



The Chicago Consensus on Peritoneal Surface Malignancies: Methodology

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 explains the process and methodology of building these guidelines and pathways.

METHODOLOGY OF THE CHICAGO CONSENSUS GUIDELINES FOR PERITONEAL SURFACE MALIGNANCIES

The Chicago Consensus Guidelines represent the culmination of the efforts of several individuals to create pathways for the management of peritoneal surface malignancies to guide clinical decision-making and facilitate collaboration, widespread dissemination, education, and advocacy. Herein we describe the process and timeline of the development of these guidelines (Fig. 1).

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

Correspondence to: K. Turaga, MD

Department of Surgery, University of Chicago, Chicago, IL
e-mail: kturaga@surgery.bsd.uchicago.edu.

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Inception and Development

The management of peritoneal surface malignancies remains controversial and poorly represented in national guidelines released by existing professional societies. In conjunction with the University of Chicago, a meeting was planned with thought leaders in the field to develop pathways in the management of care. The organizing team (A.P., F.I., D.S., S.S., and K.T.) synthesized background evidence and created preliminary pathways. Section editors (national) and experts from the University of Chicago then reviewed the pathways. Multiple rounds of revisions were undertaken to create preliminary pathways (at minimum 6 revisions per pathway). Sixteen distinct management pathways were formulated with infographics software (draw.io, JGraph Ltd).

Modified Delphi Round 1

On September 29, 2018, a group of invited thought leaders (editorial committee, n = 13) and University of Chicago faculty convened for a daylong review of the first formal draft of the management guidelines. Using standard consensus methodology, the group discussed and either modified, kept, or discarded each step of the pathway. Eleven pathways were retained: low-grade appendiceal mucinous neoplasm, appendiceal adenocarcinoma, goblet cell carcinoid tumor, colorectal cancer with synchronous peritoneal metastasis, colorectal cancer with metachronous peritoneal metastasis, gastric cancer with synchronous peritoneal metastasis, peritoneal mesothelioma, peritoneal metastasis from ovarian epithelial cancer, peritoneal metastasis from neuroendocrine tumor, peritoneal metastasis from desmoplastic round blue cell tumor, and malignant bowel obstruction.

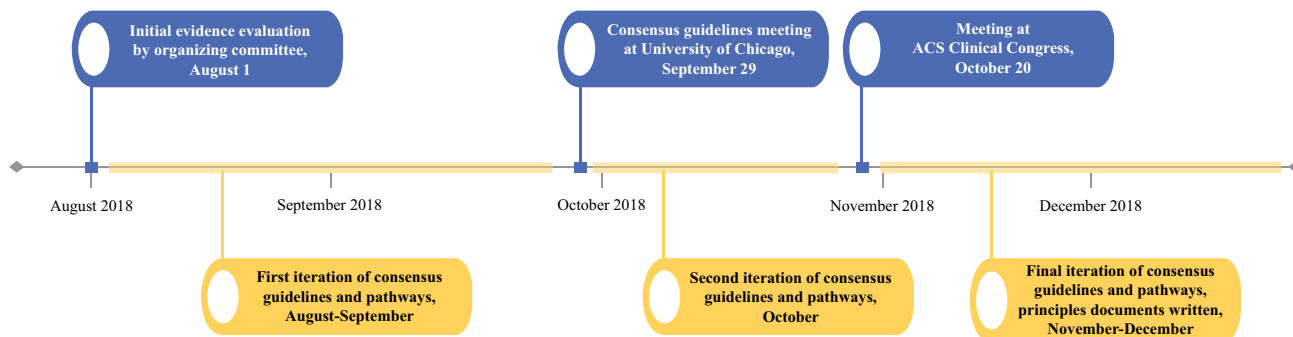


FIG. 1 Process and timeline of the development of the Chicago Consensus Guidelines for Peritoneal Surface Malignancies

Peer Review

Revised pathways generated after Delphi round 1 (except ovarian cancer pathways) were distributed to disease-site peer review committees. Each disease-site peer review committee was blinded to any prior discussion. Eighty-eight separate comments were generated and incorporated into the pathways.

Modified Delphi Round 2

Peer-reviewed pathways were discussed at the American College of Surgeons Clinical Congress on October 21. This meeting was supported by representatives of the American Society of Clinical Oncology (ASCO) and the Society of Gynecologic Oncology (SGO). Forty surgical oncologists participated in this Delphi round. Additional comments were solicited via survey (SurveyMonkey) for members unable to attend the meeting. Two hundred eight comments were obtained and collated into an organized data framework to standardize response and resolution. Section editors, in conjunction with peer review committee chairs, then revised pathways to appropriately address comments received. Supporting principles documents were created with the assistance of 39 volunteer writing group members.

Modified Delphi Round 3

Revised pathways were circulated to the editorial committee, section editors, and peer review committee chairs for final review. Revised documents were distributed to all participants in the consensus process for binary endorsement (yes/no).

Peer Review 2

Finalized pathways and documents were circulated for blinded peer review to 2 national surgical oncologists with significant reputations in the management of peritoneal surface disease. Documents were also circulated to the representatives of the Peritoneal Surface Oncology Group International, ASCO,

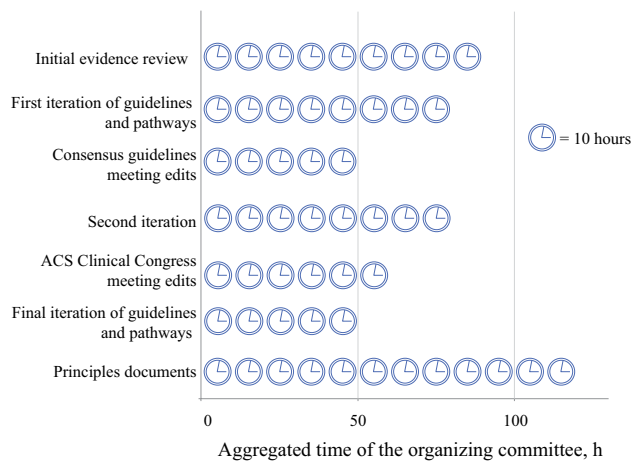


FIG. 2 Estimated person-hours dedicated by the Organizing Committee for the development of the Chicago Consensus for Peritoneal Surface Malignancies

and the SGO quality committee for review and comments. Collated comments, with input from the editorial committee and section editors, were used to finalize the pathways.

Produced after an estimated 850 person-hours of work (Fig. 2), not including review and intellectual review time of our volunteer faculty, these pathways represent the first version of the Chicago Consensus Guidelines.

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