

WHY PIPAC? Normal and Diseased Peritoneum

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I do not have any relevant financial relationships with any ineligible companies.

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

The off-label or investigational use of Indocyanine green, SGM-101 will be discussed.



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

STATE LAW:

The California legislature has passed <u>Assembly Bill (AB) 1195</u>, 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 <u>AB 241</u>, 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:

• Diversity of patient population.



Embryology

- Mesothelial origin
- Dual layer
- Parietal peritoneum 30% Abd/Pelvic wall
- Visceral peritoneum 70% visceral organs
- Total surface area = 2m²





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Function



Reymond M, ISSPP PIPAC Workshop 2022



Vascular Supply

Peritoneum receives only ~2-3% of cardiac output

Challenging for the transport and delivery of therapy for diseased peritoneum



(Solass W. et al. Pleura Peritoneum 2016.)



Diseased Peritoneum

- Peritoneal carcinomatosis.
- Metastatic vs. primary peritoneal (usually carcinomatosis from unknown primary).
- Most common etiologies: Ovarian, appendiceal, colorectal, gastric.
- Underdiagnosed.
- Rapid decline in function. Poor outcomes.





Diagnostic Modalities

- Physical Exam /Clinical Assessment: Low yield.
- Cross sectional imaging: Most commonly used.
 OUS, CT, MRI, PET.
- Diagnostic laparoscopy / laparotomy: Sensitive, invasive.
 - Timing: 1 stage, 2 stage.

○ Access consideration: Veress, Hasson, Optical.



Cross Sectional Imaging of Peritoneal Carcinomatosis

- US: User variability
- CT: Widest availability, reliability. Limited contrast agents.
- MRI: Higher resolution.
- PET: Functional imaging.



Surgical Imaging of Peritoneal Carcinomatosis

- Limitations of white light imaging
- Intraoperative contrast



Treatment Effect

- Scarring vs. viable cancer cells?
- Spatial correlation
- Bias
- Sampling error





Diagnostic Modalities



Leimkuhler et al. Surg Oncol. June 2020.



Advances in Cross Sectional Imaging of Peritoneal Carcinomatosis

- CT: Peritoneal RECIST.
- MRI: c-DWI.
- PET: FDG, novel PET probes.



Advances in Surgical Imaging of Peritoneal Carcinomatosis

- Advances in imaging devices
- Advances in contrast agents
- Theranostic agents





Questions & Comments

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