

COMMENTARY

Proceedings of the 9th International Congress on Peritoneal Surface Malignancies, October 9th – 11th 2014, Amsterdam

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The 9th International Congress on Peritoneal Surface Malignancies (PSM), held in Amsterdam from 9-11 October 2014 was one of the most important scientific meetings of the last years in the field of surgical oncology. The conference attracted a great number of surgical oncologists of various backgrounds, surgical trainees and allied health professionals, through an innovative nursing congress running in parallel to the main Congress programme. Apart from being an exceptional opportunity for discussing the current advances in the area of cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) with panels of world renowned experts, there were further important contributions of this Congress in the area of PSM treatment which should be noted.

Throughout the conference, through a creatively interactive way, experts from some of the most well-established PSM centers in the world managed to reach an international consensus regarding the current role of CRS & HIPEC in PSM. The position statements produced were orientated towards addressing the patient selection process, the variability of the indications for the procedure depending on the primary malignancy, as well as quality assurance issues. We attempt to summarize and further disseminate the key messages of the Congress.

It was therefore proposed in the general consensus that CRS & HIPEC should be avoided in cases where achievement of complete or near-complete cytoreduction does not seem to be feasible from the preoperative diagnostic work-

out. In addition, stressing the critical role of patient selection and maintenance of patients' quality of life, it was concluded that patients with PSM should not undergo CRS & HIPEC if they are not expected to fully recover from the procedure. Furthermore, in terms of outlining the indications for CRS & HIPEC with respect to the origin of the primary cancer - and in combination with the above statement regarding the importance of the resectability of the disease - the experts' consensus concluded that CRS & HIPEC should be considered as a standard of care in pseudomyxoma peritonei (PMP) and appendiceal tumors with peritoneal dissemination. In addition, it was stated that CRS & HIPEC should be the mainstay of treatment in carefully selected patients with peritoneal metastases from colorectal cancer or peritoneal mesothelioma. Moreover, it was concluded that patients with advanced peritoneal metastases from ovarian cancer or patients with peritoneal metastases from a primary gastric cancer could potentially benefit from CRS & HIPEC. However, it was mentioned that additional evidence from currently ongoing trials are required to further specify the exact indications in these cases. Finally, with respect to the role of perioperative systemic chemotherapy accompanying CRS & HIPEC, it was agreed that its potential significance should be further evaluated in the framework of future clinical trials.

Apart from the above mentioned, another important contribution of this Congress was the strong emphasis given on ensuring the adequate specialist training of the surgical teams as well

as the provision of optimal perioperative care to patients undergoing CRS & HIPEC. From this point of view, a key message in the conclusions of the Congress was that CRS & HIPEC should be performed in surgical centers with sufficient knowledge and skills to achieve a complete cytoreduction and be capable of administering the perioperative chemotherapy with safety, demonstrating acceptable morbidity and mortality rates. Under the notion of further improving the specialist surgical training required to achieve these technical standards, it was announced that the Peritoneal Surface Oncology Group International (PSOGI), in collaboration with the European Society of Surgical Oncology (ESSO), will launch an international surgical training programme for future peritoneal surface oncology surgeons. This program will aim to provide expert mentorship, hands-on practical and theoretical training to surgical oncologists who wish to work in or even establish dedicated units for the treatment of PSM with CRS & HIPEC. This ambitious training programme, named "European School of Peritoneal Surface Oncology" is already advertised in the official website of the European Society of Surgical Oncology and will soon accept prospective fellows.

Finally, another innovative point of this Congress was the incorporation of a training day for nurses and allied health professionals, which was running in parallel with the main scientific programme on the second day of the event. It was an

exceptional opportunity for further disseminating the key aspects and main advances in the field of CRS & HIPEC to affiliated paramedical staff, who are engaged in the various stages of the treatment process. Particular importance was given to the explanation of the technical principles of the procedure and the various aspects of the chemoperfusion. Furthermore, there were numerous presentations on patients' quality of life issues following the procedure, the importance of optimizing nutritional support, stoma care training and psychological counseling. The key message of this parallel session was the critical role of the multidisciplinary approach of patients, from the initial selection at the outpatient clinic to the day of discharge and beyond. Its success resulted in a provisional planning of a similar session to be held in the next International Congress on Peritoneal Surface Malignancies, which will be held in November 2016 in Washington DC.

In summary, the 9th International Congress on Peritoneal Surface Malignancies held in Amsterdam from 09-11 October 2014 was a high quality scientific event in the field of surgical oncology, drawing important conclusions on all aspects of treatment of peritoneal surface malignancies. We look forward to the next meeting in Washington in two years time where hopefully the growing body of scientific evidence regarding the outcomes of CRS & HIPEC will further specify the role of the procedure in the treatment of peritoneal surface malignancies.