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Multidisciplinary Combined Treatment in Peritoneal Neoplasms

Agency CAHTA, Catalan Agency for Health Technology Assessment
Roc Boronat, 85-91 2nd floor, ES-08005 Barcelona, Spain;
Tel. +34 93 551 34 87, Fax: +34 93 551 75 10; direccio@aatrm.catsalut.net, www.aatrm.net

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Aim

To assess the efficacy and safety of the Sugarbaker procedure in treating peritoneal carcinomatosis secondary to colorectal cancer, ovarian cancer, pseudomyxoma peritonei, abdominal sarcoma, malignant mesothelioma, and gastric cancer.

Conclusions and results

Of the 1619 publications identified, 43 verified the overview inclusion criteria. Evidence from randomized clinical trials (RCTs) proves that the Sugarbaker procedure is superior to conventional treatment in terms of survival for peritoneal carcinomatosis secondary to colorectal or gastric cancer. Evidence of the intervention's efficacy for peritoneal carcinomatosis secondary to ovarian cancer, pseudomyxoma peritonei, or malignant peritoneal mesothelioma emerges from uncontrolled case series and is inconclusive. A small, randomized trial of peritoneal sarcomatosis failed to show a benefit of the Sugarbaker procedure. Scant data are available on quality of life, and the results are difficult to assess.

Methods

A bibliographic search was conducted for the most recent systematic reviews and the studies that update them. Sources searched were MEDLINE (accessed through PubMed), EMBASE (accessed through Ovid) and CENTRAL, up to 2007. We assessed methodological quality and level of evidence of the identified systematic reviews (AMSTAR tool), clinical trials, and case series (SIGN scale) and described the study results.

Further research/reviews required

International multicentric RCTs with adequate sample size are needed to gain a deeper understanding of some important therapeutic issues related to carcinomatosis secondary to colorectal and gastric cancer and to assess the efficacy of the Sugarbaker procedure in the remaining conditions.

Written by Pedro Barrios, Hospital de la Santa Creu i Sant Pau, CAHTA, Spain

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