

**Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy of
peritoneal carcinomatosis**

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Peritoneal carcinomatosis (PC) arising from local spread of abdominal tumours is poorly responsive to systemic chemotherapy. We reviewed current evidence on efficacy and safety of cytoreductive surgery (CRS) followed by hyperthermic intraperitoneal chemotherapy (HIPEC) compared to standard treatment of PC of colorectal, ovarian and gastric cancer origin. Two randomised controlled trials and eight systematic reviews were evaluated. The level of evidence was moderate to low. The current evidence suggests that cytoreductive surgery combined with perioperative intraperitoneal chemotherapy is associated with an improved survival for PC from colorectal and gastric carcinoma with comparable morbidity to CRS alone. The two RCTs are however small and have several limitations. There is not sufficient evidence for PC of ovarian origin. At present, we recommend against the inclusion of CRS+HIPEC in the Austrian BMG catalogue of procedures and suggest a re-evaluation in 2016.

The full German version is available

under

http://eprints.hta.lbg.ac.at/1031/1/DSD_74.pdf