ACPMP
APPENDIX CANCER
PSEUDOMYXOMA PERITONEI
RESEARCH FOUNDATION

APPENDIX CANCER / PSEUDOMYXOMA PERITONEI FACT SHEET

One of the greatest challenges with peritoneal surface malignancies such as pseudomyxoma peritonei and appendix cancer, continues to be correct and timely diagnosis along with access to the "Standard of Care" treatment now available to treat this disease: cytoreductive surgery plus hyperthermic intraperitoneal chemotherapy (CRS/HIPEC)[1].

In many of these cases, relatively common symptoms such as abdominal pain, increased abdominal girth, bloating, hernia, ovarian cysts or tumors in women, infertility, and ascites are misunderstood for years. When patients are misdiagnosed, they are less likely to benefit from CRS/HIPEC, and even with proper diagnosis many patients are never even offered it.

This treatment, unavailable to our patient population only a generation ago, provides hope for thousands of patients around the world. CRS/HIPEC has been shown to provide long-term survival in up to 90% of patients with low-grade PMP pathology who are properly diagnosed and undergo this treatment early enough in the disease process to offer maximum benefit[2].

Greater awareness of this disease and the proper treatment along with proper diagnosis via tumor marker blood tests (CEA, CA 19.9, CA-125) and CT scans or MRIs will hopefully give every patient with this disease the opportunity to be treated with the Standard of Care, CRS/HIPEC, by a qualified surgical oncologist before any other counterproductive and potentially damaging treatments are attempted such as unnecessary surgery or systemic chemotherapy for low-grade disease.

[1] *A new standard of care for the management of peritoneal surface malignancy. Mohamed F1, Cecil T, Moran B, Sugarbaker P. (Curr Oncol. 2011 Apr;18(2):e84-96.) [ncbi.nlm.nih.gov/pmc/articles/PMC3070715/?tool=pubmed]*

[2] *Early- and long-term outcome data of patients with pseudomyxoma peritonei from appendiceal origin treated by a strategy of cytoreductive surgery and hyperthermic intraperitoneal chemotherapy. Chua TC, Moran BJ, Sugarbaker PH, Levine EA, Glehen O, Gilly FN, Baratti D, Deraco M, Elias D, Sardi A, Liauw W, Yan TD, Barrios P, Gómez Portilla A, de Hingh IH, Ceelen WP, Pelz JO, Piso P, González-Moreno S, Van Der Speeten K, Morris DL (J Clin Oncol. 2012 Jul 10;30(20):2449-56. doi: 10.1200/JCO.2011.39.7166. Epub 2012 May 21) [jco.ascopubs.org/content/30/20/2449.full]*

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