

A case for setting-up dedicated peritoneal surface malignancy centres in Pakistan

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Madam, peritoneal surface malignancies (PSM) constitute a diverse group of pathologies arising from the gastrointestinal tract, the female genital tract as well as the peritoneal lining itself.¹ The last few decades have seen significant progress in the management of patients with peritoneal surface malignancies. This includes the standardization of surgical resection for peritoneal disease as well as hyperthermic intraperitoneal chemotherapy (HIPEC).² Cytoreductive surgery (CRS) and HIPEC have become the standard of care for management of peritoneal mesothelioma and pseudomyxoma peritonei.³ In addition, CRS with HIPEC is recommended for selected patients with peritoneal metastasis of colorectal origin in established centres dealing with these conditions.⁴ The use of CRS and HIPEC has been addressed by a number of national and international guidelines and consensus statements.⁶⁻⁹ The over-all 5-year survival outcomes have been reported to be 87% for pseudomyxoma peritonei,¹⁰ 51% for colorectal cancer,¹¹ 48.4% for epithelial ovarian cancer,¹² and 63.9% for malignant mesothelioma.¹³ Patients undergoing CRS and HIPEC return to their baseline or improved quality of life within 3 months of surgery.¹⁴

Development of expertise in management of PSM in Pakistan is important. Although individual surgeons and oncologists are managing patients with PSM, setting-up dedicated centres to provide comprehensive assessment and management to patients with PSM, is an important goal. As a group of individuals interested in management of PSM, we receive patients with pathologies including malignant mesothelioma, pseudomyxoma peritonei and metastases from colorectal, ovarian and gastric origin. All the cases are worked up with cross-sectional imaging and a staging laparoscopy is performed preferably. These cases are then discussed in a multidisciplinary team (MDT) meeting and treatment recommendations are made. As a group, we are making an effort to develop a PSM service

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for these patients and put forward a case for establishing dedicated centres dealing with PSM in Pakistan.

Surgical and perioperative management of patients undergoing CRS and HIPEC has a difficult learning curve^{3,5} and requires judicious case selection as well as close collaboration between surgical oncologists, anaesthesiologists, intensive care physicians and other healthcare team members as required. This highlights the importance of setting up dedicated centres dealing with management of patients with PSM. Resources will need to be allocated for training of all team members involved in management of patients with PSM as well as generating awareness regarding current management options for PSM among physicians and patients. These centres can also play a substantial role in training and development of physicians interested in management of peritoneal surface malignancies within the country.

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