



Letter to the Editor

Autopsy of an expert consensus: End of hyperthermic intraperitoneal chemotherapy in colorectal carcinomatosis. Editorial



Keywords:

Editorial
Colorectal carcinomatosis
HIPEC
Cytoreductive surgery

Dear Editor,

I read with great interest the Editorial recently published in your journal by S. Evgard [1] related to the results of the Prodiges 7 Study. The author questions the added-value of hyperthermic intraperitoneal chemotherapy (HIPEC) as adjuvants to R0/R1 cytoreductive surgery (CRS) and systemic chemotherapy in colon-carcinomatosis patients. He proposes the disappearance of HIPEC and its additive toxicity. In his editorial, the author concludes with the acronym Q.E.D.

In Spanish, Q.E.D., means “*que en paz descanse*” or what is the same R.I.P., “*Requiescat in Pace*”. But Q.E.D., in English, is the abbreviation of the Latin words “*Quod Erat Demonstrandum*”, which is used to indicate that the proof has been fully demonstrated.

Certainly, we will have to wait for the final manuscript with the results of the COCHISE trial. But, until then, Serge Evgard has anticipated that the overall survival (OS) of a selected group of 16 colon-carcinomatosis patients treated with folfox plus cetuximab as adjuvants to R0 surgery was 41.5 months.

In 2015, his team at the Institute Bergonié in Bordeaux, France, published a retrospective study of 50 colon-carcinomatosis patients treated with complete CRS and adjuvant systemic chemotherapy only [2]. Seventeen patients received chemotherapy before surgery, and thirty six patients received it only post-operatively. All patients received at least 12 cycles. It is important to highlight that in this study, the colon-carcinomatosis patients group without systemic lung/liver metastases had a median OS of 47.5 months, and 43.87% 5-year survival.

The Institute Bergonié results were similar to those published by Ihemelandu & Sugarbaker [3]. In their study, patients with a complete CC0 CRS had an OS of 36.6 months, and 44% 5-year survival.

But, the results of both experiences were slightly lower than those published by Elias et al. [4], reporting a median OS of 62.7 months, with 51% 5-year survival, for a selective group of patients with colon-carcinomatosis and no liver metastases, treated with

complete CC0-1 CRS and HIPEC with oxaliplatin and posterior adjuvant systemic chemotherapy.

These four publications provide the best results published in the medical literature up to now, with the highest OS ever achieved in colon-carcinomatosis patients treated with radical complete CRS and adjuvant chemotherapy, with or without HIPEC.

It is crystal clear that the only proof that has been demonstrated in the Prodiges 7 Study, and in all the studies previously cited, is that only when a CC0-1 CRS of the whole peritoneal cavity is completed, with no macroscopic residual disease, can a ray of hope be offered to those unfortunate patients who are still susceptible for a treatment with curative intention, if they are supplemented with the best adjuvant chemotherapy protocols.

Whether the heavy wash out of the operative field with heated solutions and the retrieve of the cellular debris, described and used in all these four studies, play a role or not, has to be elucidated.

It seems to me that the only thing that we can honestly conclude, after a reflexive reading of all these papers, is that a complete cytoreductive surgery treatment in colon-carcinomatosis patients is key for success, with a real prognostic impact.

Today, once again, as happened with the introduction of total mesorectal excision (TME) by Heald in the nineties and the posterior impact the development of an international training programme had on rectal cancer patient's outcomes, we have to advocate the excellence in surgical training, asking for international training programmes that allow us to learn the peritonectomy procedures directly from these teams of expert surgeons, specially dedicated to treating the oncologic diseases of the peritoneum, in order to offer the same benefits to all our colon-carcinomatosis patients.

References

- [1] Evgard S. Autopsy of an expert consensus: end of hyperthermic intraperitoneal chemotherapy in colorectal carcinomatosis. Editorial. *Eur J Surg Oncol* 2018;44:1845e1846.
- [2] Desolneux G, Maziere C, Vara J, Brouste V, Fonck M, Bechade D, et al. Cytoreductive surgery of colorectal peritoneal metastases: outcomes after complete cytoreductive surgery and systemic chemotherapy only. *PLoS One* 2015;10(3):e0122816.
- [3] Ihemelandu CH, Sugarbaker PH. Management for peritoneal metastasis of colonic origin: role of cytoreductive surgery and perioperative intraperitoneal chemotherapy: a single institution's experience during two decades. *Ann Surg Oncol* 2017;24:898–905.
- [4] Elias D, Lefevre JH, Chevalier J, Brouquet A, Marchal F, Classe JM, et al. Complete cytoreductive surgery plus intraperitoneal chemohyperthermia with

oxaliplatin for peritoneal carcinomatosis of colorectal origin. *J Clin Oncol* 2009;27:681–5.

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Available online 23 February 2019