



ASO Author Reflections: What is the Best Therapeutic Strategy for Patients with Limited Synchronous Peritoneal Metastases of Colorectal Cancer?

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PAST

Peroperative diagnosis of limited peritoneal metastases during surgery of colorectal cancer is a situation that can occur in a colorectal surgeon's life. However, no evidence exists to indicate the best therapeutic strategy to offer. This study compared the two principal strategies: resection of the primary tumor and peritoneal metastases with concomitant versus subsequent hyperthermic intraperitoneal chemotherapy.¹

PRESENT

For incidental limited colorectal peritoneal metastases (CRPM) diagnosed during primary tumor resection, even if no significant difference in terms of survival is shown, it is the authors' view that one-stage curative treatment is preferable, avoiding a supplementary surgical procedure. Given the critical issues associated with completeness of resection, patients should be referred to centers specialized in peritoneal surgery.

FUTURE

Due to negative results from the two last important trials of peritoneal colorectal cancers (PRODIGE7 and PROPHYLOCHIP),^{2,3} some surgeons consider that referring patients is not necessary. But cytoreductive surgery is specific and needs peritoneal expertise. Otherwise, the oncologic results are likely to be worse in the next few years. We must be cautious and continue to urge general surgeons to refer these patients. New clinical trials are necessary to answer this question definitively.

DISCLOSURE There are no conflict of interest.

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