



# The Chicago Consensus Guidelines for Peritoneal Surface Malignancies: Introduction

## Chicago Consensus Working Group

Chicago, IL

**ABSTRACT** The Chicago Consensus Working Group provides multidisciplinary recommendations for the management of peritoneal surface malignancies of various causes. These guidelines are developed with input from leading experts including surgical oncologists, medical oncologists, pathologists, radiologists, palliative care physicians, and pharmacists. These guidelines recognize and address the emerging need for increased awareness of the appropriate management of peritoneal surface disease. They are not intended to replace the quest for higher levels of evidence. This article serves as an introduction to this effort.

## CHICAGO CONSENSUS GUIDELINES FOR PERITONEAL SURFACE MALIGNANCIES

Peritoneal surface malignancies (PSMs) are a heterogeneous group of diseases that are common in their phenotypic expression with peritoneal involvement. Most PSMs are secondary tumors arising from tumors of the gastrointestinal and gynecological tracts, although primary tumors can cause similar morbidity and suffering. Management of PSM, regardless of histologic diagnosis,

requires adherence to basic principles and understanding of the limitations of our current diagnostic and therapeutic modalities.

Several factors have limited the understanding of these diseases. The primary limiting factors are our inability to noninvasively detect disease and the therapeutic nihilism that develops once end-organ damage (bowel obstruction) occurs. While the cancer death rate has decreased over the last several decades in the United States, the significant estimated burden of peritoneal metastasis with its associated morbidity remains a pressing issue.

The mission of the Chicago Consensus Guidelines is to create pathways for the management of PSM to guide clinical decision-making and facilitate collaboration, widespread dissemination, education, and advocacy. The guidelines are not prescriptive but are intended to be used for clinical guidance in an area that has limited level 1 evidence. The objectives of the Chicago Consensus Guidelines are as follows:

1. Produce and publish documents that include pathways for the management of PSM that can serve as a national standard of care.
2. Create a framework for collaboration with oncological societies.
3. Use guidelines to advocate for advancements in the field.

The guidelines underscore the willingness of groups of physicians and clinical societies to come together to use evidence and experience to create simplified pathways for patients with PSM. This monumental work was possible only because of the selfless commitment of hundreds of individuals who have contributed. In an evolving field, any static document will quickly become irrelevant, and this work highlights the development of an initial framework for the treatment of patients with PSM. In addition, oversimplification of a complex problem can result in a loss of nuance in the clinical management of patients.

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The collaborators for the Chicago Consensus Working Group are listed in the acknowledgments.

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These guidelines do not replace the patient–physician decision-making process but are intended to facilitate it.

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The series of articles included in this process consist of the methods of pathway construction and validation, the individual disease site pathways, and guiding principles in the management of disease. While we believe that this endeavor is extremely important, we cannot emphasize enough the importance of enrolling patients with PSMs in clinical trials, which is our recommended default for all histologic diagnoses. We also strongly encourage minimizing the exclusion of patients in these trials on account of poor visualization on noninvasive imaging modalities.

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