

Resource for Management Options of Peritoneal Surface Malignancies During COVID-19

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SSO supports the need for treatment decisions to be made on a case-by-case basis. The surgeon’s knowledge and understanding of the biology of each cancer, alternative treatment options, and the institution’s policies at the time the patient will be scheduled for surgery all need to be taken into consideration.

The information below is based on the opinions of individuals who are experts within the field of peritoneal surface malignancies and are members of the Society’s Peritoneal Surface Malignancies Disease Site Work Group.

Unique Considerations for Surgical Management of PSM

- Whether there is an increased vulnerability of a patient and the healthcare team to COVID-19 from cytoreductive surgery and intraperitoneal chemotherapy concurrent with surgery is unknown.
- Patients that are significantly symptomatic or have imminent threat to life or well-being must be treated on an individualized basis.
- Maintaining communication between local hospital administration to evaluate local burden of COVID-19 and availability of supplies is crucial.
- Maintaining communication between physicians and patients is crucial in making decisions to move forward with surgery during the ongoing crisis.
- There is significant utilization of resources for patients undergoing cytoreductive surgery with or without HIPEC. Such surgeries may only be considered if the system is well resourced to perform “rescue” for such patients without exposing them to unnecessary risk.
- Application of HIPEC after cytoreductive surgery must be an individualized decision, and considerations to avoid HIPEC during/after cytoreductive surgery must include the risk of development of neutropenia in the patient, increased risk of peri-operative complications and longer hospital stay, and increased operative time and personnel involved.

Histology	High Risk Region for COVID-19 (numerous or rapidly growing community acquired infections, limited personal protective equipment/ICU beds/ER/IR capacity)	Low Risk Region for COVID-19
Symptomatic Patients	<ul style="list-style-type: none"> • Consider surgery if local conditions permit 	<ul style="list-style-type: none"> • Consider surgery if local conditions permit
Low Grade Appendix	<ul style="list-style-type: none"> • Defer Surgery for 6 weeks or longer 	<ul style="list-style-type: none"> • Consider deferring surgery for 6 weeks or longer.
High Grade Appendix Colorectal	<ul style="list-style-type: none"> • Defer Surgery for 4-6 weeks 	<ul style="list-style-type: none"> • Consider deferring surgery for 4-6 weeks.

Mesothelioma Ovarian Cancer	<ul style="list-style-type: none"> • Consider systemic chemotherapy 	<ul style="list-style-type: none"> • Consider systemic chemotherapy
Desmoplastic Small Round Cell Tumors	<ul style="list-style-type: none"> • Consider deferring surgery for 2-4 weeks. • Consider additional systemic chemotherapy 	<ul style="list-style-type: none"> • Consider deferring surgery for 2-4 weeks. • Consider additional systemic chemotherapy
Gastric Cancer	<ul style="list-style-type: none"> • Defer surgery for 2-4 weeks • Consider systemic chemotherapy 	<ul style="list-style-type: none"> • Consider deferring surgery for 2-4 weeks. • Consider systemic chemotherapy
Peritoneal metastases from neuroendocrine tumors/Gastrointestinal stromal tumors	<ul style="list-style-type: none"> • Defer surgery for 6 weeks or longer 	<ul style="list-style-type: none"> • Consider deferring surgery for 6 weeks or longer.
Malignant Bowel Obstruction	<ul style="list-style-type: none"> • Operate only if emergent or failure to progress 	<ul style="list-style-type: none"> • Consider operating only if emergent or failure to progress