



# The options are neoadjuvant, adjuvant, or no chemotherapy at all: further data is needed

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Bakkers, Simkens and De Hingh from Eindhoven speak directly to an issue that confronts the peritoneal surface oncology team on a daily basis (1). The multidisciplinary team discusses the pros and cons of neoadjuvant, adjuvant or no systemic chemotherapy on nearly every PM patient in the absence of meaningful data. These authors provide the multidisciplinary team with considerable options but conclude that there currently are no answers to these important decisions regarding options for treatment. They start their clinical and laboratory research project by proposing that cytoreductive surgery (CRS) plus HIPEC is a current standard of care for patients with limited PM from colorectal cancer that occur in the absence of systemic spread. Two systematic reviews on precisely this subject failed to provide useful data. The ongoing CAIRO6 Dutch trial randomizes patients treated with CRS and HIPEC to neoadjuvant plus adjuvant chemotherapy versus no systemic chemotherapy. Data from this trial will provide information to greatly assist knowledgeable decisions made by the multidisciplinary team. In the future, molecular subtypes and mutations of colorectal cancer that have well defined response versus resistance to chemotherapy may control the selection of cytotoxic drugs.

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1. Bakkers C, Simkens GAAM, De Hingh IHJT. Systemic

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