



THIRD ANNUAL
ISSPP
Congress 2022 *International Society
for the Study of Pleura
and Peritoneum*



APPENDICEAL CANCERS

Pushing the Boundaries of Surgical Resection in Appendiceal Cancers

Faheez Mohamed, MD
Consultant Surgeon
Peritoneal Malignancy Institute



Advancing Innovative Therapies for Cancers That Invade the Peritoneum and the Pleura

Disclosures

- No relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:

The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

The following CLC & IB components will be addressed in this presentation:

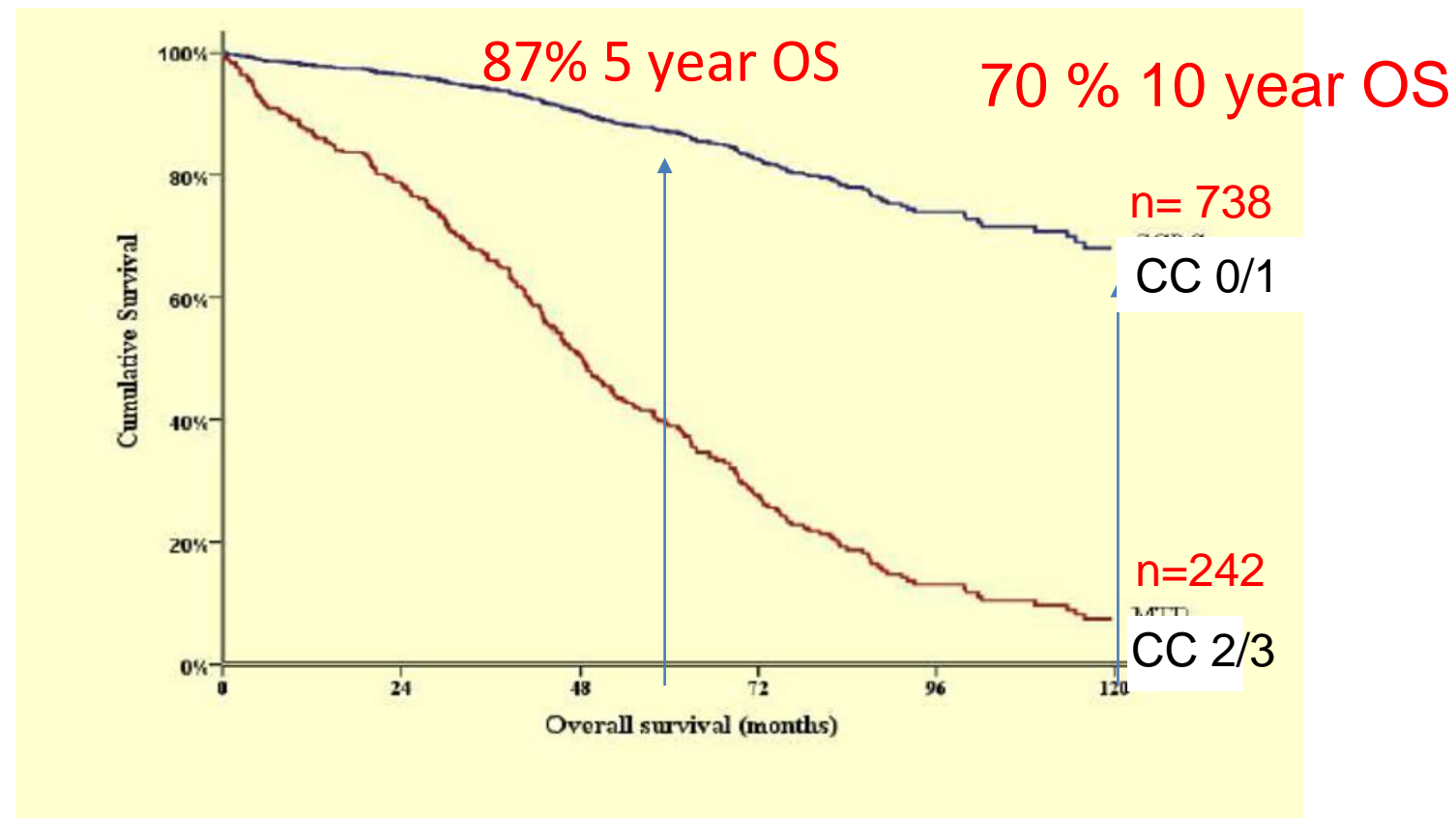
- Commonalities and differences among individuals in this population.
- Factors that determine the type and level of care that this patient population receives.

Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in 1000 patients with perforated appendiceal epithelial tumours

N. Ansari, K. Chandrakumaran, S. Dayal, F. Mohamed, T.D. Cecil, B.J. Moran*

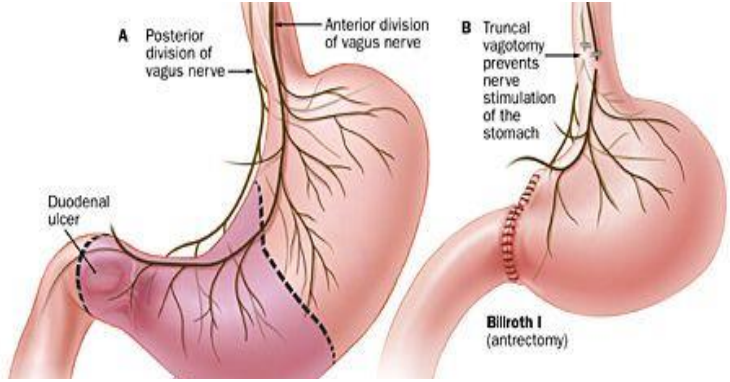
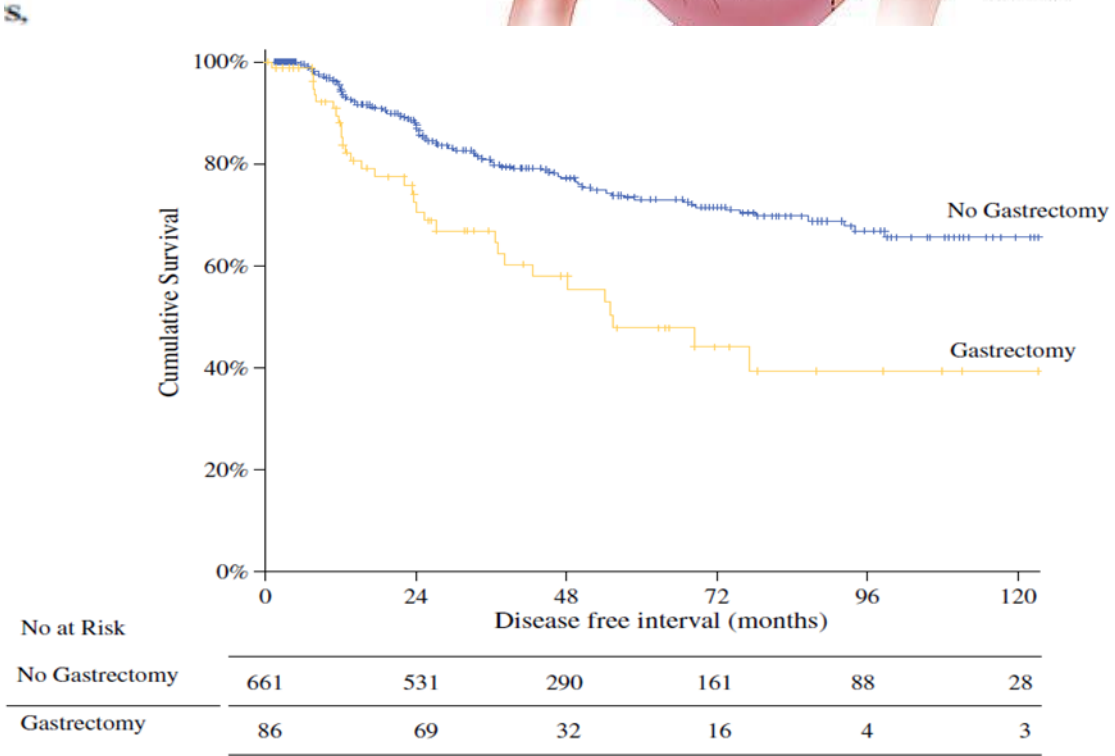
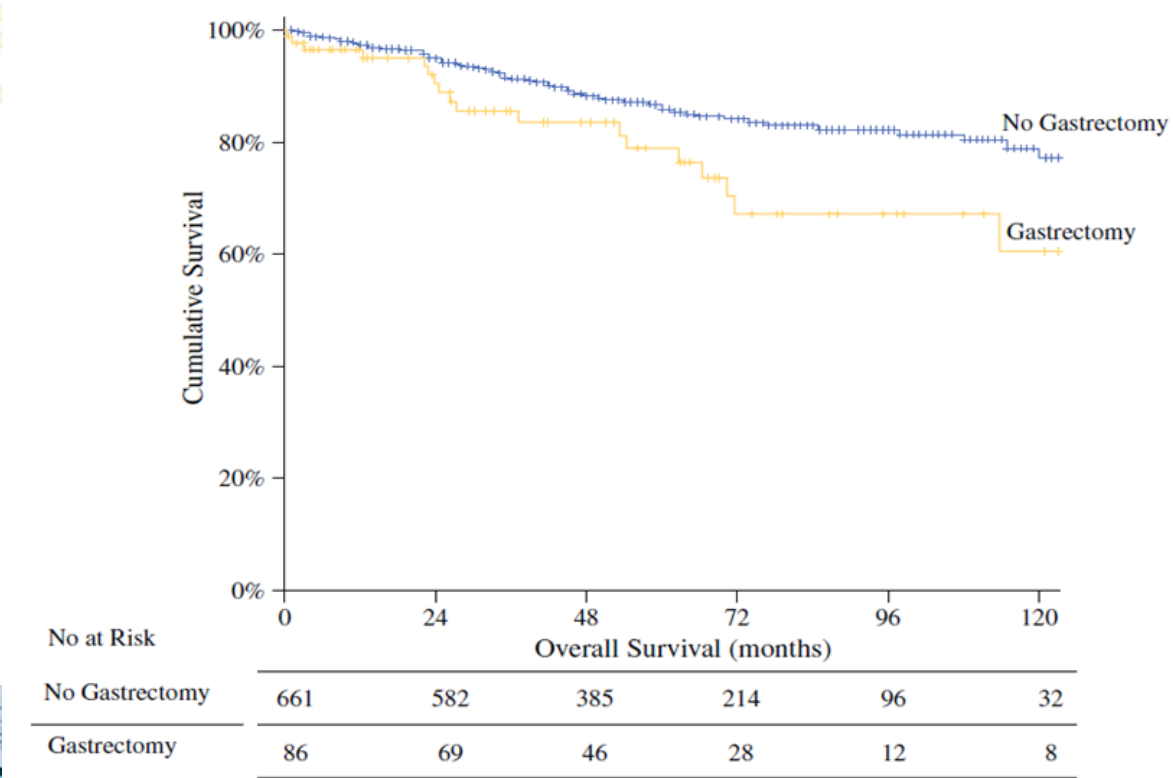
Peritoneal Malignancy Institute, North Hampshire Hospital, Hampshire Hospital Foundation Trust, Aldermaston Road, Basingstoke, RG24 9NA, United Kingdom

Accepted 16 March 2016



ORIGINAL ARTICLE – GASTROINTESTINAL ONCOLOGY

Advanced Pseudomyxoma Peritonei Requiring Gastrectomy to Achieve Complete Cytoreduction Results in Good Long-Term Oncologic Outcomes



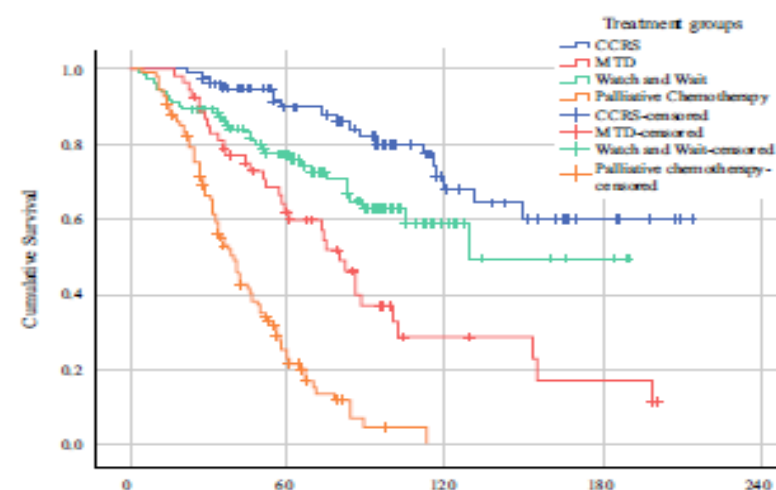
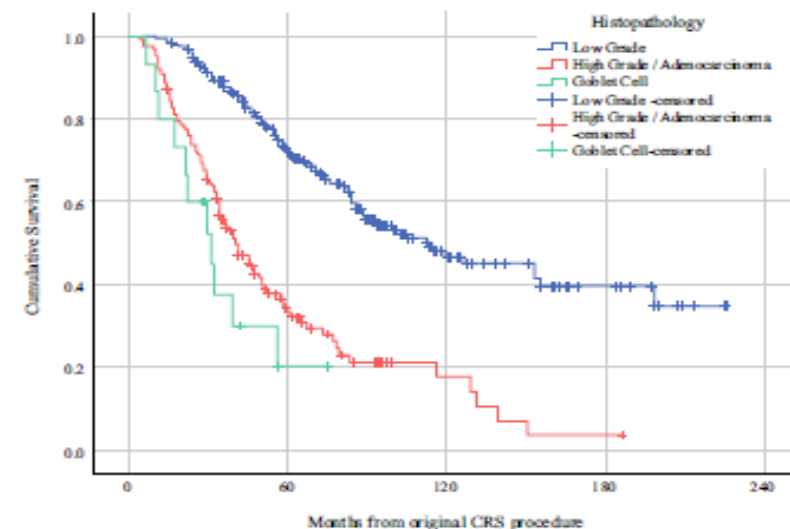
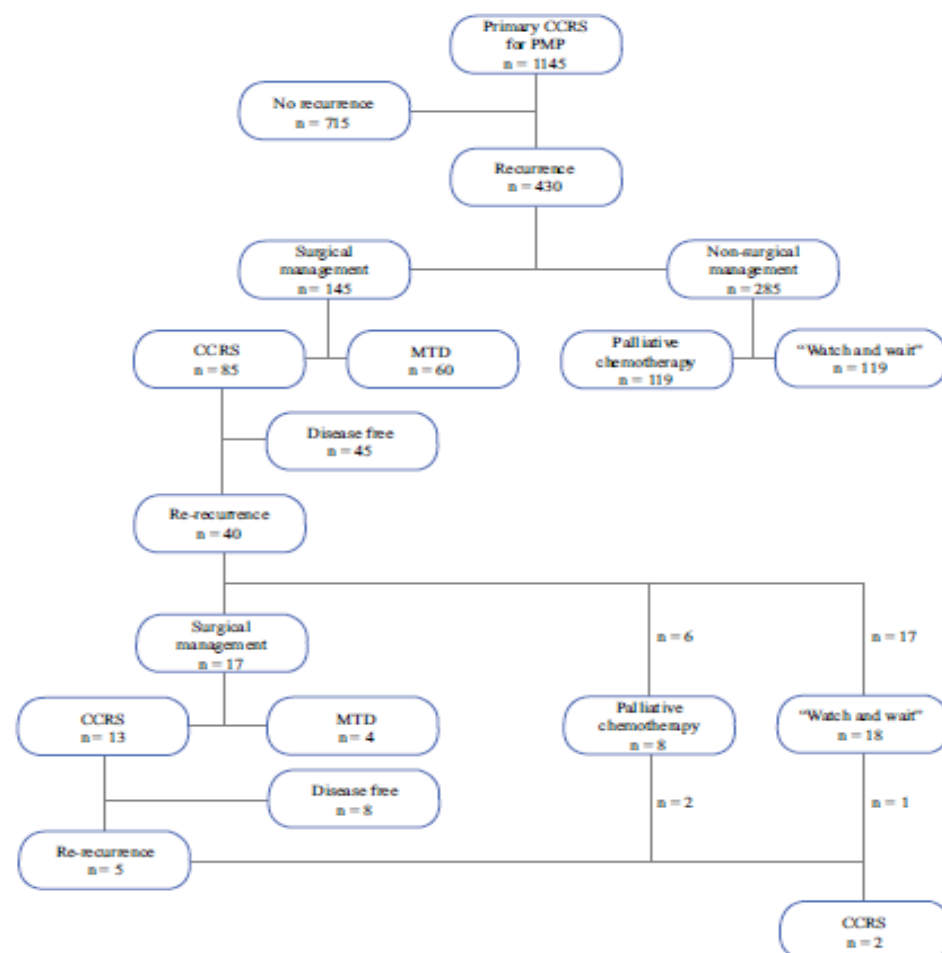


ORIGINAL ARTICLE – PERITONEAL SURFACE MALIGNANCY

Managing Recurrent Pseudomyxoma Peritonei in 430 Patients After Complete Cytoreduction and HIPEC: A Dilemma for Patients and Surgeons

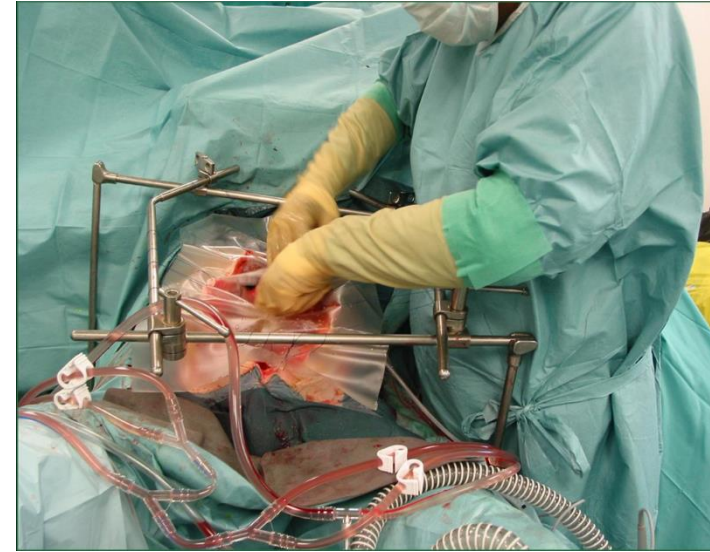
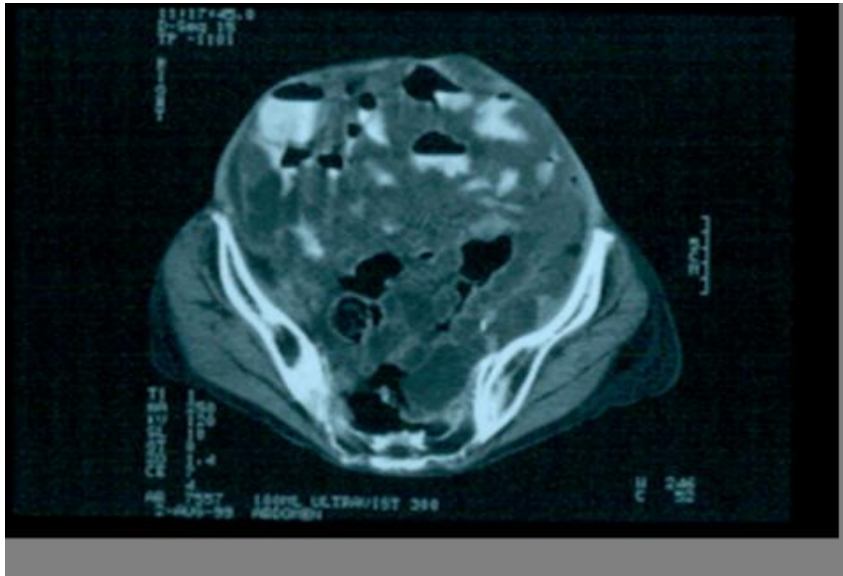
Nima Ahmadi, MBBS, BSc(Med) Hons, MS, FRACS, Danko Kostadinov, MD, MHA, Shinichiro Sakata, MBBS, FRACS, William Robert Ball, BSc Med Sci (Hons), MbChB, FRCS, Jamish Gandhi, MBChB, FRACS, Norman John Carr, FRCPATH, Alexios Tzivanakis, MD, FRCS, Sanjeev Paul Dayal, MBBS, MS, FRCS, Faheez Mohamed, MBChB, MD, FRCS, Thomas Desmond Cecil, FRCS, DM, and Brendan John Moran, MB, BCh, FRCSI, M.Ch, Doc Med

Peritoneal M



Recurrence: Treatment options

- Continued surveillance
- Systemic chemotherapy
- Cytoreductive surgery \pm HIPEC

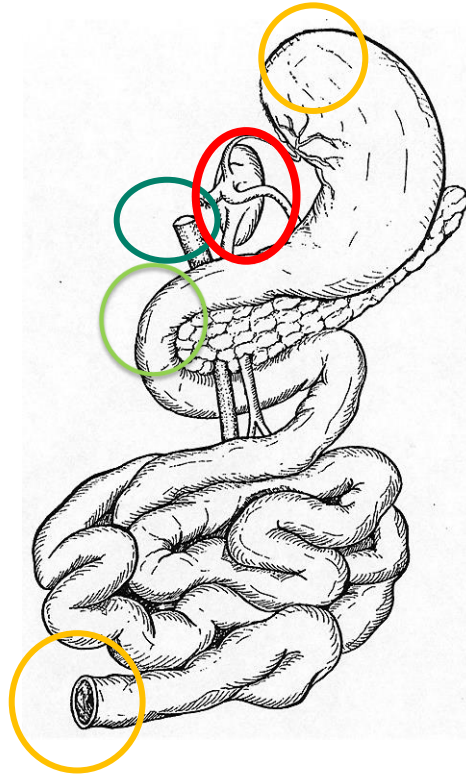


When do we consider re-operation?

- Focal disease amenable to complete cytoreduction
- Symptoms that might benefit from maximal tumour debulking
- 5 year OS with recurrent PMP 57.4%
- If complete CRS achieved then 5 year OS 89.6%

Modified Multivisceral graft (MMV) Oxford transplant team

Oxford University Hospitals **NHS**
NHS Foundation Trust



OXFORD
Translational Gastroenterology
Unit



Intestinal transplant

Oxford University Hospitals **NHS**
NHS Foundation Trust



NHS Data

Table 6.4 Unadjusted patient survival (%) for adult elective first intestine transplants between 1 April 2008 and 31 March 2018, by transplant type

Transplant type	Number of transplants	90-day survival (95% CI)		1-year survival (95% CI)		5-year survival (95% CI)	
Cambridge							
Including liver	39	84.6	(68.9-92.8)	75.5	(58.1-86.5)	28.1	(10.1-49.5)
Not including liver ¹	30	100.0	-	85.6	(66.0-94.3)	75.0	(51.4-88.3)
Oxford							
Not including liver ¹	38	86.8	(71.2-94.3)	78.2	(61.1-88.5)	61.9	(41.0-77.3)
TOTAL	107	89.7	(82.2-94.2)	79.3	(70.0-86.0)	53.5	(40.3-65.0)

¹ Includes intestine only

Goal of treatment:
Prolong life
Improve QOL
Freedom from TPN

Criteria for Patient Selection

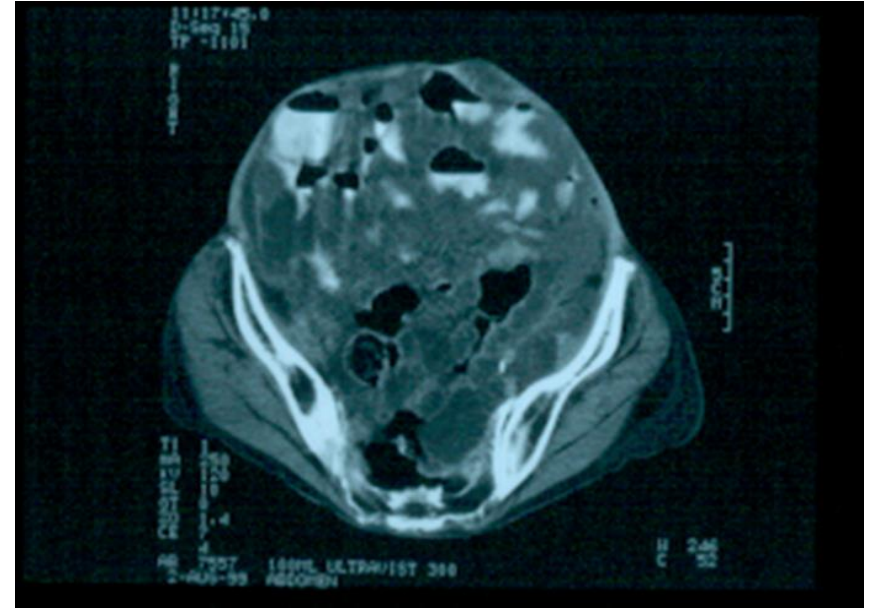
- No option for conventional cytoreductive surgery
- Low grade histology or slow growing
- Intestinal failure with or without abdominal wall failure
- On TPN or Predicted shortly
- Limited life expectancy 6-12 months
- Agreement at PMI SMDT and National small bowel transplant MDT

Intestinal failure

- Bowel obstruction
- Abscess formation
- Internal and external fistulae



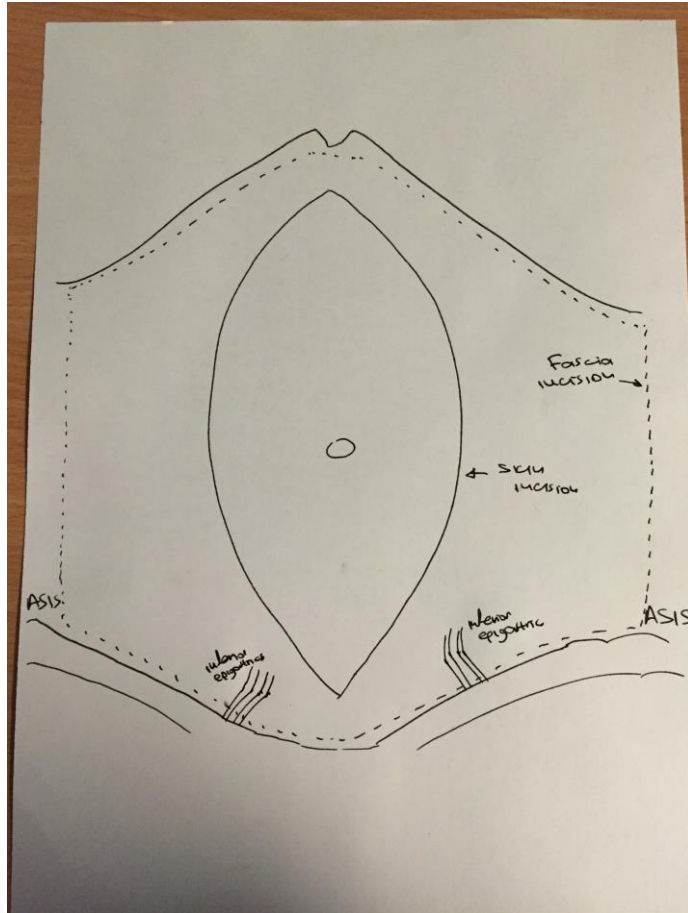
- Poor quality of life



Abdominal Wall Failure : Fungating tumours



Abdominal Wall Graft

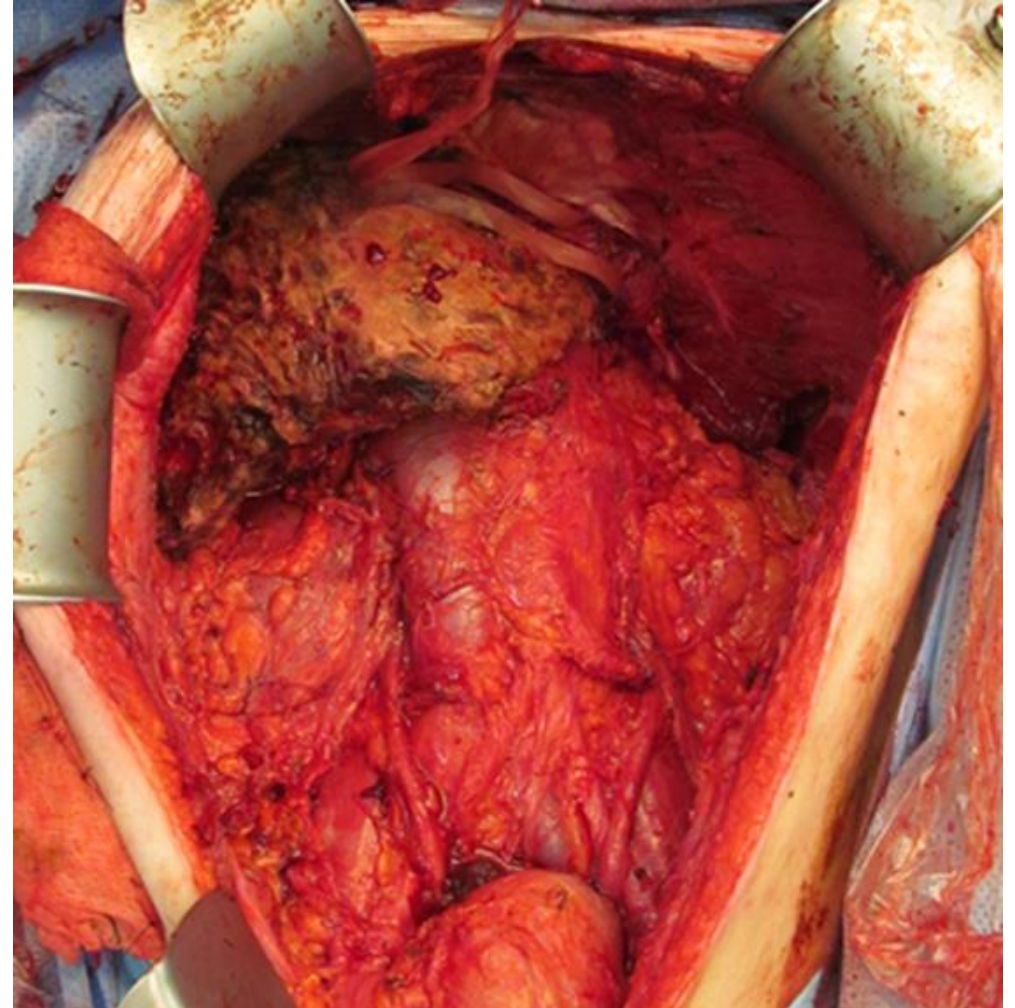


Goal of Surgery

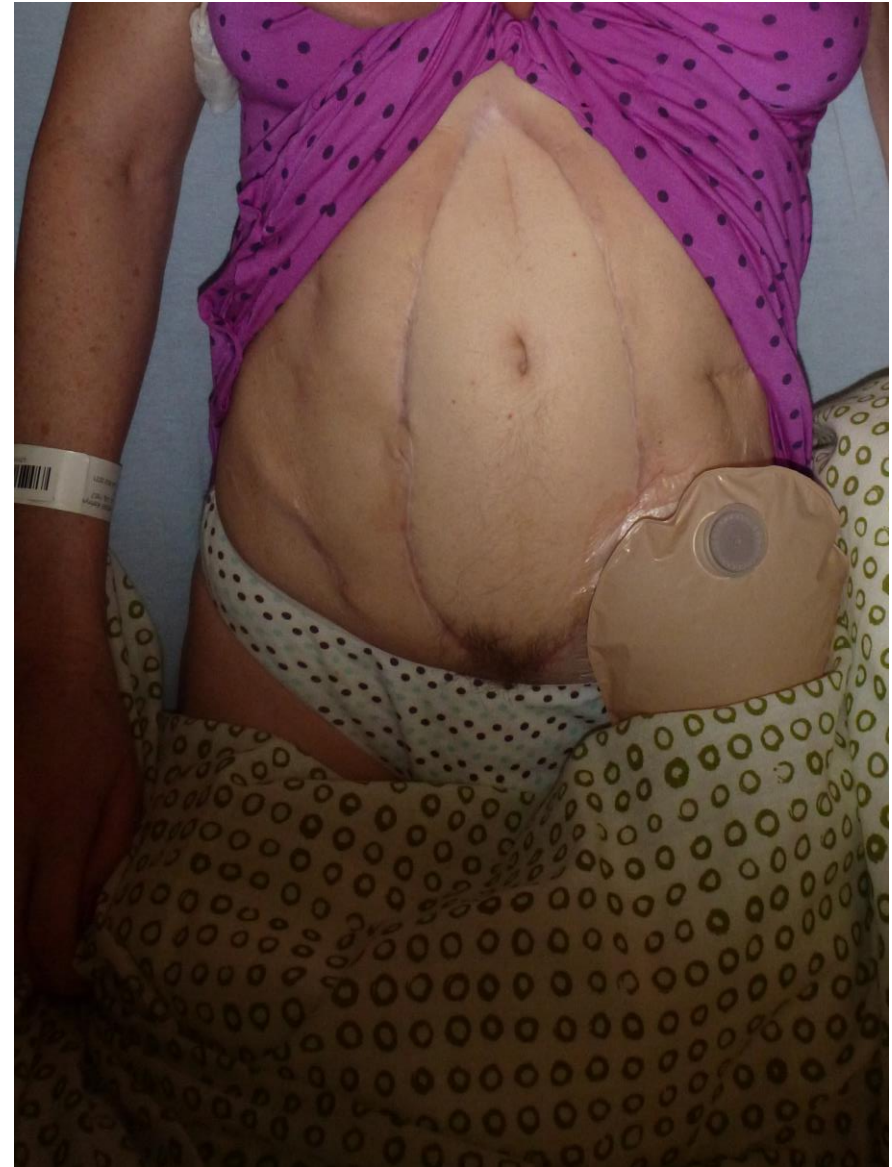
Explant



Complete Cytoreduction



Post Transplant

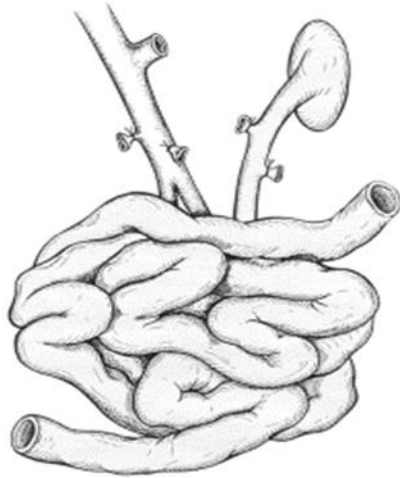


Patients

- 25 patients formally assessed
- 4 Unfit – Died
- 3 Died on W/L
- 15 Transplanted (Last transplant – April 2022)
- 1 had conventional debulking and transplant avoided
- 2 assessed and activated on transplant list but died on W/L due to Covid halting program
- 2 under assessment

Type of Transplant

Isolated Intestine - 7 Patients



MMV – 7 Patients



Outcomes (Median)

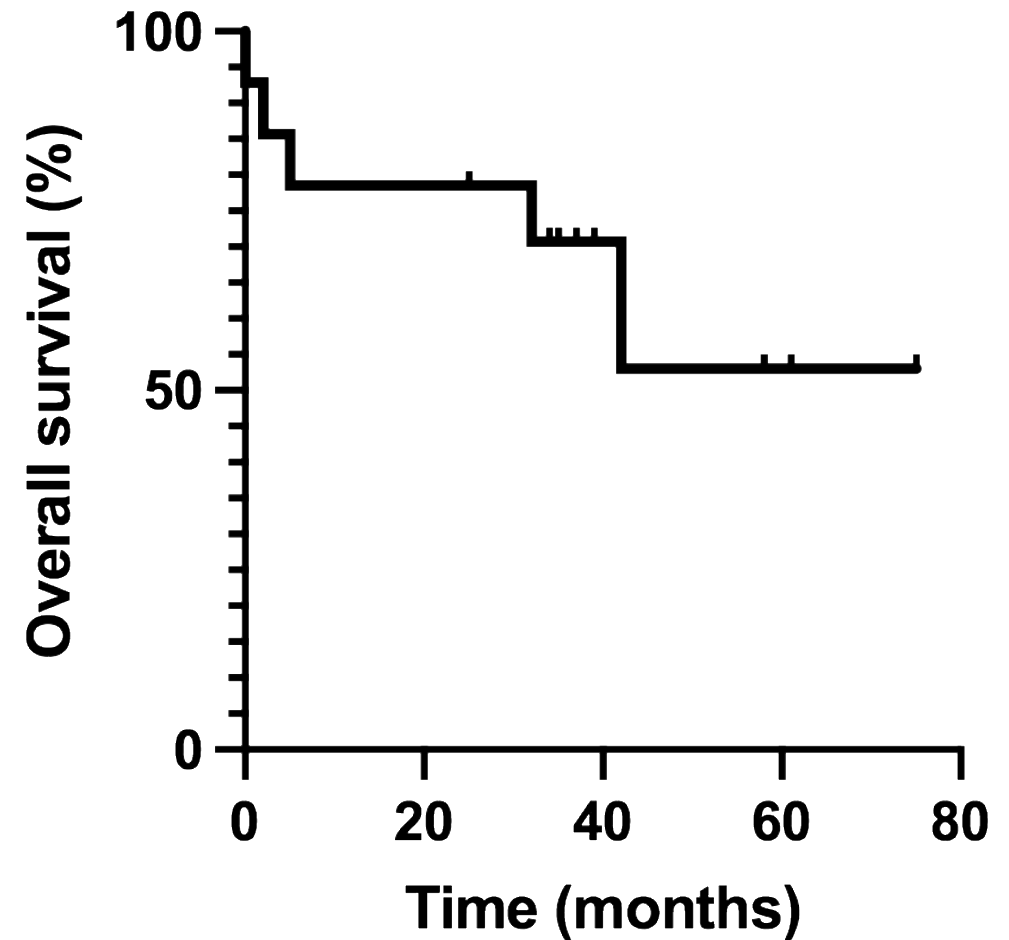
- Blood Transfusion – 8 Units
- Operation duration – 13 Hours
- ITU stay – 4 days
- Ward Stay – 37 days
- 9/15 Patients Alive

Outcomes (Median)

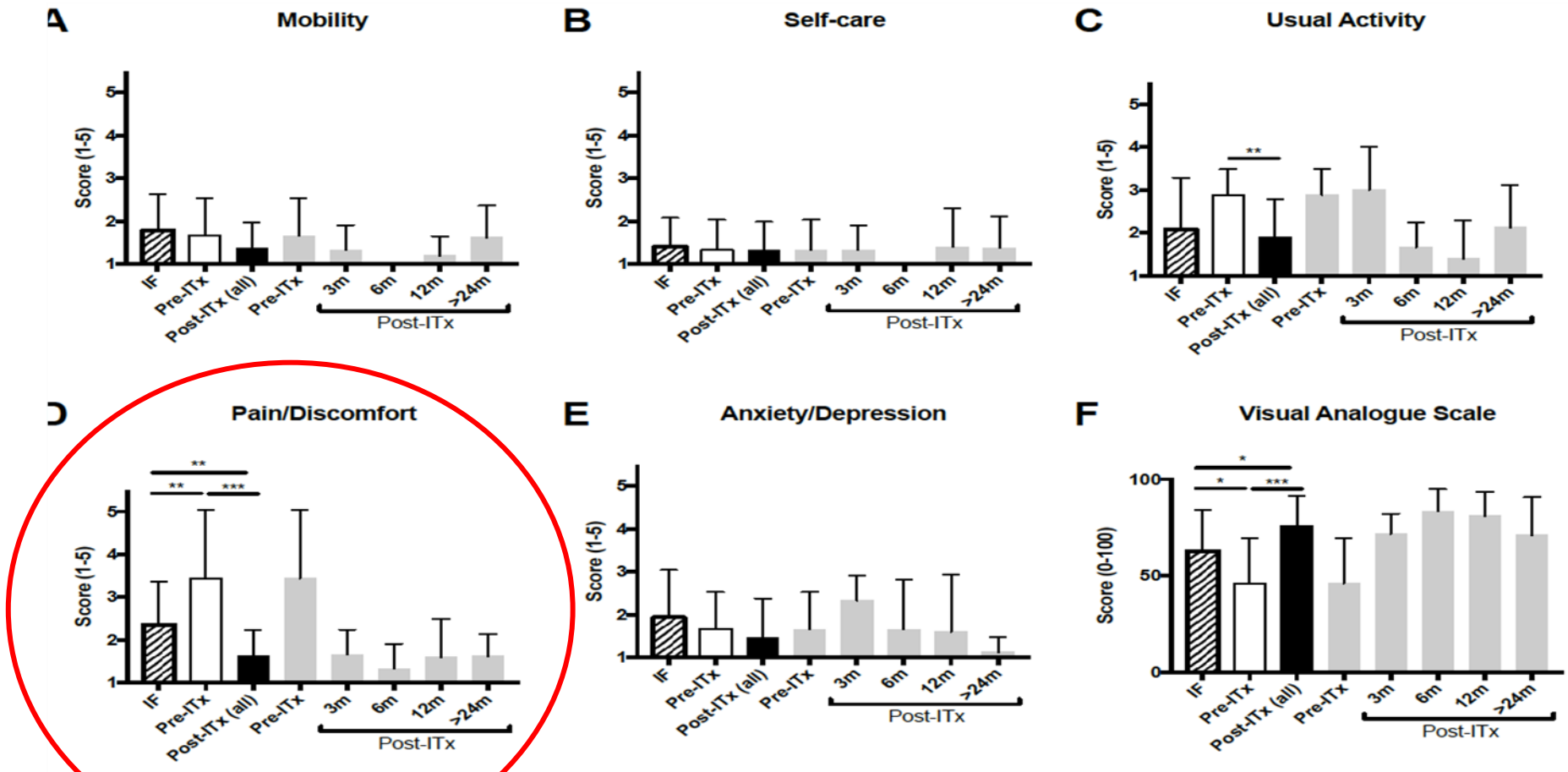
- 2 Early Deaths
- 1 Death 6 mths (GVHD)
- 1 Death 3 yrs 3 mths (Recurrence/Ds progression in chest)
- 1 Death 3 yrs 6mths (PTLD)
- 1 Death 2 yrs 9mths (Complex postop, multiple admissions, Poor QOL, withdrew Rx)

Post transplant survival

- 3 patients have Acturial 5 yr survival
- Kaplan Meir predicted OS 5 yr for cohort reached 50%



QOL Data



Conclusion

- Feasible and Achievable by Joint working between Peritoneal malignancy & Transplant teams
- 3 patients at 5-year graft survival so more concrete data is emerging
- Not a cure as disease recurrence appears inevitable.
- Despite recurrence QOL improved in carefully selected patients