

# Surgical treatment provides new option for some colorectal cancer patients

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Research out of Wake Forest University School of Medicine suggests that a surgical technique not traditionally used in advanced abdominal cancer may be a viable treatment option for some patients previously thought to be untreatable, offering the real possibility of extending survival for those patients.

The study, available online this month and scheduled to be published in an upcoming issue of *Annals of Surgical Oncology*, is the first to compare the success of techniques used to remove liver cancers to the effectiveness of those same techniques in removing cancers from the abdominal wall.

Peritoneal surface disease (PSD) appearing from the spread of colon cancer has not traditionally been considered treatable with surgery because of the difficulty of finding and removing all of the cancer, and has been treated with chemotherapy only, leaving those patients with a decreased prognosis and little hope for survival. The study prompts reconsideration of surgical treatment options in these patients and warrants further study into patient selection in this area, according to the lead researcher, Perry Shen, M.D.

The focus of the study was PSD, the development of colorectal cancer on the peritoneum, which is the lining of the abdominal wall. Researchers wanted to know if survival rates similar to those of patients who undergo liver surgery for metastatic colorectal cancer could be achieved by performing surgery to treat patients for PSD from colorectal

cancer.

Shen, an associate professor of surgical oncology, and colleagues compared the outcomes of surgical removal of liver metastases from colorectal cancer, which is accepted as the treatment of choice, to the surgical removal of PSD from colorectal cancer. The PSD removal was combined with intra-abdominal heated chemotherapy. They found that patients who were able to undergo complete removal of all PSD, combined with heated chemotherapy inside the abdomen, had no significant difference in survival rates than liver metastases patients who underwent surgical removal. This showed that surgical removal is a viable possibility for some patients with PSD where it had not been considered a good option before.

"Peritoneal involvement has been considered inoperable because it is not a well-defined anatomic area and the lack of accurate imaging makes operative planning uncertain," said Shen, a fellow in the American College of Surgeons. "What we have found is though this technique is not a treatment option for everyone with PSD, it can produce long-term survival in select patients and should be considered as part of a multidisciplinary approach."

Nearly 50,000 people will die this year from colorectal cancer, according to the National Cancer Institute. An estimated 150,000 new cases will have been diagnosed in 2008.

"This type of occurrence of colorectal cancer is typically considered incurable ... but in some cases, we now know we can extend the survival rate," Shen said. "We are trying to change current paradigms in oncology. Physicians should refer these patients to a center that has surgeons with this experience who can deal with peritoneal involvement."

Source: Wake Forest University

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