European Journal of Surgical Oncology 45 (2019) 484

Contents lists available at ScienceDirect

European Journal of Surgical Oncology

journal homepage: www.ejso.com

Correspondence

Reply to: Inflammatory bowel disease with peritoneal metastases: A complex and extremely variable disease

We acknowledge Tuech et al. (EJSO-D-18-00612) for their meaningful comments concerning our study. They report retrospectively the follow-up of 5 patients who underwent complete cytoreduction and HIPEC for intestinal cancers complicating inflammatory bowel disease (IBD). As observed in our multicenter work, the high peritoneal relapse rate and the short recurrence time despite a complete cytoreduction and a low PCI suggest that IBD in itself may be a severity criterion. Of note, the 2 patients remaining free of disease had the lowest PCI underlying the crucial role of early diagnosis of intestinal cancers in IBD population. However, despite a large amount of data, colonic cancer screening by chromoendoscopy remains insufficiently used in clinical practice. Moreover, there is no surveillance program validated for the detection of small bowel cancers complicating IBD leading to a delayed diagnosis of peritoneal disease during an emergency surgery (all of the 7 patients of our cohort). We agree that the setting up of a large register should help to better define the criteria allowing to propose invasive peritoneal surgery in IBD patients. We believe that IBD per se represents an independent factor of poor prognosis in those patients. However, it is particularly difficult for the physicians to reject a potentially curable approach in this frequently young population. According to the usual clinical practice, our patients were operated after a median number of 6 cycles of chemotherapy with predominant use of FU and Oxaliplatin regimen occasionally associated with anti-VEGF or anti EGF-R agents. Our data suggest that a more aggressive neoadjuvant chemotherapy may be of interest in IBD population. A 5FU, Oxaliplatin, Irinotecan and Bevacizumab regimen which seems to be the most effective treatment in aggressive metastatic colorectal cancer appears as a promising approach in that field with an acceptable toxicity profile (unpublished data of our cohort of IBD patients with metastatic colorectal cancer) [1]. The inconclusive results of the recently reported PRODIGE 7 trial led to questioning the interest of HIPEC in colorectal peritoneal metastases [2]. However, in the group of patients treated with cytoreduction alone, the overall survival was unexpectedly high at 41.2 months. Despite the lack of evidence in this subgroup, these data suggest that a more intensive neoadjuvant chemotherapy followed by a complete cytoreduction may be a new therapeutic option in resectable IBD patients. A better understanding of carcinogenic pathways and a more precise analysis of molecular alterations in IBD cancers will help to evolve towards a more personalized treatment in the near future.

Conflicts of interest

The authors have no conflicts of interest or financial ties to disclose.

Source of funding

No financial support was received for this letter.

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Nassim Hammoudi, Jean-Marc Gornet*
Gastroenterology Department, Saint-Louis Hospital, Paris, France

* Corresponding author.
E-mail address: jean-marc.gornet@aphp.fr (J.-M. Gornet).

Available online 11 October 2018

https://doi.org/10.1016/j.ejso.2018.08.033
0748-7983/