

ESSO Advanced Course on the Treatment of Peritoneal Surface Malignancy

In partnership with Ziekenhuis Oost-Limburg and Universiteit Hasselt, Biomed Research Institute

Genk (BE), 12-14 October 2017



Interactive case presentation on colorectal peritoneal surface malignancy

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EUROPEAN SOCIETY OF SURGICAL ONCOLOGY



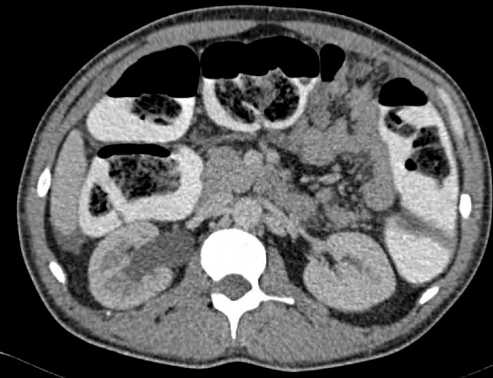
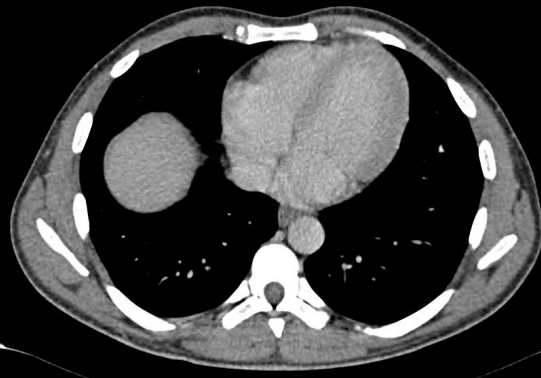
Links of interest – Pr Marc Pocard

- 2012 – 2017:
- Honorary :
Gamida, Léo-Pharm, Pfizer, Novartis, Sanofi, Roche
- Award – congress – laboratory research programme:
Capnomed, Clerad, Ethicon, Fujinon, Gamida,
INSERMTransfert, Plasma-jet, Roche, Sanofi, Sofra-médical,
STAGO, Storz, Rand

A Young man of 32 years old

- No medical and surgical history
- No familial history
- Rectal hemorrhages and melena from 3 months
- General Condition Altered : karnofsky 60
- CT Scanner: tumor of the colon and suspicion of peritoneal metastasis

November 2007





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A Young man of 32 years old

- No medical and surgical history
- No familial history
- Rectal hemorrhages and
- General Condition All
- CT Scanner: tumor of peritoneal metastasis

What do we do

1: I need a tumor biopsy

2: I perform a colonoscopy

3: I perform a CT for peritoneal biopsy

4: I perform a per rectal biopsy of a nodule on the cul de sac of Douglas

A Young man of 32 years old

- No medical and surgical history
- No familial history
- Rectal hemorrhages and melena
- General Condition Altered : OMS 2
- CT Scanner: tumor of
- Short colonoscopy: adenocarcinoma

1: I need a tumor biopsy

2: I perform a colonoscopy

A Young man of 32 years old

- Colon carcinoma
- No occlusion
- Altered general status
- KRAS wild type
- CEA = 29,4 (normal < 5)
- T4 on CT
- and M1 with peritoneal metastasis

A Young man of 32

- Colon carcinoma
- No occlusion
- Altered general status
- KRAS wild type
- CEA = 29,4 (normal)
- T4 on CT
- and M1 with periton

1: surgery Hartman procedure, no CRS

2: chemotherapy, FOLFOX and anti angiogenic

3: surgery for CRS and HIPEC

4: chemotherapy, FOLFIRI and anti EGFR

5: chemotherapy, FOLFOXIRI and Bevacizumab

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- Colon carcinoma
- No occlusion
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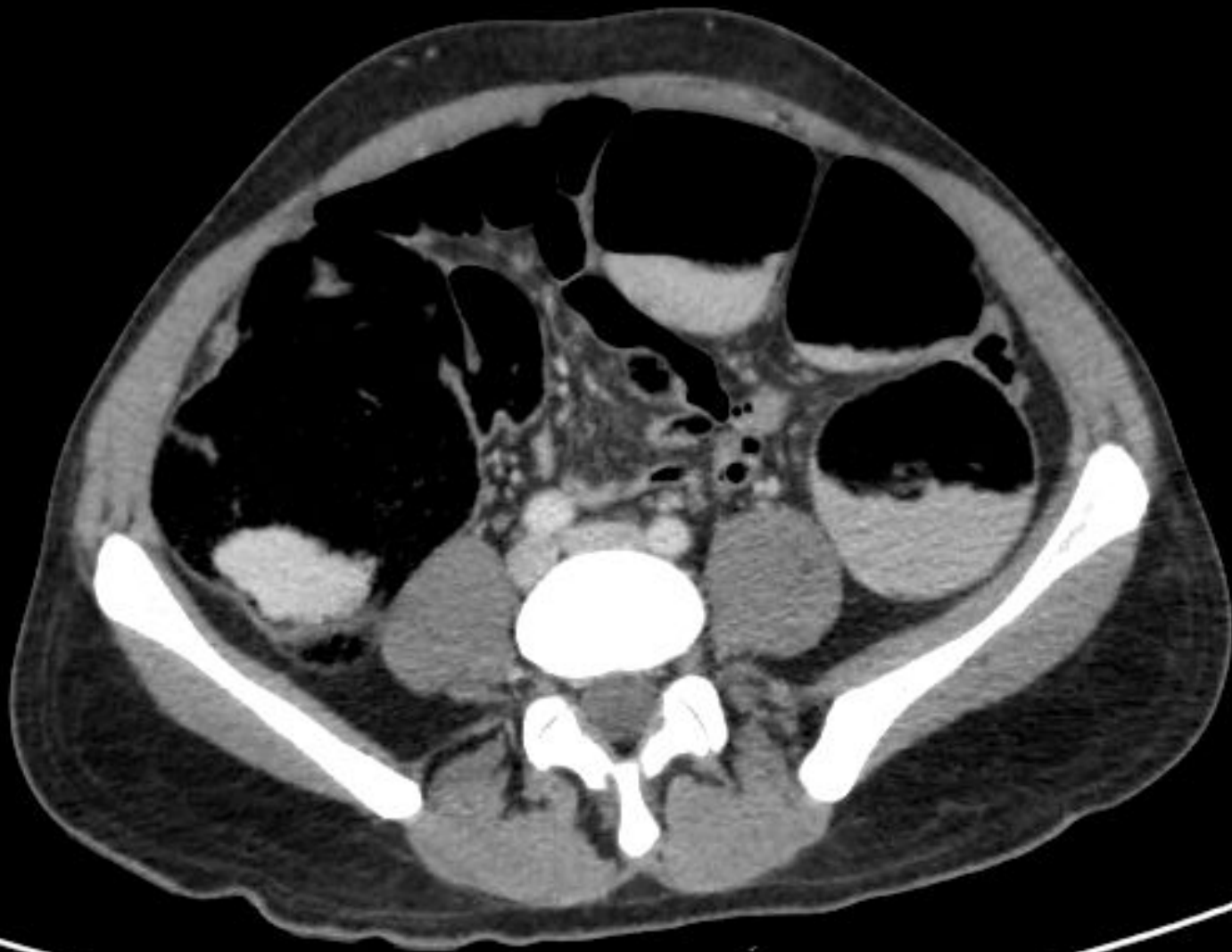
4: chemotherapy, FOLFIRI and anti EGFR

A Young man of 32 years old

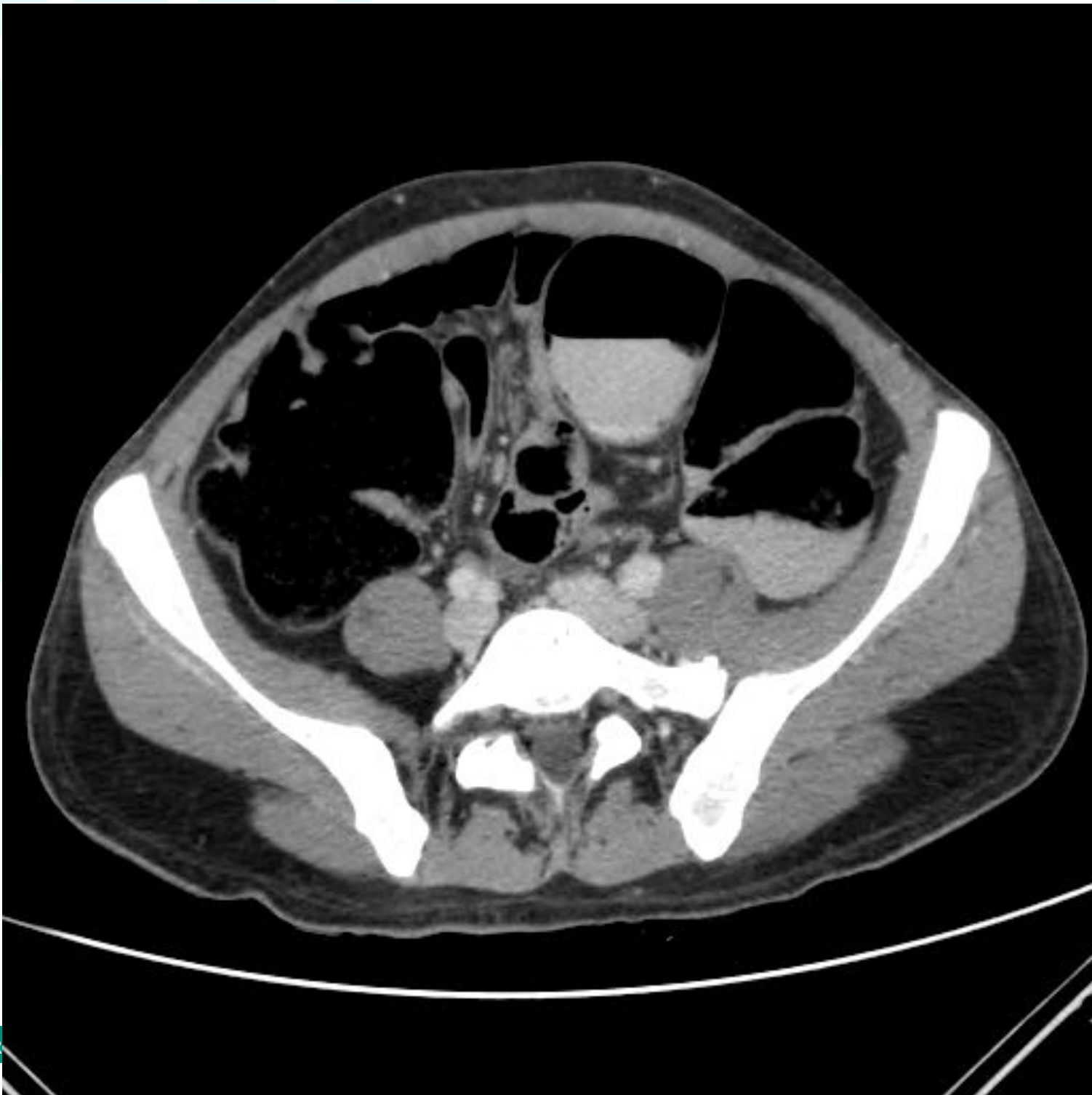
- January : came back in emergency
- Occlusive syndrome - abdomen bloated as a whole with sensitivity in right iliac fossa

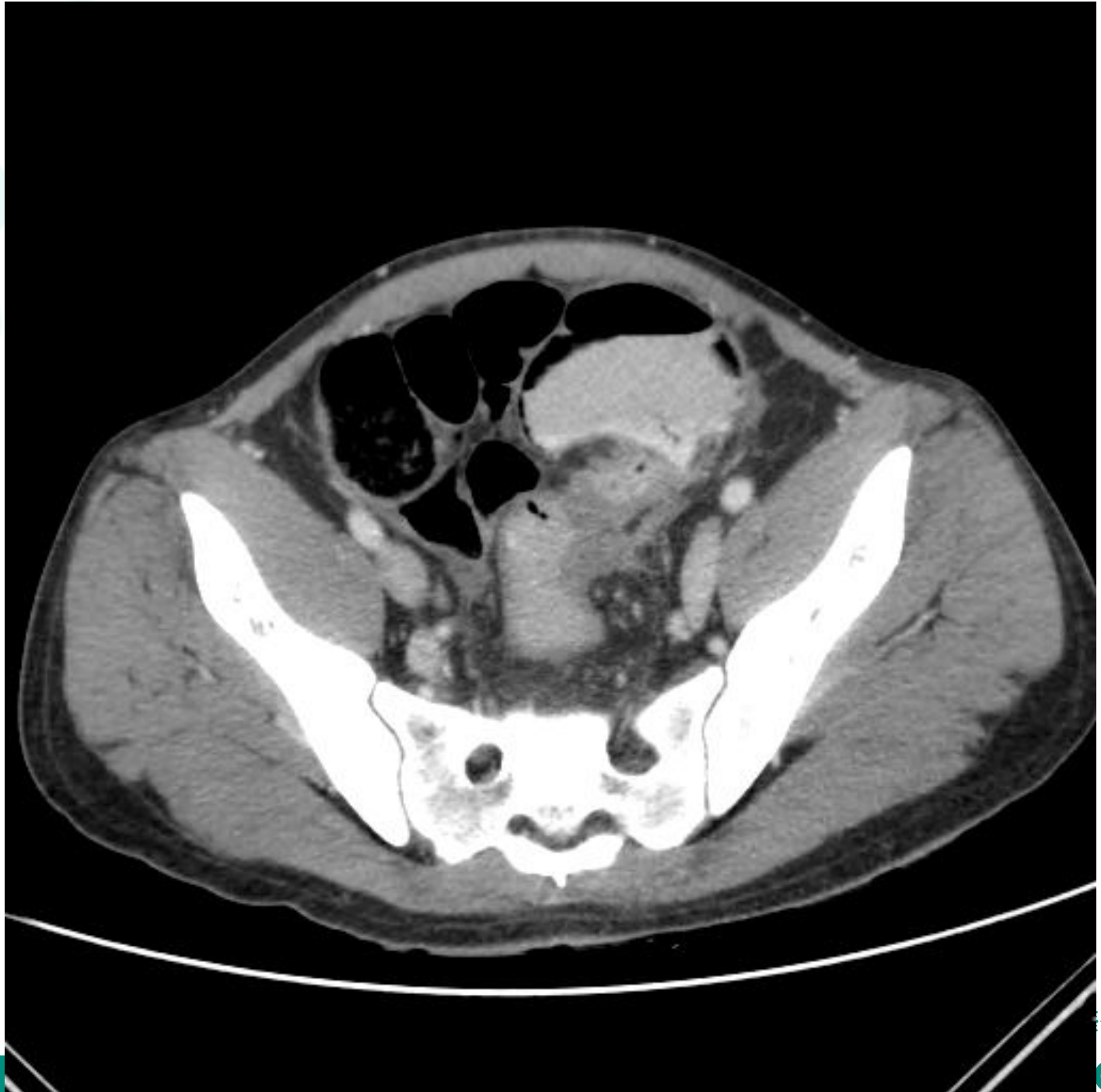
What do we do

CT Scan



[REDACTED]





A Young man of 32 years old

- Do we operate ?
 - Laparoscopy or coeloscopy or elective laparotomy ?
 - No operation

- Strategy

A Young man of 32 years old

1: surgery Hartman procedure

2: no surgery stent placement

3: surgery for CRS and HIPEC

4: surgery with only colostomy

5: chemotherapy, FOLFOXIRI and
Bevacizumab

A Young man of 32 years old

- we operate
 - PCI at 19
 - Moderated ascitis
 - CRS is possible
 - No liver metastasis

- Strategy

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 - Moderated ascitis
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1: surgery Hartman procedure

2: ~~no surgery stent placement~~

3: surgery for CRS and HIPEC

4: surgery with only colostomy

5: chemotherapy, ~~FOLFOXIRI~~ and Bevacizumab

A Young man of 32 years old

- we operate
- PCI at 19 – 25 ?
- Moderated ascitis
 - CRS is possible
- No liver metastasis

- Strategy
- Near-upstream bypass colostomy
- No CRS

**Pulmonary embolism
at Day 4
Rest of the post operative
course uneventful**

A Young man of 32 years old

**1: chemotherapy, FOLFOX
and anti angiogenic**

**2: chemotherapy, FOLFIRI and
anti EGFR**

3: chemotherapy, FOLFOXIRI

A Young man of 32 years old

- we operate
- PCI from 19 – 25 ?
 - Moderated ascitis
 - CRS is possible
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- Strategy
- Near-upstream bypass colostomy
- No CRS

**Pulmonary embolism
at Day 4
Rest of the post operative
course uneventful**

**Day 13 chemotherapy
strat again**

Folfox Erbitux

A Young man of 32 years old, on APRIL

- we operate April
- PCI index at 20
- 13 regions affected
 - Sigmoid cancer

Douglas pouch resection
cholecystectomy
splenectomy
ileo-colonic resection
anterior resection
and colorectal anastomosis
Double stoma

HIPEC Oxaliplatin 460 mg/M2

A Young man of 32 years old

- we operate April
- PCI index at 20
- 13 regions affected
 - Sigmoid cancer

No specific morbidity

Douglas pouch resection
cholecystectomy
splenectomy
ileo-colonic resection
anterior resection
and colorectal anastomosis
Double stoma

HIPEC Oxaliplatin 460 mg/M2

A Young man of 32 years old

- Have a strategy
- Do not make carcinological compromises from the beginning because the response to chemotherapy allows new possibilities

- Diagnosis: November 2007
- Start of Chemo and Treatment: 2007
- Colostomy and second-line chemotherapy
- Surgery and CHIP: April 2008 Chemotherapy:
- Death: March 2010

30 months survival with
immediate peritoneal carcinoma