

**Society of Surgical Oncology
61st Annual Cancer Symposium
March 13-16, 2008
Chicago, IL**

**Advances & Controversies in the Treatment of Peritoneal Surface
Malignancies
Thursday, March 13, 2008, 1-3 p.m.**

Moderator: Jesus Esquivel, MD
St. Agnes Health Care
Baltimore, MD

Paul Sugarbaker, MD
Washington Cancer Institute
Washington, DC

- 1:00 PM** **Welcome**
Jesus Esquivel, MD
- 1:05 PM** **Cytoreductive Surgery and HIPEC in Appendiceal Cancer**
Paul Sugarbaker, MD
Washington Cancer Institute
Washington, DC
- 1:25 PM** **Peritoneal Surface Malignancies of Colonic Origin: The Rationale for
Cytoreductive Surgery and HIPEC**
Jesus Esquivel, MD
St. Agnes Health Care
Baltimore, MD
- 1:45 PM** **Systemic Therapy in the Treatment of Peritoneal Carcinomatosis of
Colonic and Appendiceal Origin**
Franco Muggia, MD
New York University Cancer Institute
New York, NY
- 2:05 PM** **Cytoreductive Surgery and HIPEC in Ovarian Cancer**
Robert Edwards, MD
Magee-Women's Hospital
Pittsburgh, PA
- 2:30 PM** **Questions and Answers**

Faculty:

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Objectives:

At the conclusion of this session, participants should be able to: a) understand the pathophysiology and patterns of dissemination of Peritoneal Surface Malignancies; b) identify the role of combinations of cytotoxic chemotherapy and biological agents in the treatment of peritoneal carcinomatosis; c) define the impact of cytoreductive surgery and Hyperthermic Intraperitoneal Chemotherapy in the treatment of ovarian cancer; and d) interpret the most recent data regarding the use of surgical resections combined with intraperitoneal chemotherapy in a subset of patients with Stage IV disease.

Needs Assessment:

Surgical resection remains the hallmark therapy for primary colon cancer, appendiceal cancer and ovarian cancer. In addition, it provides proper staging, and determines who should receive adjuvant systemic chemotherapy. Treatment options for patients with unresectable metastatic disease have improved significantly in the past few years. A review of the published data in the treatment of patients with Stage IV colorectal cancer, 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 a primary or recurrent colon cancer. The surgical management of peritoneal surface malignancies with Cytoreductive surgery and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) has been clearly defined and continues to improve. Better surgical techniques that include Peritonectomy Procedures, standardized methods to deliver Intraoperative Hyperthermic Intraperitoneal Chemotherapy and better patient selection criteria, have resulted in a significant improvement in survival and in morbidity and mortality of the surgical management of this particular group of Stage IV cancer patients. Therefore, the current management of a patient with peritoneal carcinomatosis requires a multidisciplinary approach with close interactions between medical and surgical oncologists.

The Society of Surgical Oncology designates this educational activity for a maximum of 2 AMA PRA Category 1 Credit(s)