

## Preface

Peritoneal carcinomatosis (PC) represents a fitting illustration of the complexities faced by modern medicine. On the one hand, recent data suggest that in a well selected group of patients with PC, extensive surgery with intraperitoneal (ip) chemotherapy can extend survival beyond five years, a figure rarely achieved even with modern palliative chemotherapy and attested by a growing number of expert centres offering this demanding therapy.

On the other hand, however, most of these patients will not be cured and careful weighing of the possible benefits against the risks and quality of life consequences of extensive surgery should be the effort of a multidisciplinary team. Individual patient care decisions are fraught with a lack of a high quality evidence base regarding essential treatment components such as patient selection, timing and extent of surgery, and the relative contribution of chemotherapy and hyperthermia. National guidelines therefore recommend to treat all PC patients in the context of clinical trials [1,2]. Moreover, in contrast to the exponential growth in basic science literature concerned with cancer growth, angiogenesis and systemic metastasis, surprisingly little is known about the molecular mechanisms at the origin of PC.

The aim of the present volume was to bring together leading basic science and clinical investigators in the field of PC in order to provide a multidisciplinary ‘status praesens’ of current knowledge. It is hoped that their efforts will not only assist in individual patient care, but also facilitate consensus among surgical and medical oncologists, define future areas of basic research and help to overcome the major challenge in the field of PC: to extend the limited and indeed often anecdotal evidence supporting the various therapeutic options by well designed multicenter clinical studies.

The Editor

Ghent, 2006

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