

# Review of: "Resectable Pancreatic Cancer With Peritoneal Metastases: Is Cytoreduction Combined With HIPEC Effective and When?"

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Potential competing interests: No potential competing interests to declare.

I would like to acknowledge the authors and the work they have done to submit their case series for consideration of publication. There are a number of concerns and questions regarding this article, which include:

- What was the institutional criteria in this patient population to consider CRS + HIPEC? It has been well established in the colorectal (CRC) cancer data that patients with a high PCI have poor outcomes, and a recent randomized trial in CRC does use a cutoff for the PCI (PRODIGE-7). Based on the high morbidity and mortality rate in your small case series, how would you recommend modifying those criteria given this finding?
- It is unclear if the two patients who had peritoneal carcinosis after a prior ovarian cancer had a histologically proven pancreatic adenocarcinoma. If this was not the case, they should not have been included in the analysis. Furthermore, the three patients who were treated with a second CRS + HIPEC after recurrence should not be analyzed as separate cases.
- What is the relevance of the fact that patients for whom a pancreatic primary was identified all had a pancreatic tail primary?
- It is unclear from the data presented what the interval between resection of the pancreatic primary and the CRS + HIPEC was. What was the interval between initial diagnosis/primary resection and recurrence? What was the initial staging? Did the patients receive any form of adjuvant therapy after primary resection? This would have required a separate table, as table 1 only provides the surgical information and not the patient characteristics as suggested.

Based on the very small sample size and the above-mentioned weaknesses of this article, I would not support its publication.