
Premise for the Consensus Statement: A review of published data in the treatment of patients with Stage IV colorectal cancer, outlining the surgical and medical therapeutic options demonstrates that medical management, with combinations of cytotoxic chemotherapy, and/or biological agents, has resulted in an unprecedented Median Survival > 20 months. However, these therapeutic combinations are not an optimal therapeutic strategy for all categories of Stage IV disease. Systemic treatment alone is no longer appropriate for patients with limited peritoneal dissemination from primary or recurrent colon cancer.

Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy (HIPEC): Cytoreductive surgery includes Peritonectomy Procedures to remove all visible tumors followed by Hyperthermic Intraperitoneal Chemotherapy (HIPEC) which is a procedure that involves continuously circulating a heated sterile solution up to 42° C (107.6°F) with Mitomycin C throughout the abdominal cavity for up to 2 hours.

Literature review on cytoreductive surgery and HIPEC: Numerous single institution studies have investigated cytoreductive surgery and HIPEC in the treatment of mesothelioma and peritoneal carcinomatosis from primary colorectal cancer, gastric cancer, appendiceal cancer and ovarian cancer. The Consensus Statement literature review of the most recent studies on Cytoreductive Surgery and HIPEC (using Mitomycin C or Mitomycin C/Oxaliplatin) in treatment of patients with Stage IV colorectal cancer with peritoneal carcinomatosis involved: (1) Nine international studies which included 510 patients, showing a 3 year survival rate of 25% to 53% and a 5 year survival rate of 11% to 32% (2) An international registry of 506 patients from 28 institutions, showing overall median survival of 19.2 months with 3 year survival of 39% and 5 year survival of 19%. (3) One single institution phase III randomized study with 105 patients where median survival of the chemotherapy arm was 12.6 months while the median survival of the HIPEC arm was 22.3 months.

Patients that may be candidates for cytoreductive surgery and HIPEC: Patients with Stage IV colorectal cancer which is confined to the abdomen with no evidence of hematogenous spread of the disease as evaluated by a surgical oncologist experienced in HIPEC.
Number of patients that might be helped by cytoreductive surgery and HIPEC: In the United States an estimated 50,000 patients annually will present with or develop peritoneal carcinomatosis from primary colorectal cancer, gastric cancer, appendiceal cancer and ovarian cancer.

In 2005, an estimated 145,000 new cases of colorectal cancer were diagnosed in the United States (ACS, Cancer Facts and Figures). In patients presenting with colorectal cancer, 30% of patients present with advanced cancer at initial diagnosis (August DA, 1984).

Institutions participating in the Consensus Statement:
Akademiska University Hospital, Uppsala, Sweden
Altru Hospital, University of North Dakota, Grand Forks, ND, USA
Baltimore-Washington Medical Center, Glenn Burnie, MD, USA
Baylor University Medical Center, Dallas, TX, USA
Beebe Medical/Christiana Care, Lewes, DE, USA
Charite Hospital Campus Mitte, Berlin, Germany
Creighton University Medical School, Omaha, NE, USA
Dekalb Medical Center, Decatur, GA, USA
Dorothy E. Schneider Cancer Center, San Mateo, CA, USA
Fairview University Medical Center, Minneapolis, MN, USA
First Surgical University Hospital, Belgrade, Serbia
H. Lee Moffitt Cancer Center, Tampa, FL, USA
Helen F Graham Cancer Center, Newark, DE, USA
Hospital General Universitario Gregorio Maranon, Madrid, Spain
Hospital San Jaime, Torrevieja, Spain
Hospital Medica Sur, Tlalpan, Mexico
Hospital de San Pablo, Barcelona, Spain
Hospital Virgen de la Nieves, Granada, Spain
Hospital Torrecardenas, America, Spain
Institut Gustave Roussy, Villejuif, France
Instituto Nacional de Cancerlogia, Distrito Federal, Mexico
Louisiana State University, Shreveport, LA, USA
Maine Medical Center, Portland, ME, USA
Mills-Peninsula Health Services, Burlingame, CA, USA
Medical School of Crete University Hospital, Herakleion, Greece
Miami Valley Hospital, Xenia, OH, USA
MD Anderson España, Madrid, Spain
Mercy Medical Center, Baltimore, MD, USA
National Cancer Institute of Milan, Milan, Italy
National Cancer Institute of USA, Bethesda, MD, USA
Netherlands Cancer Institute, Amsterdam, Holland
North Hampshire Hospital, Basingstoke, United Kingdom
Ospedale San Giovanni, Bellinzona, Switzerland
Ospedale S. Camillo-Forlanini, Rome, Italy
Conclusion of the Consensus Statement: 72 national and international Surgical Oncologists from 55 Cancer Centers in 18 countries have concluded that: Systemic treatment alone is no longer appropriate for patients with limited peritoneal dissemination from primary or recurrent colon cancer. A clinical pathway for the management of these patients should include cytoreductive surgery and HIPEC as part of a multidisciplinary approach. Evaluation of these patients should be by a surgical oncologist experienced in cytoreductive surgery and HIPEC to determine if the patient is a candidate for this procedure.