

optimize outcomes. The two most commonly found prognostic factors for survival are consistently the extent of disease, most commonly measured by the peritoneal carcinomatosis index (PCI), and the completeness of cytoreduction. Glehen *et al* showed that the PCI was the only independent prognostic factor in patients with a complete cytoreduction<sup>[32]</sup>. No patient survived more than 3 years if their PCI was > 12<sup>[32]</sup>. A meta-analysis confirmed this with no patients being alive after 3 years if their PCI was > 12<sup>[4]</sup>. A lower threshold of  $PCI \leq 6$  was an independent prognostic factor for patients undergoing CRS and HIPEC after bi-directional chemotherapy (HR 2.16, 95% CI 1.17 – 3.98,  $p = 0.013$ ) in a recent Japanese study<sup>[34]</sup>. Similarly, Chia *et al* found that a PCI of <7 was a significant predictor of survival<sup>[35]</sup>. Those with  $PCI < 7$  had a median OS of 26.4 months compared to 10.9 months in those who had a  $PCI \geq 7$  (HR 2.67, 95% CI 1.54 – 4.64,  $p < 0.001$ ). All the patients who were considered cured as defined by being disease-free at 5 years had a  $PCI < 7$ . This same PCI cut-off was seen in a study by Yonemura *et al* who found that a  $PCI < 7$  was associated with improved survival (median survival 2.8 years vs 1.1 years,  $p = 0.0001$ )<sup>[36]</sup>.

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mitomycin C

digestive tract cancer

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