

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 congratulate the authors on this interesting article that describes their ten-year experience with a small cohort of patients (n= 10) undergoing cytoreductive surgery and HIPEC for peritoneal cancer of the pancreas.

As you know, the indication for this type of surgery is rare and applies to a very select number of patients. In addition, most cancer communities believe that the survival obtained from this type of surgery is similar to that achieved with chemotherapy and that the latter also has a lower rate of complications; therefore, it seems difficult to justify an article with these results.

However, I think the article is interesting, but it needs to be revised and corrected in many parts.

These are my suggestions:

- 1) The results are difficult to understand when they are read, so I suggest building a table with the type of intervention, pathological diagnosis, staging, and PCI.
- 2) In the "table of patient characteristics," you report 13 cases, but there are 10 patients. You should clarify this.
- 3) Were patients who developed metachronous peritoneal metastases given neoadjuvant chemotherapy prior to your surgery? Is it possible to describe the scheme used? Could you comment in the discussion section on the need to perform neoadjuvant chemotherapy in order to achieve a reduction of the tumor burden? Moreover, have your patients been discussed within a multidisciplinary board?
- 4) The 20% post-operative mortality reported by you, I think, is very difficult to justify and to understand for the reader; however, it is important to discuss in the discussion section that patients with carcinosis have a survival wait of less than 6 months, so in selected cases, this surgery confers a survival benefit.
- 5) In the abstract section, I recommend the following changes

The purpose of the study is the presentation of *monocentric experience* in patients with pancreatic cancer and peritoneal metastases treated with cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) and a review of the literature.

Patients/Methods: The data of patients with peritoneal metastases from pancreatic cancer who underwent treatment with CRS plus HIPEC were analyzed. *Clinical and histopathological variables have been analysed to predict survival, recurrence, and morbidity.*

Results: In 10 patients (6 men and 4 women), with a mean age of 54.5 ± 12.2 years, 13 cytoreductions and HIPEC were undertaken for pancreatic cancer and peritoneal carcinomatosis. Complications were observed in 8 patients, and 2 patients died in the perioperative period. The 1- and 3-year overall survival rates were 76% and 18%, respectively, and the median survival was 28 months. The completeness of cytoreduction and the performance status were related to survival ($p < 0.05$). The recurrence rate was 69.2%. The gender and the presence of ascites were related to recurrence ($p < 0.05$). Ascites has been identified as a possible prognostic indicator of recurrence ($p = 0.027$).

Conclusion: There is evidence that CRS with HIPEC *may increase survival* in selected patients with pancreatic cancer and peritoneal metastases. Future studies are needed to identify the group of patients that will benefit from this treatment.