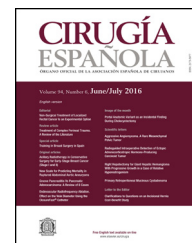




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Original article

Systematic Second-look Surgery Plus HIPEC in Patients Without Evidence of Recurrence, at High Risk of Carcinomatosis After Colorectal Cancer Resection ☆☆☆



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A B S T R A C T

Introduction: To analyze the impact of systematic second-look surgery plus hyperthermic intraperitoneal chemotherapy (HIPEC) performed 1 year after resection of the primary tumor, in asymptomatic patients at high risk of developing peritoneal carcinomatosis (PC). **Methods:** Between 2012 and 2016, 33 patients without any sign of peritoneal recurrence on imaging studies were prospectively included in the study and underwent second-look surgery aimed at treating limited PC earlier and were prospectively recorded. They were selected based on 5 primary tumor-associated criteria: resected minimal synchronous macroscopic PC (n=10), synchronous ovarian metastases (n=2), positive peritoneal cytology (n=2), pT4 primary tumors (n=15) and perforation (n=4).

Results: PC was found and treated by cytoreduction plus HIPEC in 10 of the 33 (30.3%) patients, although it was detected in only 2/15 patients of the pT4 subgroup (13.3%). The patients without PC underwent complete abdominal exploration plus HIPEC. Median follow-up was 14.5 months. One patient died postoperatively at day 55. Severe morbidity rate (Clavien–Dindo III–V) was low (15.2%). The 3-year overall survival rate was 93% and the 3-year disease-free survival rate was 33%. Peritoneal recurrences occurred in 4 patients (12.1%), 2 of whom had macroscopic PC discovered at the second-look (20%), while the other 2 patients had no macroscopic PC (8.7%) (P=.04).

Conclusions: The second look+HIPEC strategy in our series of patients at high risk of developing PC, allows its early detection and its treatment in 30.3% of cases, with a very

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low rate of peritoneal recurrence. It is important to continue evaluating the results to increase the accuracy of the inclusion criteria, especially the pT4 criterion that in this series has a low predictive power for the occurrence of PC.

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Cirugía de second look más HIPEC en pacientes sin evidencia de recidiva con alto riesgo de desarrollar carcinomatosis tras resección de cáncer colorrectal

R E S U M E N

Palabras clave:

Carcinomatosis peritoneal
Cáncer colorrectal
Cirugía second look
HIPEC

Introducción: Analizar el impacto de la cirugía de second look (CSL) combinada con quimioterapia intraperitoneal hipertérmica (HIPEC) realizada un año después de la cirugía del tumor primario en pacientes asintomáticos con alto riesgo de desarrollar carcinomatosis peritoneal (CP) tras resección de cáncer colorrectal.

Métodos: Entre febrero 2012 y febrero 2016, 33 pacientes con alto riesgo de recidiva peritoneal, sin signos de recurrencia en pruebas de imagen fueron prospectivamente incluidos en el estudio y sometidos a CSL con el objetivo de tratar posibles recidivas peritoneales precozmente. Los pacientes fueron seleccionados por 5 criterios: pT4 (n = 15), citología peritoneal positiva por cáncer (n = 2), tumor perforado (n = 4), enfermedad peritoneal sincrónica reseçada (n = 10), metástasis ováricas sincrónicas reseçadas (n = 2).

Resultados: Se detectó carcinomatosis peritoneal (CP) en 10 de los 33 pacientes (30,3%) (CP+), en los cuales se realizó citorreducción completa más HIPEC. En el subgrupo de los pacientes pT4 (n = 15) se detectó CP solo en 2 casos (13,3%). El resto de los pacientes (CP-) fueron sometidos a HIPEC profiláctica. La mediana de seguimiento después de CSL ha sido de 14,5 meses. La tasa de morbilidad postoperatoria grave (Clavien-Dindo III-V) fue del 15,2% (5/33) y la mortalidad del 3,0% (1 paciente al 55.º día postoperatorio). La supervivencia global a 3 años fue del 93% y la supervivencia libre de enfermedad del 33%. Tras CSL + HIPEC, 4/33 pacientes (12,1%) recidivaron en el peritoneo, 2 CP + (20%) y 2 CP - (8,7%) (p = 0,04).

Conclusiones: La realización de CSL + HIPEC en nuestra serie de pacientes con alto riesgo de desarrollar CP permite su detección temprana y su tratamiento en el 30,3% de los casos, con una tasa muy baja de recurrencia peritoneal posterior. Es importante continuar evaluando los resultados para aumentar la precisión de los criterios de inclusión, especialmente del criterio pT4, que en esta serie tiene un bajo poder predictivo para la aparición de CP.

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Introduction

In colorectal cancer (CRC), peritoneal carcinomatosis (PC) is detected at the diagnosis of the primary tumor in 10% of patients; meanwhile, 40%–70% of treated patients present recurrence, located exclusively in the peritoneum in 10%–35%.^{1–5} These patients with PC have been classically considered incurable. Although the median survival has increased considerably with contemporary chemotherapy (CTx) (based on oxaliplatin or irinotecan), reaching 12.7 months,⁶ prolonged survival is anecdotal.^{7–10} However, the prognosis has improved with the use of cytoreduction surgery (CR) combined with hyperthermic intraperitoneal chemotherapy (HIPEC). Five-year survival in patients with PC is 30% and could exceed 40% in selected patients.^{11,12} The best results are obtained in patients with low tumor load (Peritoneal Cancer Index, or PCI). PCI is the most important prognostic factor,^{8,13,14} with a 5-year survival rate of 49% in patients with PCI <7 compared to survival rates <10% with PCI ≥20.¹³ Patients with extensive

peritoneal involvement (PCI >21) do not benefit from this technique.

All our efforts should be aimed at identifying patients with peritoneal carcinomatosis at the earliest possible stage. Early diagnosis of PC is difficult, due to the absence of symptoms at early stages and the poor sensitivity of current imaging tests to detect low-volume peritoneal disease.¹⁵ The Elias group has proposed systematically performing second-look surgery (SLS)+HIPEC in patients undergoing surgery with curative intent for CRC with no evidence of peritoneal disease in the follow-up but who present factors that increase the risk of recurrence; they have detected PC in 56% of the cases treated with this strategy.¹⁶ The selection criteria of the French group included patients who had tumor perforation at diagnosis or those who underwent resection for limited PC or ovarian metastasis simultaneously and radically with surgery for the primary tumor. However, there are other factors that clearly correlate with increased risk for peritoneal recurrence: fundamentally, whether the primary tumor is pT4^{17–20} or positive cytology in the primary surgery.^{21,22}

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