Local-regional approach to diffuse malignant peritoneal mesothelioma

Paul H. SUGARBAKER
Director, Program in peritoneal surface malignancy, Washington Cancer Institute, Washington, DC, USA.

Elias and colleagues have joined an elite group of peritoneal surface malignancy treatment centers that have demonstrated long-term benefit using a comprehensive local-regional approach to diffuse malignant peritoneal mesothelioma [1]. I agree with their estimate that patients treated using modern systemic chemotherapy only survive approximately one year. In the evolution of treatment strategies that Elias and colleagues present, the median survival has been extended to 100 months. In the absence of randomized controlled studies, my opinion is that the approach advocated by Elias must now be accepted as a new standard of care for this disease to which other treatments should be compared.

This group is not alone in reporting a remarkable change in the natural history of this disease as a result of cytoreductive surgery and perioperative intraperitoneal chemotherapy. The groups in Washington, DC, Bethesda, MD, Milan, Lyon, and New York have all treated large numbers of patients with similar improvements in long-term survival [2-6]. Although the fundamental strategy for all groups is cytoreductive surgery and hyperthermic intraperitoneal chemotherapy, this evolution of treatments involves some differences between groups in terms of the extent of cytoreduction and the agents used for perioperative intraperitoneal chemotherapy. The use of heated intraoperative intraperitoneal oxaliplatin has been established by the Elias et al. report as another acceptable treatment option for diffuse malignant peritoneal mesothelioma.

However, as clearly demonstrated by their Figure 3 and 5, there are patients who recur rapidly after this approach. Other treatments besides the local-regional ones may be indicated in those patients who have high grade cancer and a large volume of disease that must be cytoreduced. In this group of poor risk patients alternative treatment strategies may be indicated that are less invasive and have less impact on quality of life. At the Washington Cancer Institute currently, the group of patients with class III small bowel regions and histologically aggressive disease (nuclear size 3 or 4) are usually treated with systemic Alimpta and cisplatin. Our hope is to prolong the disease-free survival with this bidirectional chemotherapy.

I am convinced that Dr. Elias and colleagues have shown us that great benefit may be expected with a comprehensive local-regional approach to diffuse malignant peritoneal mesothelioma. Integrating this approach with systemic treatments and with long-term combined intraperitoneal and systemic chemotherapy remains a future challenge. I congratulate these authors on their efforts.

REFERENCES

6. Taub RN, Hesdorffer ME, Keohan ML. Combined resection, intraperitoneal chemotherapy, and whole abdominal radiation for...
