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## Foreword

In the June 2009 issue of *Annals of Surgery*, Chua and colleagues report that the morbidity from intraperitoneal chemotherapy and debulking is less than or equal to that of pancreaticoduodenectomy.<sup>1</sup> It is clear that the thinking about this therapeutic approach has undergone an evolution of monumental proportions in the last 5 years. Over that time, in the United States alone, we have seen an explosion in the number of centers performing this procedure, a testimony to the evidence and increasing data that patients may benefit from this aggressive intervention. Although commercial systems have become available, allowing even community centers to consider intraperitoneal chemotherapy, Dr. Shen and colleagues demonstrate why this may be unwise, and why such a technique should remain in highly specialized centers. A testimony to the benefit of having a comprehensive center is demonstrated by the fact that the authors include two excellent reviews: one on quality of life and one summarizing the important aspects of specialized nursing care in the management of these patients. It is without a doubt a tribute to the dedication of the men and women who are daily at the bedside that aids in the success of the group at Wake Forest.

We have seen a remarkable increase in the number of patients referred to our institution for consideration of this type of treatment, and I am confident that there is a multifactorial explanation for this. There have been considerable improvements in systemic chemotherapy for colorectal cancer along with other neoplasms, and so recurrence patterns and disease distribution have changed. We have enjoyed the benefits of continuously improving perioperative care, and therefore we are constantly permitted to “push the envelope” with respect to surgical resection. The debulking and intraperitoneal chemotherapy model has truly demonstrated just how far we can do that. I commend the authors on an outstanding group of manuscripts, which truly cover the rationale, indications, and evidence for this treatment approach. Furthermore, the discussion by Stewart of the translational research surrounding this is a concise, well thought-out summary of the future of investigation in the field. In the final sections, nursing care and quality of life are addressed, demonstrating how substantial the impact of this therapy truly is. The group at Wake Forest are leaders in the use and study of this therapeutic modality; it is not surprising that they have composed such an outstanding monograph.

## REFERENCE

1. Chua T, Yan T, Saxena A, Morris D. Should the treatment of peritoneal carcinomatosis by cytoreductive surgery and hyperthermic intraperitoneal chemotherapy still be regarded as a highly morbid procedure? A systematic review of morbidity and mortality. *Ann Surg* 2009;249:900-7.

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