



# Aggressive local treatments may prolong survival but do not have curative intent

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Boerner and Piso provided the reader with a well-balanced and comprehensive review of the treatment options for gastric cancer with PM (1). They remind us of the devastation caused by peritoneal disease in that 46% of patients with recurrent cancer show this pattern of surgical treatment failure. They cite their own data in which 38 patients treated by gastrectomy, cytoreductive surgery plus HIPEC showed a median survival of 17.2 months versus 11 months for surgery and systemic chemotherapy in the absence of HIPEC ( $P=0.004$ ). Their HIPEC was cisplatin at  $75 \text{ mg/m}^2$  plus doxorubicin  $15 \text{ mg/m}^2$  for 90 minutes at  $42^\circ\text{C}$ . Emphasis on patient selection ( $\text{PCI} < 10$ ) so that a complete cytoreduction was probable was documented by their data. Their concept is that intraperitoneal treatment (HIPEC, EPIC, NIPEC) delays the progression of peritoneal metastases and thereby prolongs survival. As we look for a “take home message”, these authors are telling us that the longer an aggressive local-regional treatment plan can be continued, the longer the return of PM can be suppressed. These authors remind the reader that these treatments do not eradicate the peritoneal disease in the vast majority of patients. Despite cytoreductive surgery and aggressive intraperitoneal chemotherapy, nearly all patients develop local peritoneal recurrence. These treatments may prolong survival but are not curative.

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1. Boerner T, Piso P. A narrative review of intraperitoneal chemotherapy and cytoreductive surgery (CRS) for peritoneal metastases in gastric cancer. *J Gastrointest Oncol* 2021;12:S59-67.