or chemo with HIPEC ?

**The oncologist must propose HIPEC on the first line
Not a second line treatment – need Guidelines**

Metachronous carcinomatosis

- 60 years
- Colon cancer resected 2 years ago
- CEA elevated



The oncologist must decide during the staff = chemotherapy or HIPEC program ?



We need **GUIDELINES**

For medical or surgical oncologists if a metachronous carcinomatosis is diagnosed.

GUIDELINES :

all items must be simple and obtained at the medical staff to take easily the decision

Colon carcinomatosis = frequent disease

- Number of HIPEC procedures is limited in each country ?
- € - \$ - £ limitation
- My team is limited



The HIPEC surgeon must decide during the consultation ? Inclusion or not ?



Creation of guidelines

- 1 a panel of 7 French medical or surgical oncologists were asked regarding the different exams used before including a patient in an HIPEC program for a colorectal carcinomatosis
- 2 criteria have been selected by the Lariboisière Unit.
- 3 these criteria have been proposed to a large panel of French surgeon or medical oncologists.
- Finally an international panel was used to valid these clinical criteria.



Creation of guidelines

- International panel was used to valid these clinical criteria.
 - Jean-Marc Bereder - Valérie Boige - Dominique Elias - Olivier Glehen – Jean-Marc Gornet - Brendan Moran - Marc Pocard - Alberto Gomez Portilla - Paul Sugarbacker

Creation of guidelines

- Finally medical report of 20 patients operated at Gustave Roussy Institute
- 20 operated at Lariboisière Hospital were used to analyse this criteria.





Guidelines Contraindication criteria

No Criterion : Indication for HIPEC –

- send the patient in a reference centre
- in the case of synchronous carcinomatosis not achieving colectomy



Guidelines Contraindication criteria

One minor criterion: Possible HIPEC indication :

- contact a reference center for an opinion just as the diagnostic was done.



Guidelines Contraindication criteria

One major criterion or two minor criteria:

Possible indication, but unlikely –

- in the case of synchronous carcinomatosis planned surgery had to be done
- redo a review in three months - then seek a centre if objective response to chemotherapy or modification of the criteria was present.



Guidelines Contraindication criteria

**More than one major criterion or three minors
criteria : No indication**

- in the case of synchronous carcinomatosis
planned surgery had to be done
- in the case of metachronous carcinomatosis
treatment by systemic chemotherapy



Major criteria

1. Age over 70 years
2. Liver Metastases multiple bilobular
3. OMS 2 or more
4. Serious Medical histories (especially neurological or renal)
5. Clinical Aggravation with systemic chemotherapy
6. Malnutrition
7. Lung Metastases



Minor criteria

1. No drop markers with adjuvant chemotherapy
2. Being overweight (BMI > 40)
3. History of pelvic irradiation
4. Carcinomatosis extended at the scanner or clinically significant
5. More than 4 surgical procedures
6. Occlusion
7. Associated Metastases not resected - except ovary



Guidelines Contraindication criteria

- **No Criterion** : Indication for HIPEC - send the patient stop surgery
- **One minor criterion**: Possible indication : contact a specialist.
- **One major criterion or two minor criteria**: not yet – back 3 months
- **More than one major criterion or three minors criteria** : No



Major criteria

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