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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miss S T O’Dwyer</td>
<td>Consultant Surgeon</td>
<td>0161 446 8311 <a href="mailto:julie.kielty@christie.nhs.uk">julie.kielty@christie.nhs.uk</a></td>
</tr>
<tr>
<td>Mr M S Wilson</td>
<td>Consultant Surgeon</td>
<td>0161 446 3366 <a href="mailto:gill.harrison@christie.nhs.uk">gill.harrison@christie.nhs.uk</a></td>
</tr>
<tr>
<td>Mr P E Fulford</td>
<td>Consultant Surgeon</td>
<td>0161 446 3366 <a href="mailto:paul.fulford@christie.nhs.uk">paul.fulford@christie.nhs.uk</a></td>
</tr>
<tr>
<td>Mr A G Renehan</td>
<td>Senior Lecturer in Cancer Studies and Surgery, Honorary Consultant</td>
<td>0161 446 8311 <a href="mailto:arenehan@picr.man.ac.uk">arenehan@picr.man.ac.uk</a></td>
</tr>
<tr>
<td>Mr D J Sherlock</td>
<td>Consultant Hepatobiliary Surgeon</td>
<td>0161 720 2612 <a href="mailto:gill.harrison@christie.nhs.uk">gill.harrison@christie.nhs.uk</a></td>
</tr>
<tr>
<td>Dr M P Saunders</td>
<td>Consultant Oncologist</td>
<td>0161 446 3357 <a href="mailto:mark.saunders@christie.nhs.uk">mark.saunders@christie.nhs.uk</a></td>
</tr>
<tr>
<td>Mia Parkinson</td>
<td>Service Manager</td>
<td>0161 446 8051 <a href="mailto:mia.parkinson@christie.nhs.uk">mia.parkinson@christie.nhs.uk</a></td>
</tr>
<tr>
<td>Julie Kielty</td>
<td>PTS Secretary</td>
<td>0161 446 8051 <a href="mailto:julie.kielty@christie.nhs.uk">julie.kielty@christie.nhs.uk</a></td>
</tr>
</tbody>
</table>

Peritoneal Tumour Service
The Christie NHS Foundation Trust
Manchester
M20 4BX

Tel: 0161 446 8051
Fax: 0161 918 7078

January 2010
Appendix 1: THE CHRISTIE PERITONEAL TUMOUR SERVICE

REFERRAL RECEIVED

PTS Business Meeting

Refer back unseen

Path/CT review

Re-scan at Christie

Review MDT

See PMP Clinic

Refer back unsuitable

Unfit for surgery refer Oncologist

Surgery

Wait and watch

Full cytoreduction with HIPEC

Debulking

Follow-up

Refer to oncologist

Watch/wait

2nd debulk

Ratified by the Colorectal CSG 7 June 2011
Date for review: June 2012
Appendix II: Examples of evidence:

PMP


Peritoneal Carcinomatosis
