

Referral Criteria for Peritoneal Tumours to the Peritoneal Tumour Service

Inclusion Criteria

The Christie NHS foundation trust runs a National Commissioning Group (NCG) funded peritoneal tumour service (PTS). Under the terms of this agreement we are funded to treat all cases of pseudomyxoma peritonei of appendiceal origin and similar peritoneal surface malignancy diseases by performing cytoreductive surgery and heated, intraperitoneal, intra-operative chemotherapy (CS + HIPEC).

Patients with other pathologies such as pseudomyxoma peritonei type syndrome of ovarian or mucinous adenocarcinoma origin may be referred. It is accepted that in some instances the diagnosis will be uncertain and unresolved until a definitive procedure has been performed. At the current time, we have determined not to treat patients that appear to have malignant mesothelioma of the peritoneum.

In addition to this, we are funded by the regional specialist commissioners to perform CS and HIPEC on patients with peritoneal carcinomatosis of colorectal origin providing they meet the inclusion criteria below:-

- Peritoneal neoplasms (benign and malignant) of appendiceal or colorectal origin
- Disease distribution amenable to complete or near complete (residual individual tumours being no bigger than 2.5mm diameter – CC0 or CC1) surgical resection
- Absence of systemic disease at the time of referral i.e. could have been Dukes C treatment with adjuvant chemotherapy at initial presentation (nodal positivity, unresectable distant metastases)
- Performance status sufficient to withstand a major surgical procedure
- Availability of all previous relevant imaging, histology and medical notes

Exclusion Criteria

- Unresectable disease (>CC2)
- Significant co-morbidities
- Malignant peritoneal mesothelioma
- Peritoneal carcinomatosis of non-colorectal origin

Patient Pathway (see Appendix 1)

All patients referred to the Peritoneal Tumour Service (PTS) are evaluated against the NICE approved treatment guidelines for pseudomyxoma peritonei (IPG56) and peritoneal carcinomatosis (IPG116) and according to the categories agreed through the NCG contract and the regional commissioners.

Patient selection for treatment is by review of all relevant pathology by the Christie pathology department (to ensure accurate categorisation of their disease), specialist MDT and, where appropriate, clinical assessment at the Christie with all cross-sectional imaging having been made available. Further imaging and pre-operative investigations are performed as necessary to ensure fitness for major surgery.

It is anticipated that approximately two-thirds of the patients referred will undergo surgical intervention and approximately two-thirds of these will undergo complete cytoreduction with intraperitoneal chemotherapy.

If patients are deemed unsuitable for cytoreduction and HIPEC due to disease distribution, performance status or other co-morbidities, they are then considered for systemic chemotherapy or entered on to a watch and wait programme. The chemotherapy will be advised by the Oncologist members of the PTS but will often be administered locally.

See appendix II for examples of evidence for this treatment.

Service Contact details:

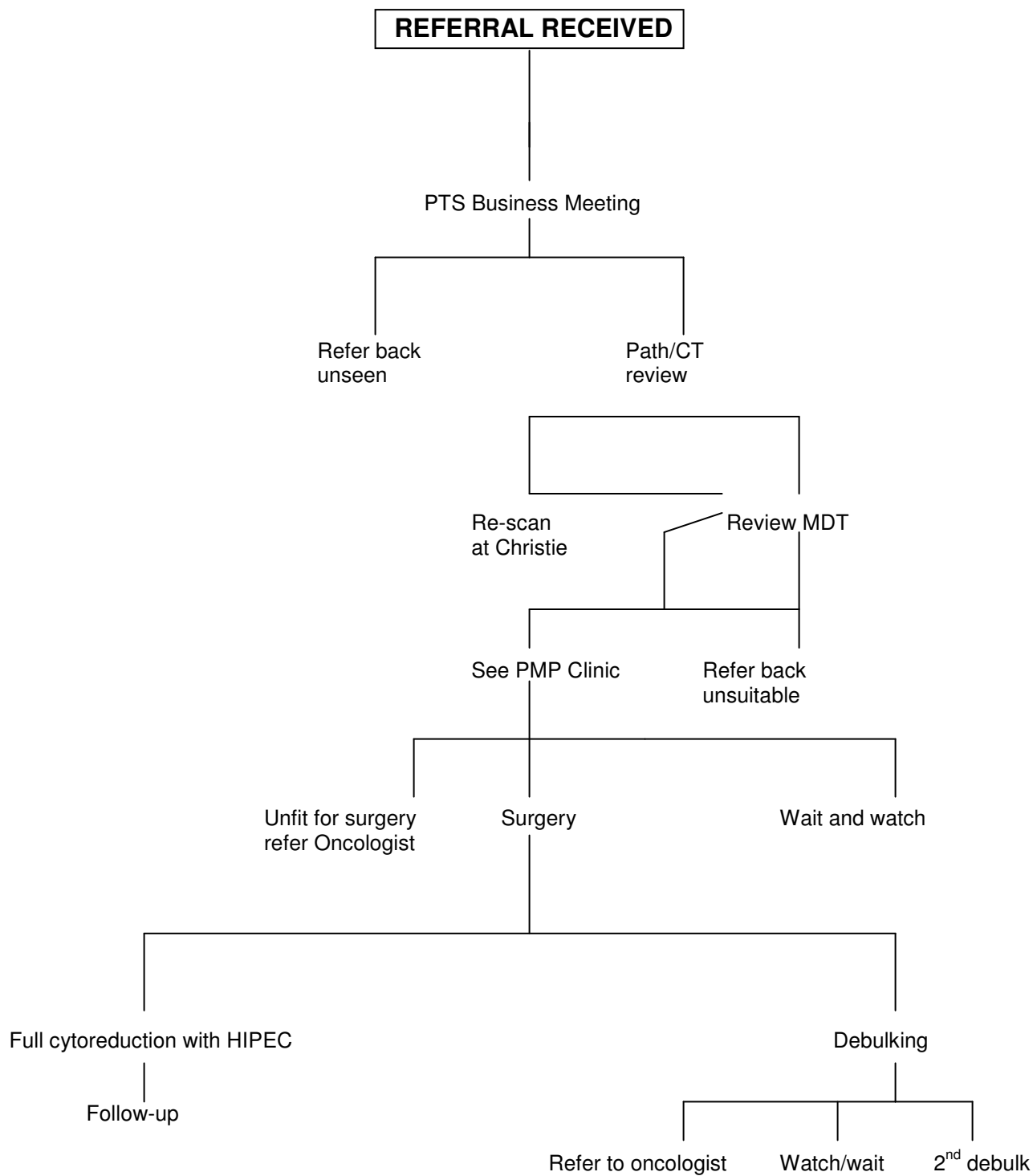
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Appendix 1: THE CHRISTIE PERITONEAL TUMOUR SERVICE



Appendix II: Examples of evidence:

PMP

Prospective morbidity and mortality assessment of cytoreductive surgery plus perioperative intraperitoneal chemotherapy to treat peritoneal dissemination of appendiceal mucinous malignancy. Sugarbaker PH, Alderman R, Edwards G, Marquardt CE, Gushchin V, Esquivel J, Chang D. *Ann Surg Oncol* 2006 May;13(5):635-44.

A phase II study evaluating the use of concurrent mitomycin C and capecitabine in patients with advanced unresectable pseudomyxoma peritonei. Farquharson AL, Pranesh N, Witham G, Swindell R, Taylor MB, Renehan AG, Rout S, Wilson MS, O'Dwyer ST, Saunders MP. *Br.J.Cancer* 2008 Aug 19;99(4):591-6

Treatments and outcomes of peritoneal surface tumors through a centralized national service (United Kingdom). Rout S, Renehan AG, Parkinson MF, Saunders MP, Fulford PE, Wilson MS, O'Dwyer ST. *Dis Col and Rect* 2009 Oct;52(10):1705-14.

Peritoneal Carcinomatosis

Recurrences after peritoneal carcinomatosis of colorectal origin treated by cytoreduction and hyperthermic intraperitoneal chemotherapy: location, treatment, and outcome. Verwaal VJ, Boot H, Aleman BM, van Tinteren H, Zoetmulder FA. *Ann Surg Oncol* 2004 Apr;11(4):375-9.

Peritoneal colorectal carcinomatosis treated with surgery and perioperative intraperitoneal chemotherapy: retrospective analysis of 523 patients from a multicentric French study. Elias D, Gilly F, Boutitie F, Quenet F, Bereder JM, Mansvelt B, Lorimier G, Dubè P, Glehen O. *J Clin Oncol* 2010 Jan 1;28(1):63-8