C3: COLORECTAL CANCER COALITION

# Momentum

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## Surgery for Peritoneal Carcinomatosis: Right for You?

By Kate Murphy

ALLISON KINGSTON HAS A NEW LEASE ON LIFE THANKS TO HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) FOR HER PERITONEAL CARCINOMATOSIS.

**What is peritoneal carcinomatosis?**
The abdominal cavity is the space in your abdomen that contains your stomach, colon, liver and other abdominal organs. The peritoneum is tissue that lines your abdominal wall and covers your abdominal organs. Cancer in an abdominal organ can spread to abdominal surfaces and the peritoneum. This kind of spread is called peritoneal carcinomatosis.

**What does cancer of the appendix have to do with colorectal cancer?**
Your appendix is a small tube attached at the end of your colon. The appendix is attached to the colon and so cancer of the appendix (appendiceal cancer) is considered a type of colorectal cancer.

While training for her fourth marathon in December of 2003, race walker Allison Kingston was diagnosed with high risk stage II appendiceal cancer during an emergency appendectomy. She completed six months of chemotherapy, but nine months later, during surgery to remove scar tissue that was causing pain, surgeons found that the cancer had spread. Allison was told that she had peritoneal carcinomatosis.

The diagnosis was devastating. Allison says, "I did not want to have to deal with cancer again. During the office follow up, I asked my oncologist if I had six months and he said no. It had never occurred to me that my prognosis was so bad."

Allison asked about surgery to remove the new cancer. One doctor told her that such surgery was very experimental, and that it was impossible to remove all spots surgically. He suggested more chemotherapy.

Allison knew from experience that a second opinion was critical. She found a surgeon who specialized in peritoneal carcinomatosis, and made an appointment for a second opinion.

The surgeon reviewed Allison's scans and tests to be sure that the cancer was limited to her abdominal surfaces and hadn't spread through her bloodstream to liver, lungs, or other distant sites. Then he gave her good news. Surgery to remove all the visible cancer in her abdomen followed immediately by a special heated chemotherapy pumped directly into her abdominal cavity was possible for her. Not only was it possible, but there would be a significant chance that she would be alive and cancer-free five years later.

The long medical name for the treatment he suggested was cytoreductive surgery with hyperthermic intraperitoneal chemotherapy (HIPEC). During surgery, which must be performed by a surgical team experienced in the specialized operation, the surfaces within the abdomen are carefully examined for cancer and all visible cancer is surgically removed. Then, while the patient is still in the operating room, heated chemotherapy is pumped throughout the abdomen to destroy any residual cancer cells. After recovery from surgery, additional systemic chemotherapy can be prescribed to reduce the chance the cancer will return beyond the abdomen.

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## DUSTY'S RECIPE FOR ACTION

Constituent contact with elected officials is necessary to ensure that the needs of people affected by colorectal cancer are addressed. Whether your advocacy experience is extensive or non-existent you can support the Call-On Congress without going to Washington, DC.

- ✔ Sign up to be a One Minute Advocate by going to **www.FightColorectalCancer.org/advocacy/oneminuteadvocate** to receive Action Alerts about Call-On Congress and other events.
- ✔ Participate in the Call-On Congress from the comfort of your living room or office. On March 20, call the Washington, DC, offices of your Members of Congress and tell them to support increased funding for cancer research and prevention (see information on this page).
- ✔ Before March 20, schedule an in-district meeting with your Member of Congress to occur soon after the Call-On Congress. Call their local offices to schedule a meeting (give lots of lead time as schedules fill rapidly) or check your local media for announcements of public appearances. Bring a family member or friend who also feels strongly about this issue if you do not want to go alone.
- ✔ Write a letter to the editor of your local paper urging your Members of Congress to make cancer funding a priority.

**You do not have to be in Washington, DC, to make a difference in the fight against colorectal cancer. The seat of power is in your living room!**

# We Want You…To Call-On Congress

# CALL-ON CONGRESS

## Tuesday, March 20, 2007

## Call Congress and tell them to make colorectal cancer funding a priority!

On March 20, 2007, colorectal cancer advocates will be in Washington, DC, participating in C3's first-ever Call-On Congress. They will be meeting with their Members of Congress in face-to-face meetings to discuss cancer research and prevention funding.

**We are asking advocates back at home to lend their support that day as well. Anytime between 9 AM – 5 PM Eastern Standard Time on Tuesday, March 20th, pick up your phone and call your two Senators and one Representative and tell that the time to cure cancer is now!**

1. On or before Tuesday, March 20th, visit **www.FightColorectalCancer.org/advocacy/oneminuteadvocate** and enter your zip code to get a listing of your Senators' and Representative's names and phone numbers.
2. You'll need to make three phone calls, one to each of your two Senators and one to your Representative. When you reach each Member's office, you only need to talk to the person who answers the phone. Tell him/her that:
   - **You are a constituent.**
   - **You are a colorectal cancer advocate.**
   - **You urge the Member of Congress to support an increase in funding for colorectal cancer research and prevention at the National Cancer Institute and the Centers for Disease Control and Prevention.**
3. Tell us that you made the call so we can report on how many advocates took action. Simply visit **www.FightColorectalCancer.org/advocacy/calloncongress** and follow the on-screen instructions to let us know you took action!



## CLINICAL TRIAL SPOTLIGHT! NEWLY DIAGNOSED WITH METASTATIC COLORECTAL CANCER? CHECK OUT C80405.

**Newly diagnosed patient with metastatic, unresectable colorectal cancer**

**Patient and Physician Choice of FOLFOX or FOLFIRI Plus one of three randomly assigned arms:**

| Standard Arm 1: | Trial Arm 2: | Trial Arm 3: |
| --- | --- | --- |
| Bevacizumab (Avastin®) | Cetuximab (Erbitux®) | Both Bevacizumab and Cetuximab |

More information is available at www.FightColorectalCancer.org/news where you can search for C80405. To find out if you are eligible, call 1-800-422-6237 (1-800-4-CANCER). CALGB-C80405 is an NCI publicly-funded trial offered through the Cancer and Leukemia Group B. *Content reviewed by Richard Goldberg, MD University of North Carolina*

Patients with newly diagnosed metastatic colorectal cancer generally receive treatment with chemotherapy plus bevacizumab (market name: Avastin®), a biologic drug. This treatment combination has increased survival significantly.

Research is underway to find out if a different first-line therapy will further increase patient survival. The **C80405** clinical trial compares bevacizumab to two other treatment options:

- » another biologic drug called cetuximab (market name: Erbitux®)
- » a combination of bevacizumab and cetuximab

In addition to survival, **C80405** will compare:

- » Whether one arm increases the ability to remove previously unresectable cancer surgically
- » Time before the cancer progresses on each treatment
- » Side effects

**JARGON ALERT!** **Metastatic colorectal cancer:** Colorectal cancer that has spread to distant organs. **Unresectable colorectal cancer:** Colorectal cancer which cannot be surgically removed.

## Surgery for Peritoneal Carcinomatosis: Right for You?

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Allison had surgery and HIPEC 16 months ago. She says that these days, she is feeling absolutely normal...except for the occasional flare up in her bowels due to the surgeries there. She says she is back to exercising six to seven days a week, and she loves it.

Allison stresses the importance of seeking out second opinions from experts. She was urged by family and friends to get a second opinion, and credits them with helping to save her life.

### Treatment Evolution

Until recently, treatment standards for patients such as Allison were unclear. In 2006, over 70 leading surgical oncologists from 14 countries met to review published studies of surgery and heated chemotherapy for peritoneal surface cancer arising from colorectal cancer in situations where there was no spread beyond the abdomen. Led by Jesus Esquivel, M.D., from St. Agnes Hospital in Baltimore, MD, the surgeons developed a consensus statement which provides guidance for treatment of patients with peritoneal carcinomatosis.

The consensus statement recommends that patients be thoroughly evaluated to make sure that cancer has spread only to the peritoneal surfaces. If cancer has spread through the bloodstream to other sites such as the liver or lungs, the statement recommends that patients be treated with systematic chemotherapy.

However, if additional spread is not found, the statement recommends that patients be evaluated by doctors who have experience with peritoneal cancers. If there is potential to remove all peritoneal cancer, patients in good enough health to undergo this major procedure may choose to proceed with surgery and HIPEC.

### Patient Selection is Critical

Dr. Esquivel emphasized the need for thorough patient evaluation. When asked which patients were suitable for HIPEC treatment, Dr. Esquivel said, "Patients whose tumors have spread as a consequence of the rupture of the primary tumor and their disease is limited to being on and not in the abdominal organs."

On the other hand, he warned that, "Patients whose tumors have also spread through their blood stream (like patients with liver metastases)," will not benefit. "Also," he continued, "this is not intended for patients who have disease outside of the abdomen and pelvis (like lung metastases) or who have extensive retroperitoneal lymph node involvement."

Dr. Esquivel, who performs this surgery at least once a week, said that patients stay in the hospital about 11 days depending on the extent of the surgery, although stays range from seven to 30 days. Most patients are recovered and back to feeling well in three to six months.

"If somebody has been diagnosed with colon cancer and peritoneal dissemination, they should ask their doctors if HIPEC is right for them," he stated.

*Reviewed by Nancy Baxter, MD, FRCSC University of Toronto and Richard Goldberg, MD University of North Carolina.*

JESUS ESQUIVEL, M.D.

"Cytoreductive Surgery is a comprehensive surgical procedure that is used to remove tumors that have spread throughout the abdomen and pelvis and that are characterized mainly by the absence of spread through the bloodstream. Cytoreductive surgery includes a technique known as Peritonectomy Procedures which means that these tumors that are ON the peritoneal surface and not IN, can be stripped from the inner lining of the abdomen. During this process it is common to spill numerous cancer cells into the abdomen; therefore the second component of the treatment strategy (Hyperthermic Intraperitoneal Chemotherapy or HIPEC) is used to eliminate any floating cancer cells and to attack any residual microscopic disease."

**Consensus statement citation:**
Ann Surg Oncol. 2007 Jan;14(1):128-33. Epub 2006 Oct 28. Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in the management of peritoneal surface malignancies of colonic origin: a consensus statement. *Statement available at: www.springerlink.com/content/x4772t240075l75q/fulltext.pdf*