

# 特別講演

9月1日(土) 11:30~12:30

第1会場

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# Treatment of Peritoneal Malignancies in Asia

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## INTRODUCTION :

Cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) are increasingly being utilised in the treatment of peritoneal surface malignancies (PSM). A high-volume institute's experience and outcomes with this procedure, and an overview of the current treatment of PSM in Asia will be presented.



## METHODS :

Prospectively collected data from 300 consecutive CRS and HIPEC procedures performed at the National Cancer Centre Singapore (NCCS) between April 2001 and December 2017 was reviewed. Current treatment in regional centres, including Hong Kong, Thailand, Philipines, Taiwan, Korea, and India were explored.

## RESULTS :

At NCCS, CRS and HIPEC was performed for PSM of colorectal (34.7%), ovarian and primary peritoneal (31.6%), appendiceal (23.7%), mesothelioma (4.3%) and other origins (5.7%). The median peritoneal cancer index (PCI) was 10, and 87.2% of patients achieved a completeness of cytoreduction score of 0/1. High-grade morbidity occurred in 19.7% of cases, and there were no 30-day mortalities. At 5-years, the overall survival (OS) was 47.6% and disease free survival was 24.4%. The only factor associated with improved OS on multivariate analysis was the PCI score ( $p=0.034$ ).

The majority of regional centres continue to treat PSM with palliative intent, while there are scattered centres with expertise for CRS and HIPEC in Asia.

## CONCLUSIONS :

The combined treatment of CRS and HIPEC is beneficial and associated with reasonable morbidity and mortality in Asian patients with peritoneal disease from colorectal, ovarian, appendiceal, primary peritoneal and mesothelioma primaries. However, the management of PSM in Asia is still in its infancy, with a heterogenous range of experiences and indications for CRS and HIPEC.

With the set-up of an Asian Peritoneal Surface Malignancy Group (APSMG), increased awareness of PSM and its ideal treatment will serve to improve the management of PSM and allow for better access to institutions with experience treating this advanced but potentially curable condition.

# A novel therapy of peritoneal metastases using comprehensive treatment using cytoreductive surgery combined with hyperthermic intraperitoneal chemoperfusion

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An epoch-making therapy for peritoneal metastasis (PM) was established on the late 1990s. The treatment is named as comprehensive treatment, which consists of aggressive cytoreductive surgery (CRS) and perioperative intraperitoneal/systemic chemotherapy. PM is considered as local disease and the rationale of the treatment is to remove macroscopic tumors and to eradicate the residual micrometastasis by perioperative chemotherapy (POC). The comprehensive treatment (CPT) consists of eight procedures, which are laparoscopic evaluation of the tumor load, POC and CRS. POC includes laparoscopic hyperthermic intraperitoneal chemotherapy (LHIPEC), neoadjuvant intraperitoneal/systemic chemotherapy (NIPS), hyperthermic intraoperative intraperitoneal chemotherapy (HIPEC), extensive intraoperative peritoneal lavage (EIPL), early postoperative intraperitoneal chemotherapy (EPIC) and late postoperative systemic chemotherapy. In the study of gastric cancer patients in P0/Cy1 status by the comprehensive treatment, POC was confirmed to eradicate intraperitoneal micrometastasis. For the clinical standardization of HIPEC, thermal dose concept should be introduced. One thermal dose is equivalent to the treatment for 30 min and 43 °C. In gastric cancer, one thermal dose of HIPEC reduced peritoneal cancer index of 3.5, and changed the positive peritoneal cytology to be negative in 70% of patients.

In gastric (GC), ovarian (OC), colorectal cancer (CRC), mesothelioma (MPM) and pseudomyxoma peritonei (PMP), meta-analyses of the randomized controlled studies demonstrated that HIPEC significantly improve the survival after CRS.

Since 2006, 2165 patients who had PM from PMP (N=1043), GC (N=558), CRC (N=313), OC (N=166), MPM (N=49), and small bowel cancer (SBC, N=36) were treated by CRS+HIPEC. 10-ysr of complete CRS for PMP, CCR, MPM, SBC, OC, and GC were 69%, 14%, 33%, 30%, 49%, and 7%. In contrast, those of incomplete CRS were 14%, 0%, 0%, 0%, 0%, and 0%, respectively.

These results suggest that the CHT must be a breakthrough to improve the prognosis of patients with PM.

