Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) in colorectal cancer with peritoneal metastasis: Status quo and how should we proceed

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Metastatic disease in colorectal cancer (CRC) is a challenging multidisciplinary disease, nowadays, embracing all oncological disciplines.

In selected patients, radical surgery is an opportunity for curing patients or important to “chronify” disease. This was clearly shown for years in metastatic liver disease from CRC.

In peritoneal metastasis (PM) surgery has become a dominant key in selected patients reaching a median overall survival of over 40 months [1]. The role of hyperthermic intraperitoneal chemotherapy (HIPEC), alone, is still unclear, especially due to the lack of randomized controlled trials. Prodigy 7 proved the dominant role of surgery questioning HIPEC. The “one shot” and effectiveness of, mostly used oxaliplatin remains questionable in this setting [1].

Surgery in general has become more minimally invasive. Whenever possible laparoscopy should be performed to estimate the peritoneal carcinomatosis index (PCI) and assess critical regions such as the small bowel. Diagnostic laparotomies should be avoided whenever possible. Liver metastasis in patients with limited peritoneal spread is no longer a contraindication for surgery [2].

In this special issue of the *Magazine of European Medical Oncology (MEMO)* a multidisciplinary team of experts summarize and discuss recent developments and the importance of HIPEC. Cytoreductive surgery (CRS) and HIPEC should be performed with moderate PCI (<15) and ≤ three resectable liver metastases and, if applied, response to systemic chemotherapy [3]. Gasser et al. confirmed in their review that

CRS ± HIPEC will play a significant role in the future [4]. New innovative trial designs as proposed in the article from Yurtas et al. [5] may be needed, based on the difficulty of creating a prospective study, including potent intravenous chemotherapy regimens.

The present uncertainty about HIPEC in CRC with PM in the community should not lead to abandonment of this multimodal treatment approach, but strengthen the important role of surgery in this disease and proceed to redefine the role of HIPEC.

Best regards,

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Conflict of interest I. Königsrainer declares that he has no competing interests.

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