



# PIPAC may work but more data is needed

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*Comment on:* Lurvink RJ, Rovers KP, Nienhuijs SW, *et al.* Pressurized intraperitoneal aerosol chemotherapy with oxaliplatin (PIPACOX) in patients with colorectal peritoneal metastases—a systematic review. *J Gastrointest Oncol* 2021;12:S242-58.

Lurvink RJ, Van der Speeten K, Rovers KP, *et al.* The emergence of pressurized intraperitoneal aerosol chemotherapy as a palliative treatment option for patients with diffuse peritoneal metastases: a narrative review. *J Gastrointest Oncol* 2021;12:S259-70.

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Lurvink and coworkers establish that PIPAC has emerged as a palliative treatment option for several gastrointestinal diseases (1,2). The pharmacologic data are favorable and available retrospective studies and registry data demonstrate promising results. However, it is an expensive treatment in that an invasive surgical procedure, laparoscopy, must accompany each cycle of PIPAC. The cycles are repeated every 3–4 weeks as tolerated by the patient. PIPAC has gained considerable momentum in Europe but is not as yet approved as a surgical technology for use in the United States. It seems it should be compared to repeated cycles of laparoscopic HIPEC (non-pressurized and non-aerosolized). Also, it should be compared in a trial to long-term NIPEC given by an intraperitoneal port. Of course, it needs to be compared to long-term systemic chemotherapy or systemic chemotherapy plus biologic therapy.

Several phase-III trials to that extent are currently recruiting. At this point in time, it should be considered an experimental treatment; to be performed within the scope of trial or registry in an experienced center.

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## References

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