



## Colorectal and peritoneal oncology centre

### Pseudomyxoma Peritonei (PMP)

#### What is pseudomyxoma peritonei?

Pseudomyxoma (PMP) is a rare, often slow-growing tumour usually starting from the appendix. It produces large amounts of a jelly-like substance (mucus) that collects in the abdomen. The tumour does not spread through the blood but stays in the abdomen increasing in size. This can cause problems with moving and breathing and affects the body's ability to absorb food properly. This disease can be described as a low grade or slow growing cancer.

#### What causes PMP?

Most people with PMP have a tumour (adenoma) in the appendix. Like many other tumours, this can develop in people who lead healthy lifestyles. There is no clear association within families. It does not appear to be an inherited condition.

#### Signs and symptoms

For both women and men, the most common symptom is a slow increase in the size of the waist. The increase in the size of the abdomen puts pressure on the gut and prevents people from eating normally. Despite this, people often notice an increase in body weight. The symptoms can be non-specific and are often misdiagnosed.

#### How is it diagnosed?

PMP is difficult to diagnose. It is often an unexpected finding during investigations of discomfort or swelling in the abdomen. These investigations usually involve an ultrasound or CT scan or you may have had an operation on your abdomen. Women with PMP may sometimes have their diagnosis confused with ovarian cancer and it is not unusual that women are seen by a gynaecologist at first. The ovarian tumour is often the presenting symptom or sign and is sometimes assumed to be the original site. Doctors do not always recognise that the appendix is a possible source of a mucus tumour.

#### Treatment: Cytoreductive surgery and heated intraperitoneal chemotherapy (HIPEC)

The treatment we may offer will vary depending on the extent that the tumour has spread. Treatment can involve major surgery to remove organs in the abdomen and the tissue lining the abdomen (peritoneum). If the surgeon has removed all or most of the tumour, while you are under the anaesthetic, heated chemotherapy drugs are put in the abdomen to kill any tumour cells that cannot be seen. Removing the tumour may be a lengthy procedure and the surgery can last for several hours.

#### Consent to treatment

The colorectal and peritoneal oncology team will discuss the treatment that is recommended for you and explain how it will affect you.

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in

treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

### **What are the benefits of cytoreductive surgery and HIPEC?**

The benefits of treatment will depend on whether the surgeon can remove all the visible disease and give intraperitoneal chemotherapy. The aim would be to cure the disease or reduce the chances of the disease coming back.

### **Are there any alternatives to cytoreductive surgery and HIPEC?**

All treatments carry risks as well as benefits and thinking about possible options can help you decide what to do. The team will discuss alternative treatments with you, which may include the following:

**Wait and watch:** We monitor the situation closely. If the tumour continues to grow we may suggest that you have chemotherapy or surgery.

**Debulking surgery:** This is when an attempt is made to remove disease that is causing or may cause problems in the near future. This would not be to cure the disease but to deal with particular symptoms.

**Chemotherapy:** A chemotherapy trial has recently been carried out for patients unsuitable for cytoreduction. One of the drugs used is the same used in theatre after cytoreductive surgery, Mitomycin C. The other drug comes in a tablet form and is called capecitabine. These drugs are known to be relatively well-tolerated. Patients are monitored with regular follow up including blood tests and CT scans at a dedicated clinic.

### **What happens if you decide not to have cytoreductive surgery?**

There is a risk that your tumour may continue to grow and any symptoms you may have could get worse. You can discuss what to do next with a member of the pseudomyxoma team.

### **The colorectal and peritoneal oncology centre**

The colorectal and peritoneal oncology centre has an international reputation for treating advanced and early colorectal cancer, appendix tumours, peritoneal tumours, anal cancer and tumours within the pelvis.

If you have a query regarding our service, please contact **0161 446 8051**.

### **The service will provide:**

- ongoing advice and support for patients, their partners and families
- information and advice about treatment and treatment options
- a point of contact should problems arise
- a link with other health care professionals involved in your care at home and in hospital
- referral to specialist services.

### **Who can contact us?**

Any health care professional who needs information or advice. Any patient coming for assessment or treatment for cytoreductive surgery and intraoperative intraperitoneal chemotherapy for colorectal cancer can contact the service themselves or by referral from another health care professional. We are also happy to speak to partners, friends and family, providing the patient has given consent.

If you know the name of your consultant, please contact their secretary directly:

<p><b>Consultants:</b>  Miss S T O'Dwyer  Mr M S Wilson  Mr P E Fulford  Prof A Renehan  Mr C R Selvasekar  Mr O Aziz  Miss A Minicozzi</p>	<p><b>Contact:</b>  Eve Kennerley           <b>0161 446 8311</b>  Gill Harrison           <b>0161 446 3366</b>  Rebecca Brown       <b>0161 918 7352</b>  Bev Tyrrell           <b>0161 918 2189</b>  John Lupea           <b>0161 918 2310</b>  Laura Elliott           <b>0161 918 2057</b>  Marion McKenna       <b>0161 918 2391</b></p>
<p><b>Clinical Nurse Specialists:</b>  Rebecca Halstead   Rachel Connolly   Lisa Wardlow   Sarah Wemyss</p>	<p><b>Contact:</b>  <b>0161 918 7096 / 07766 780952</b>  <b>rebecca.halstead@christie.nhs.uk</b>  <b>0161 918 7859 / 07785 725629</b>  <b>rachel.connolly@christie.nhs.uk</b>  <b>0161 918 7183 / 07826 892213</b>  <b>lisa.wardlow@christie.nhs.uk</b>  <b>0161 918 2097 / 07824 373 785</b>  <b>sarah.wemyss@christie.nhs.uk</b>  Fax: <b>0161 918 7078</b></p>
<p><b>Service Manager:</b>  Hannah Rogers</p>	

**Working hours are 8am to 4pm** (at other times please leave a message).

**Key worker**

Your key worker (nurse) ..... can be contacted on .....

If your key worker is not available, please leave a message on the answering machine with your name, date of birth and telephone number. All messages will be responded to as quickly as possible, but this may not always be on the same day.

**If you have any problems after your operation, please contact Ward 10 on 0161 446 3860.**

**Further information**

For information about the colorectal and peritoneal oncology centre visit [www.christie.nhs.uk/cpoc](http://www.christie.nhs.uk/cpoc)

**Christie information**

The cancer information centre at The Christie in Withington stocks a wide range of booklets free to patients, their families and carers and offers a free confidential service for anyone affected by cancer. Contact: **0161 446 8100.**

**Complementary therapy and smoking cessation**

There is an outpatient drop-in service at The Christie on Tuesday and Thursday from 4pm. Contact directly by calling **0161 446 8236** or **0161 918 7175.**

**Maggie's centre**

The centre provides a full programme of practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management. Contact Maggie's on **0161 641 4848** or email **manchester@maggiescentres.org**

### **Macmillan Cancer Support**

This is a national charity offering advice and support. Call the freephone helpline **0808 808 0000** (Monday to Friday, 9am to 8pm) or if you are hard of hearing, use the textphone **0808 808 0121**. Macmillan Cancer Support publish booklets which are free and available on their website **www.macmillan.org.uk**

### **Useful websites:**

**www.pseudomyxomasurvivor.org** (charity and patient forum)  
**www.pmpawareness.org** (support network)

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centres at Withington, Oldham or Salford.

Contact The Christie Hotline for  
urgent support and specialist advice

**The Christie Hotline:  
0161 446 3658**

Open 24 hours a day, 7 days a week

The Christie NHS Foundation Trust  
Wilmslow Road  
Manchester M20 4BX  
T: 0161 446 3000  
[www.christie.nhs.uk](http://www.christie.nhs.uk)

The Christie Patient Information Service  
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