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Peritoneal
Malignancy
Institute
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Gwasanaeth Metastasis Peritoneol
y Colon a'r Rhefr Cymru Gyfan

All Wales Colorectal
Peritoneal Metastasis Service

Annual Service Report,
August 2025

*“Giving Wales a fighting chance against
Peritoneal Cancer”*

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Glossary

ABUHB ----- Aneurin Bevan University Health Board
AMN ----- Appendiceal Mucinous Neoplasm
BCUHB ----- Betsi Cadwaladr University Health Board
CAVUHB ----- Cardiff & Vale University Health Board
CEA ----- Carcinoembryonic Antigen
CNS ----- Clinical Nurse Specialist
CPET ----- Cardiopulmonary Exercise Test
CPM ----- Colorectal Peritoneal Metastasis
CRS ----- Cytoreductive Surgery
CT ----- Computed Tomography
CTMUHB ----- Cwm Taf Morgannwg University Health Board
GI ----- Gastrointestinal
HAMN ----- High Grade Appendiceal Mucinous Neoplasm
HIPEC ----- Hyperthermic Intraperitoneal Chemotherapy
HUHB ----- Hywel Dda University Health Board

IPFR ----- Individual Patient Funding Request
JCC ----- Joint Commissioning Committee
LAMN ----- Low Grade Appendiceal Mucinous Neoplasm
MCI ----- Moondance Cancer Initiative
MDT ----- Multi-Disciplinary Team
NG ----- Nasogastric
NHS ----- National Health Service
NICE ----- National Institute of Clinical Excellence
PACU ----- Post Anaesthetic Care Unit
PMI ----- Peritoneal Malignancy Institute
PMP ----- Pseudomyxoma Peritonei
SEWGO ----- South-East Wales Gynaecological Oncology Centre
TPN ----- Total Parenteral Nutrition
WHSSC ----- Welsh Health Specialised Service Committee



Foreword

It is with great pride and reflection that I present this foreword, highlighting the journey, development, and impact of the All-Wales Colorectal Peritoneal Metastasis Service. What began as an ambitious vision has evolved into a vital, life-extending service for patients across Wales, driven by collaboration, innovation, and an unwavering commitment to improving cancer care



Ms Jody Parker
Lead Consultant AWCPMS, Wales

- **Establishment of the Service**

The All-Wales Colorectal Peritoneal Metastasis Service was founded in 2022, with the first Cytoreductive Surgery (CRS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) performed in June of that year. This marked the first such procedure in Wales for colorectal peritoneal metastases (CPM). Prior to this, no service or funding existed for Welsh patients, who either received only palliative care or had to self-fund treatment elsewhere.

- **Collaborative Development and Key Partnerships**

The development of the service was made possible through collaboration with teams across Wales, the UK, and internationally. Critical support came from clinicians, public healthcare systems, non-NHS funding sources, and industry. Key contributors included the Peritoneal Malignancy Institute (PMI) Basingstoke, the Moondance Cancer Initiative (MCI) and Cardiff and Vale University Health Board all of which played pivotal roles.

- **Pilot Phase and Service Growth**

The service began as a pilot programme with the mentored formation of a multi-disciplinary team (MDT) and the treatment of 15 patients. This phase demonstrated the feasibility and safety of the service. Since then, it has expanded significantly—over 50 patients have received CRS and HIPEC, and the MDT has discussed nearly 400 cases.

- **Interdisciplinary Collaboration and Expansion**

There has been close cooperation with the gynaecology oncology team at CAVUHB. This collaboration enabled the first HIPEC treatments for ovarian cancer in Cardiff. The Cardiff HIPEC Educational Course has been delivered locally and to a team from the Royal Liverpool Hospital. The long-term goal is to create a collaborative service with the South East Wales Gynaecological Oncology Centre (SEWGOC) under the Peritoneal Malignancy Institute Wales (PMI Wales), aiming to enhance patient care and service efficiency.

- **Education, Awareness, and Safety Monitoring**

The service has actively promoted education and awareness, delivering teaching sessions and presentations to surgeons, nurses, and allied health professionals locally and nationally. Safety has been a priority, with regular updates shared with local stakeholders, and at international conferences. The team also hosted the 7th UK and Ireland Peritoneal Malignancy Meeting in March 2025.

- **Recognition and Awards**


The service has received several accolades. In 2024, it was awarded the MCI Award for Innovation in Cancer Treatment. Additionally, the team's Clinical Nurse Specialist (CNS) won the Gary Logue Bowel Cancer UK Award in 2024 for her dedication to patient care and service development.

- **Ongoing Challenges and Future Goals**

Despite significant progress, challenges remain—chief among them is securing permanent funding. Future plans include:

- Refining service quality through feedback from patients and clinicians
- Expanding research and educational outreach
- Enhancing collaboration with local and international CRS departments
- Improving care for patients with pseudomyxoma and appendiceal mucinous neoplasms

I conclude with sincere gratitude to all contributors, especially the patients and their families, for their support. The service stands as a testament to collaborative dedication in addressing the complex treatment needs of colorectal peritoneal metastases in Wales.


Ms Jody Louise Parker

Purpose Of The Report

This report aims to review the All-Wales Colorectal Peritoneal Metastasis Service located at CAVUHB. The service specialises in the assessment and treatment of colorectal peritoneal metastasis (CPM) and also supports the operative management of those requiring bowel surgery as part of their gynaecological malignancy treatment by the South East Wales Gynaecological Oncology Centre (SEWGOC). In addition, we facilitate the assessment, onward referral and follow up of those with pseudomyxoma peritonei (PMP), appendiceal mucinous neoplasms and peritoneal mesothelioma to specialised centres including PMI Basingstoke and the Christie Hospital NHS Foundation Trust.

Funding Arrangements

The All-Wales Colorectal Peritoneal Metastasis Service has been funded by Moondance Cancer Initiative since the service started in 2022. MCI is a philanthropically funded, not-for-profit company dedicated to finding solutions to help more people in Wales survive cancer. MCI supports demonstration projects within the Welsh NHS and with NHS partners, aiming to accelerate meaningful, sustained improvements in cancer outcomes. Initial funding from MCI between May 2022 and September 2023, supported the establishment of the Team and tested the safety and feasibility of delivering a sustainable All-Wales Colorectal Peritoneal Metastasis Service. A second phase of funding was agreed from August 2024 to August 2026 to maintain the service while long-term arrangements are progressed with NHS Wales.



MOONDANCE
CANCER INITIATIVE

<https://moondance-cancer.wales/>

“ At **Moondance Cancer Initiative** we find, fund & fuel brilliant people & brave ideas to make Wales a world leader in cancer survival. Our aim is to accelerate significant and sustained improvement in cancer survival outcomes over the next 10 to 15 years. Established in 2019, we're a **not-for-profit company** philanthropically funded by the Moondance Foundation.”

Alignment With Cardiff And Vale UHB Strategic Priorities

The All-Wales Colorectal Peritoneal Metastasis Service is proud to operate within CAVUHB and to align with its strategic direction as outlined in [Shaping Our Future Wellbeing 2035](#). The development and delivery of our service reflect the Health Board's vision for innovation, partnership, quality improvement, and patient-centred care.

- **Innovative and High-Quality Cancer Care**

As the first service in Wales to provide Cytoreductive Surgery (CRS) with Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for colorectal peritoneal metastases, we have expanded access to curative treatment that previously required patients to self-fund or travel outside of Wales. This development enhances the quality and equity of cancer care available to Welsh patients.

- **Collaborative System Working**

Our service was developed through collaboration across clinical teams, public healthcare systems, non-NHS funding partners, and industry. We maintain close working relationships with gynaecological oncology teams within CAVUHB and have supported the delivery of the first HIPEC treatments for ovarian cancer locally. Our ambition to evolve into a collaborative Peritoneal Malignancy Institute Wales (PMI Wales) reflects a commitment to integrated, efficient care.

- **Education, Training, and Workforce Development**

We have delivered educational courses and training for surgeons, nurses, and allied health professionals within CAVUHB and beyond. Through the Cardiff HIPEC Educational Course and teaching delivered locally and nationally, we are contributing to workforce development and strengthening specialist service provision across Wales.

- **Patient Safety and Quality Assurance**

With robust safety monitoring and transparent reporting—including updates to partners such as Moondance Cancer Initiative and international conferences—we uphold a strong focus on clinical governance and continuous service improvement.

- **Recognition and National Leadership**

Our team's nomination for multiple awards and the hosting of the 7th UK and Ireland Peritoneal Malignancy Meeting in March 2025 reflect the national leadership and innovation that the service brings to Cardiff and Vale UHB. The All-Wales Colorectal Peritoneal Metastasis Service is fully aligned with Cardiff and Vale UHB's values and strategic priorities. We are committed to advancing high-quality, collaborative, and innovative cancer care for the people of Wales.



Meet Our Team



Ms Jody Louise Parker

Consultant Emergency General,
Colorectal and Peritoneal
Malignancy Surgeon

Clinical Lead for the All-Wales Colorectal Peritoneal Metastasis Service and Consultant Colorectal & Emergency General Surgeon at Cardiff and Vale UHB. A Cardiff graduate, she completed advanced training across Wales and at the Peritoneal Malignancy Institute Basingstoke. With a strong background in peritoneal malignancy, research, and surgical education, she holds an MD in colorectal decision-making and leads training for general surgery residents. Passionate about quality improvement, global health, and fundraising through sport.



Lt Col Leigh Davies

Consultant Emergency General,
Colorectal and Peritoneal
Malignancy Surgeon

Consultant General and Colorectal Surgeon at Cardiff and regular Army Officer. He trained in Cardiff and completed fellowships in advanced pelvic oncology and cytoreductive surgery. Appointed in 2013 via the Ministry of Defence, he works across elective, emergency, and trauma surgery at Cardiff and Vale UHB. His research spans colorectal cancer genetics to surgical outcomes, and he leads emergency surgery training and trauma for general surgery at UHW.



Mrs Caroline Trezise

Colorectal Cancer Nurse
Specialist

With over 26 years in the Colorectal department at Cardiff and Vale UHB, she became a Clinical Nurse Specialist in 2021, supporting patients with colorectal cancer and peritoneal disease. She has played a key role in developing the All-Wales Colorectal Peritoneal Metastasis Service since its inception and provides continuous, compassionate care from referral through recovery. She works closely with patients, families, consultants, and CNS teams across Wales to ensure holistic, patient-centred support.



Radiology



Dr Daniel Chung

Consultant Radiologist

Consultant Radiologist at Cardiff and Vale UHB since 2017, with sub-specialty interests in gastrointestinal and genitourinary imaging. A PhD graduate from the University of Oxford, his research focuses on advanced ultrasound and AI in imaging. He leads the uro-radiology and body intervention service at UHW and contributes to key MDTs including the All-Wales Colorectal Peritoneal Metastasis team. He is also a Consultant Trainer at the National Imaging Academy of Wales.

Histology



Dr Meleri Morgan

Consultant Histopathologist

Consultant Histopathologist at Cardiff and Vale UHB since 2004, specialising in gastrointestinal pathology. Her key interests include colorectal cancer, inflammatory bowel disease, and bowel screening. She serves as lead pathologist for several MDTs, including colorectal, IBD, anal cancer, peritoneal malignancy, and the bowel screening network

Oncology



Dr Craig Barrington

Consultant Clinical Oncologist

Consultant Clinical Oncologist specialising in lower GI cancers at the South West Wales Cancer Centre. He has a strong interest in rectal cancer organ preservation and led the introduction of Dostarlimab in Wales for locally advanced cases. He is M&M and Audit Lead, sits on the RCR National Radiotherapy Consent Steering Group, and co-authored the Rectal chapter in the RCR Dose and Fractionation 4th edition. He graduated from Newcastle University in 2011 with a BSc from Durham University.



Ms Laura Jones

General Manager

Ms Laura Jones is the General Manager of the Surgery Department at the University Hospital of Wales, Cardiff. She oversees the financial and operational management of the service and is responsible for a range of departmental functions and strategic duties.



Mr Sivakumar Jayakumar

Quality Improvement
Research Assistant

Administrator and Quality Improvement Research Assistant at the University Hospital of Wales, Cardiff, with 3 years of prior experience as a Junior Research Fellow at a Government Research Organisation in India. Holds a Bachelor's background in Alternative Medicine and a Master's degree in Business Administration from London. Additionally, Siva contributes to the development and management of the website for the All- Wales Colorectal Peritoneal Metastasis Service.



Ms Emma Jones

MDT Co-ordinator

Colorectal & Peritoneal MDT Co-ordinator at the University Hospital of Wales, Cardiff. With 6 years' experience coordinating the Colorectal MDT, she recently took on the Peritoneal MDT role. Emma brings valuable expertise and enjoys working closely with the team to support efficient and informed cancer care.

Other Team Members:

Dr Adam William

Consultant Radiologist

Dr Stuart Jenkins

Consultant Anaesthetist

Mrs Sarah Davies

Velindre Oncology Specialist Nurse

Mrs Awen Proctor

Pharmacist

Mr Dean Whittle

Pharmacist

Mrs Hayley Williams

Nutrition Support Team Dietitian

CAVUHB Main Theatre 7 Team

Mrs Charlotte Cook

Secretary

Ms Emily Frampton

Secretary



Colorectal Peritoneal Metastases

Introduction

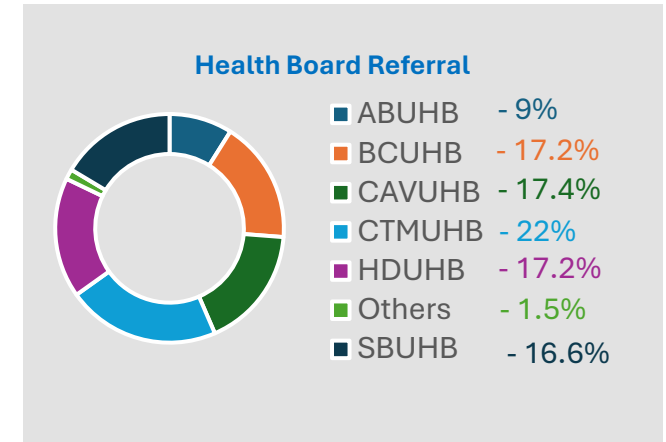
Colorectal peritoneal metastases (CPM) occur when colorectal cancer spreads to the peritoneum. The peritoneum is the thin lining of the abdominal cavity and metastases can develop at the time of primary diagnosis (synchronous), or later during follow-up (metachronous). Traditionally those with peritoneal metastases have been treated with palliative intent with an expected survival of less than a year. Cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) is an established treatment option, offering the potential for long term survival and even cure in selected patients. Not all individuals are suitable, but for those who are, this treatment can significantly improve patient survival, quality of life and even potentially cure some individuals. The use of CRS and HIPEC in CPM is endorsed by the European Society of Medical Oncology, National Institute of Clinical Excellence (NICE) and the National Health Service (NHS) Commissioning Board due to the survival benefits it can offer. Given evidence of the benefits of CRS and HIPEC, specialist centres have been established in England, Scotland and Ireland. Before the initiation of the All-Wales Colorectal Peritoneal Metastasis Service, there was no agreement for Welsh patients to be treated at these UK centres. Patients were either offered palliative treatment alone or had to consider self-funding their own surgery. Since this service was started, patients throughout Wales now have access to expert decision-making and potentially curative management for CPM. Given the later presentation and poorer survival of patients in Wales, addressing this has major potential to improve clinical outcomes and rectify inequality in health provision for patients with colorectal cancer.

Overview of the service and activity

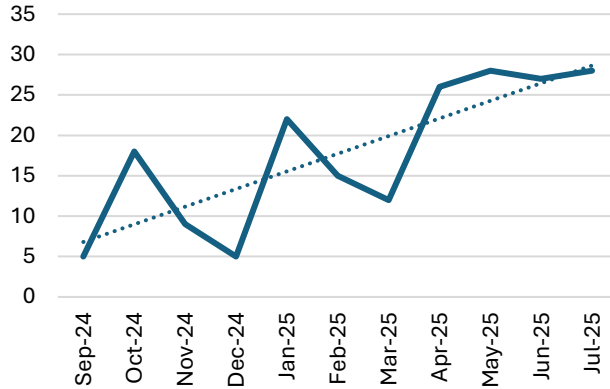
• Geographical distribution

The All-Wales Colorectal Peritoneal Metastasis Service received a total of 344 referrals from across Wales. The highest proportion originated from Cwm Taf Morgannwg University Health Board (CTMUHB), contributing 75 referrals (21.8%). This was followed by Cardiff and Vale University Health Board (CAVUHB) and Betsi Cadwaladr University Health Board (BCUHB), each with 60 referrals (17.4%), and Hywel Dda University Health Board (HDUHB) with 59 referrals (17.2%). Swansea Bay University Health Board (SBUHB) submitted 57 referrals (16.6%), while Aneurin Bevan University Health Board (ABUHB) accounted for 31 referrals (9.0%). An additional five referrals (1.5%) were received from other sources, including out-of-area and independent providers.

The referral pattern demonstrates broad national engagement with the service, reflecting its growing profile and accessibility across health boards in Wales. The high referral numbers from CTMUHB, CAVUHB, BCUHB, and HDUHB suggest strong integration into local cancer pathways. While ABUHB records the lowest referral volume, it has the highest proportion of patients undergoing CRS + HIPEC, reflecting a rigorous and effective patient selection process. Overall, the data underscores the service's key role as a national centre, supporting timely and specialist care for patients with colorectal peritoneal malignancy throughout Wales.



MDT Monthly Referrals



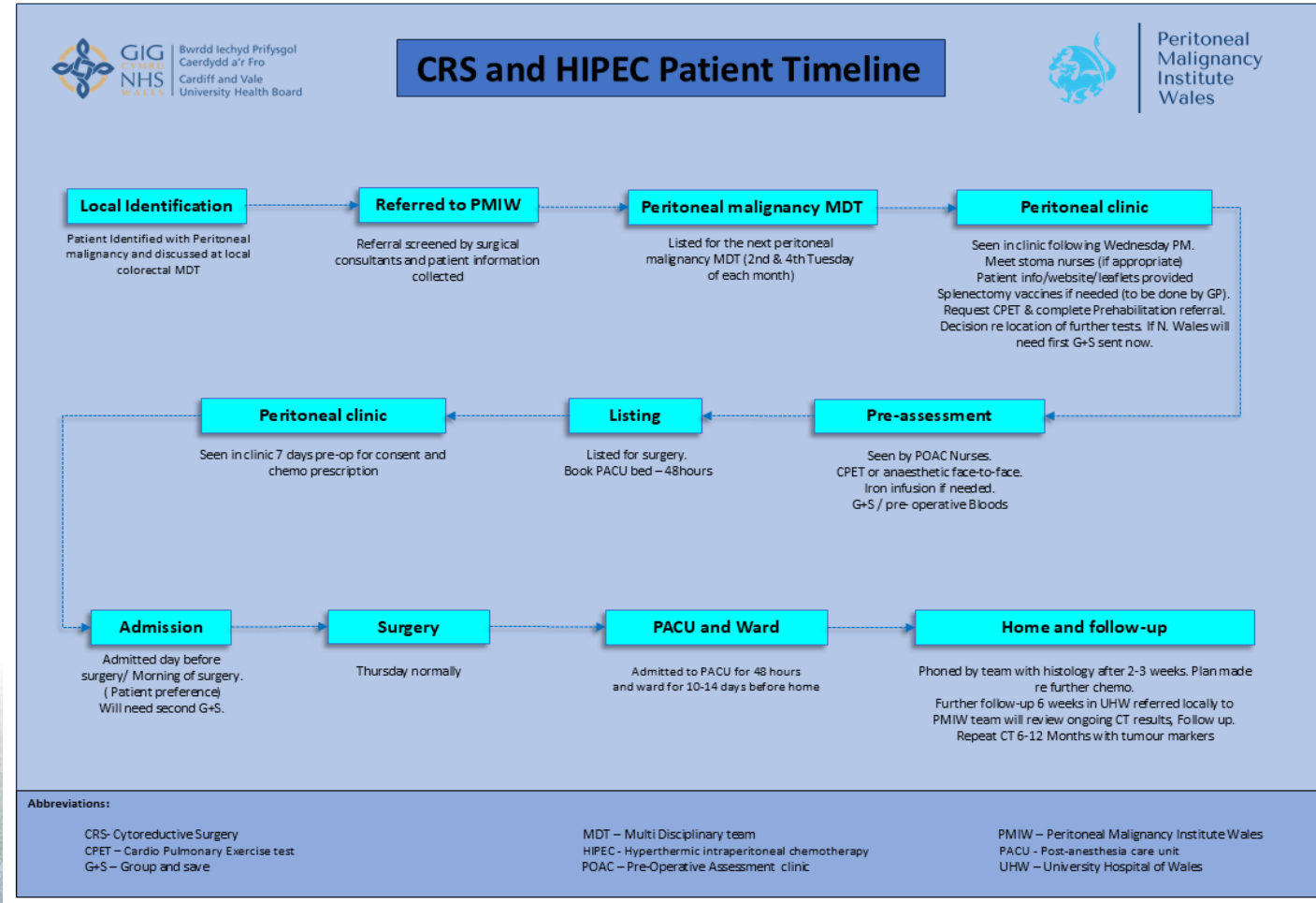
The All-Wales Colorectal Peritoneal Metastasis Service received a total of 377 referrals since its beginning, with a clear upward trend observed over the reporting period (From Sept 2024 to Jul 2025). Early referral numbers were modest, with 5 referrals recorded in both September and December 2024, and 9 to 18 referrals in the intervening months. From January 2025 onwards, referral volumes rose significantly, peaking at 28 referrals in both May and July, and 27 in June—the highest monthly figures to date. This increase reflects the growing visibility and utilisation of the service across Wales.

Designed to provide equitable access to patients in all regions, the service maintains close contact with surgical and oncological teams throughout the country and now receives referrals from every Welsh Health Board. Inclusivity is supported through hybrid multidisciplinary team (MDT) meetings, held fortnightly, allowing participation both in person and online. Referring clinicians are actively encouraged to join, ensuring collaborative case discussions and continuity of care. The continued rise in referral numbers is expected, as awareness of the service improves and the clinical indications for Cytoreductive Surgery (CRS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) expand. This trend highlights both the growing demand and the importance of sustaining capacity and resource development to meet future needs across Wales.

Management of CPM by the All-Wales Colorectal Peritoneal

Metastasis Service:

The All-Wales Colorectal Peritoneal Metastasis Service starts assessment through an MDT process involving surgeons, radiologists, oncologists, clinical nurse specialists and administration staff. Patient details are thoroughly assessed, including medical history, imaging, laboratory tests, histopathology analysis of biopsies and tissue samples. Selection criteria for CRS and HIPEC includes those who are fit enough for major abdominal surgery, have a low burden of disease and have favourable disease location and biology.



Those fulfilling these criteria are invited for an outpatient appointment to discuss this in more detail and make a final decision. As part of the assessment of disease, individuals may require a staging laparoscopy: a day case, keyhole operation to assess the disease within the abdomen when there is uncertainty regarding resectability. Patients with coexisting metastases to the liver or lung may also be suitable for CRS and HIPEC with careful consideration from the appropriate subspecialty teams and patient counselling.

Other indications include peritoneal risk reducing CRS and HIPEC for patients diagnosed with an incidental appendiceal malignancy after appendectomy. Palliative debulking surgery may be considered for selected patients with extensive disease to facilitate their ongoing tolerance for chemotherapy. This is usually used in the context of large ovarian peritoneal deposits (Krukenberg tumours) or omental disease which can grow rapidly and be resistant to systemic chemotherapy.

CRS is combined with HIPEC therapy for treatment of CPM at CAVUHB. The surgery involves removal of the primary tumour (if still in situ) and removal of peritoneal disease using a combination of peritonectomies and organ resection. As standard, the greater omentum, ovaries and umbilicus are also removed even if visibly normal, due to the risk of occult peritoneal disease in these locations. HIPEC therapy is with Mitomycin C using the Basingstoke protocol (10mg/m² for 60 minutes at 42°C).

Patients not suitable for CRS and HIPEC may be managed with chemotherapy, surveillance or best supportive care depending on the clinical situation. Chemotherapy may be utilised as bridge to surgery downstage disease or reduce the risk of systemic disease in the liver or lungs. Patients will be reassessed after treatment to consider if surgery is appropriate

Outcomes

Between August 2024 and August 2025, the Peritoneal Service evaluated 152 patients through the multidisciplinary team (MDT) process, with 106 being new cases and 46 follow-ups. The patient demographic consisted of 89 females and 63 males, with an average age of 61.9 years, ranging from 27 to 85 years. MDT analysis indicates that most present with symptomatic disease (143 cases) rather than being identified through Bowel Cancer Screening Programmes. The most common primary tumour site was the Appendix (68), with adenocarcinoma being the predominant histology (90% of cases)

CRS and HIPEC interventions, 24 CRS+HIPEC procedures were performed in 24 patients within the year with an average surgery duration was 04.45 hours, with the shortest lasting one hour and the longest extending to 7.45 hours. Four patients required a stoma, two of These having one prior to their CRS. Average blood loss was 654.17 ml. Complications occurred in 12.5% of these patients (3/24). Two of these complications were minor (Clavien-Dindo 2 classification – one wound and one line infection). The other complication was Clavien-Dindo IV due to a return to theatre for post operative bleeding.

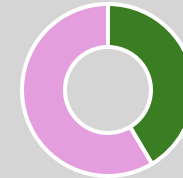
The average post-anesthesia care unit (PACU) stay was two days, while total parenteral nutrition (TPN) support lasted an average of 6 days, with a maximum duration of 18 days. Median length of stay for over the year was 11 days and there was only 1 readmission to hospital within 30 days of surgery.

These findings highlight the continued success of the All-Wales Peritoneal Metastasis Service in delivering effective surgical and oncological care, with excellent surgical outcomes. These outcomes have recently been presented in a peer reviewed international journal publication which can be found in the appendices.

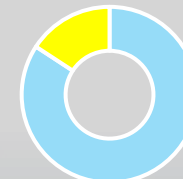
MDT Discussions



New Cases – 70%
Follow ups – 30%



Male – 41%
Female – 59%



Not Eligible – 84%
CRS + HIPEC – 16%

Appendiceal Mucinous Neoplasms

Appendiceal mucinous neoplasms (AMNs) are rare tumours that arise from the appendix and produce mucin, a jelly type substance. There are different classifications of these lesions including low grade appendiceal mucinous neoplasms (LAMNs), high grade appendiceal mucinous neoplasms (HAMNs) or appendiceal mucinous adenocarcinomas. These lesions are often identified by histological examination of the appendix after surgery for appendicitis. They may also be picked up on imaging where a thickened or swollen appendix may be found. If a low risk tumour is removed without evidence of mucin spreading outside of the appendix, appendicectomy is often sufficient treatment and patients require a period of surveillance with CT scans and bloods tests to monitor for the low risk of recurrence.

If there is spread of mucin outside of the appendix, the lesions can lead to a condition called pseudomyxoma peritonei (PMP) or 'jelly belly', where mucin progressively accumulates in the abdomen. PMP is a rare condition affecting between 1-3 patients per million per year in the UK. The aggressiveness and clinical course are variable across the spectrum of these diseases and can be challenging to predict. Patients may present with a variety of non-specific symptoms such as abdominal pain, bloating, an abdominal mass or incidentally as part of investigations for other problems. It is common for diagnoses in females to be made as part of assessment or management of a presumed gynaecological pathology.

Treatment for PMP depends on the extent of disease, disease biology and patient fitness. Decision making and management of this rare disease is delivered by two specialist centres including PMI Basingstoke and the Christie Hospital NHS Foundation Trust. CRS is the gold standard of treatment and aims to remove all macroscopic disease followed by HIPEC to treat microscopic deposits or cells. Surgery is often much more extensive than utilised in the context of CPM. Occasionally, complete disease removal is not possible often due to extensive involvement of the small bowel. A maximal tumour debulking approach may be employed in this setting with an aim to remove as much disease as possible and delay the inevitable tumour progression.

Active monitoring may be offered to individuals where there is only minimal disease. The condition is monitored with imaging and intervention can be planned if the disease progresses. A conservative approach may also be utilised in those not fit enough to go through major intervention, or with very advanced disease where the risks of surgery outweigh the benefits.

Geographical access and referrals

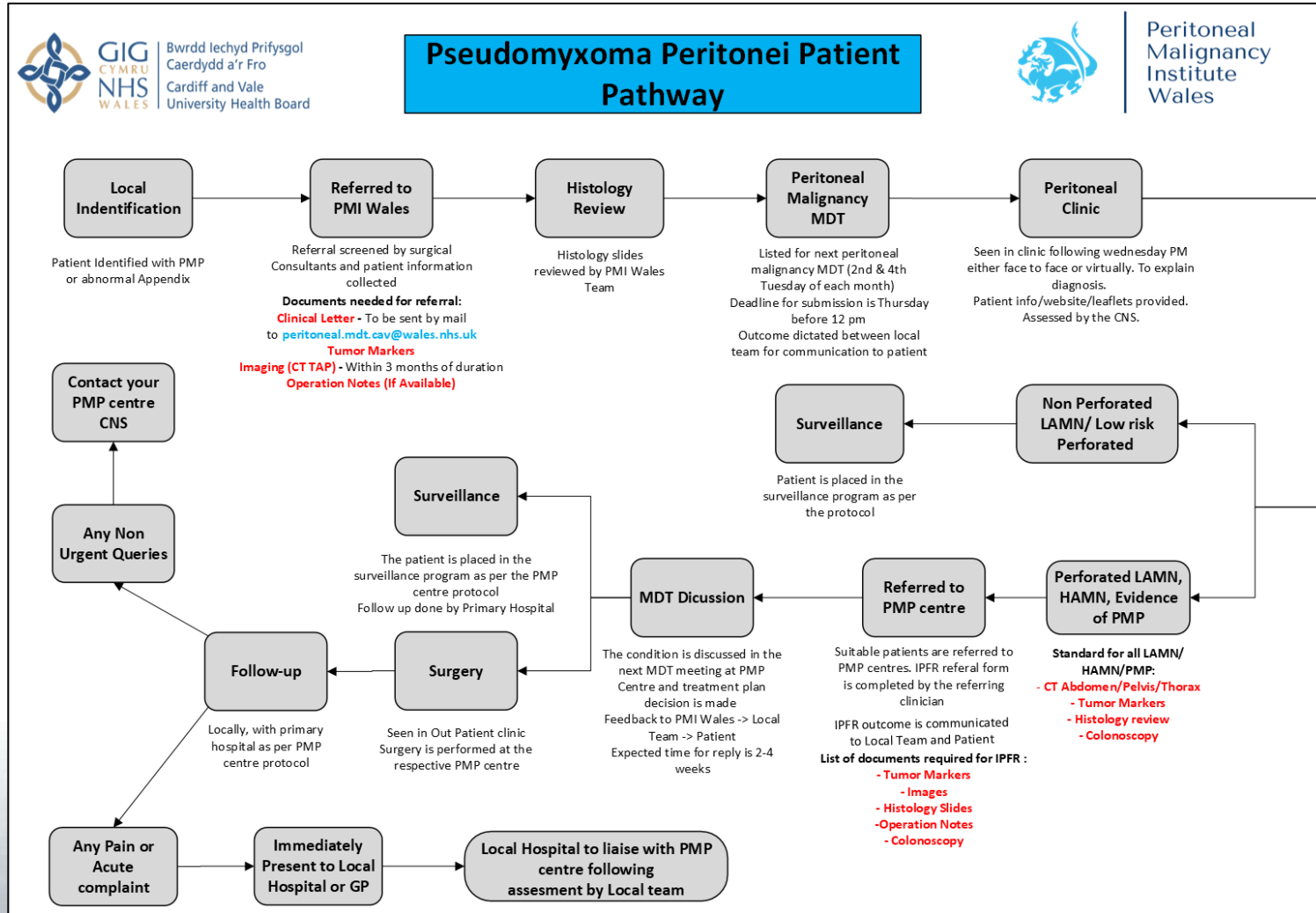
Historically the initial management and referral of those with appendiceal mucinous neoplasms and PMP within Wales has been delivered by the local clinicians identifying the diagnosis. Patients would be referred to specialist centres in England if deemed necessary to discuss management options including CRS and HIPEC. Patients from North Wales are referred to The Christie, Manchester, while those from other regions of Wales are referred to Basingstoke, reflecting referral patterns based on geographical proximity. Unlike CPM, there is agreed funding for those deemed suitable for treatment through an individual patient funding request (IPFR) process. This agreement is outlined in the Welsh Health Specialised Services Committee (WHSSC, now the Joint Commissioning Committee – JCC) PMP policy. There has been no data collected regarding the number and outcomes of patients within Wales with such conditions. Given this is such a rare disease, it is likely that there has been variability in practice, uncertainty for both the patient and clinicians and potentially unnecessary interventions for such conditions

Management of LAMNS and PMP by the All-Wales Colorectal Peritoneal Metastasis Service

The All-Wales Colorectal Peritoneal Metastasis Service is working to improve the management of patients with this condition. In conjunction with PMI Basingstoke and the Christie Hospital NHS Foundation Trust, a patient pathway has been developed, and its utilisation has begun.

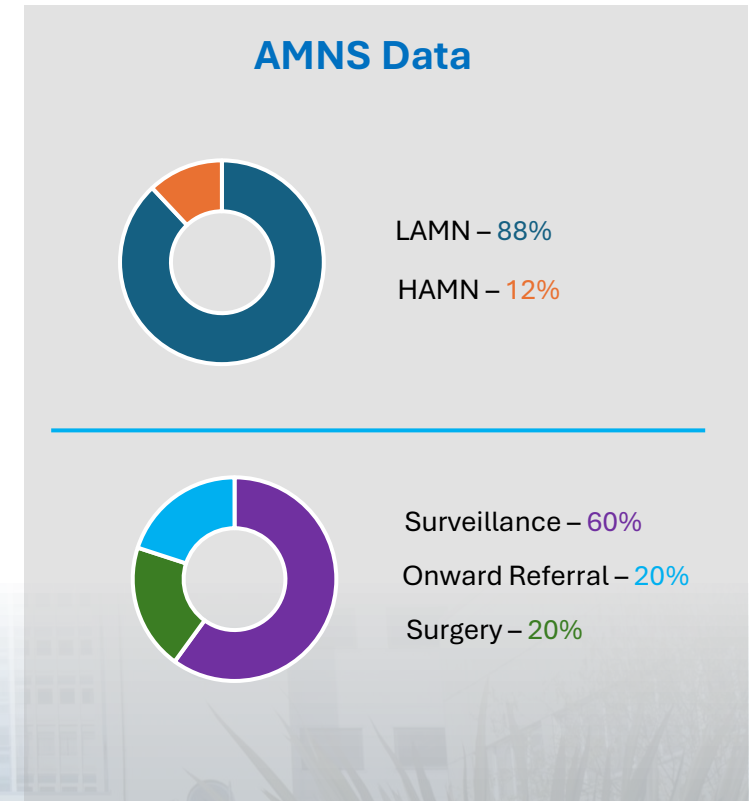
This aims to ensure all patients with these conditions are assessed by the All-Wales Colorectal Peritoneal Metastasis Service MDT in Cardiff followed by an outpatient appointment with a surgeon and CNS to explain the diagnosis, facilitate further investigations and discuss potential ongoing management. Individuals with low risk, excised AMNS can be put on a surveillance pathway endorsed by the specialist centres in England locally without an onward referral or IPFR process. Those requiring assessment at a specialist centre can be referred on with all the relevant information. The IPFR process is completed by the peritoneal MDT at Cardiff and the patient will have contact information for the team.

The next phase of improving this pathway will be developing communication and education of the local referring teams regarding the pathway. The All-Wales Colorectal Peritoneal Metastasis Service plans to visit and deliver educational talks and referral information for colorectal teams across Wales. Patient information and resources will also be developed with ongoing feedback collected from both patients and clinicians.



Outcomes

Between August 2024 and August 2025, 25 AMNS were referred from across Wales. Of these 22 were due to low grade lesions with the remaining secondary to HAMNS. After discussion in the Cardiff MDT, 15 of these patients were placed on a surveillance pathway with no further need for onward referral to a UK centre or IPFR application. Five patients had a further opinion from one of the specialist centres in England and advice was to remain on a surveillance pathway. Five patients have been deemed suitable for CRS and HIPEC with funding improved through the IPFR process facilitated by Cardiff



Ovarian Peritoneal Metastases

Ovarian peritoneal metastases occur when ovarian cancer spreads beyond the ovaries to the peritoneum, the thin membrane lining the abdominal cavity. This condition is commonly seen in advanced-stage ovarian cancer and can lead to widespread tumour deposits within the abdomen. Patients often present with symptoms such as abdominal distension, bloating, pain, and ascites (fluid buildup). Diagnosis typically involves imaging, tumour markers (CA-125), and sometimes diagnostic laparoscopy. Like other peritoneal diseases such as colorectal peritoneal metastases and PMP, CRS and HIPEC is an option to remove disease in selected patients. This approach is combined with systemic chemotherapy treatment before and after surgery.

Geographical access and referrals

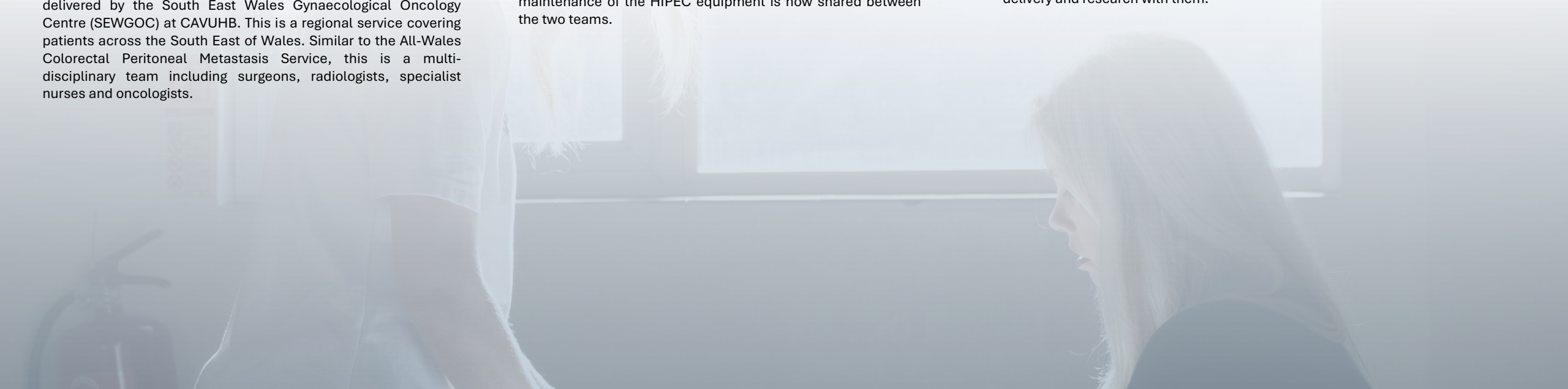
The management of ovarian cancer and peritoneal metastases is delivered by the South East Wales Gynaecological Oncology Centre (SEWGOC) at CAVUHB. This is a regional service covering patients across the South East of Wales. Similar to the All-Wales Colorectal Peritoneal Metastasis Service, this is a multi-disciplinary team including surgeons, radiologists, specialist nurses and oncologists.

Management of Ovarian Peritoneal Metastases by the All-Wales Colorectal Peritoneal Metastasis Service

The All-Wales Colorectal Peritoneal Metastasis Service works closely with our gynaecological oncology colleagues providing surgical support in theatre. Those with ovarian cancer may require a bowel resection as part of their operation and in such cases, joint support by both disciplines is provided. Considering recent research trials demonstrating a benefit, HIPEC can be used as an adjunct to surgery in certain cases. The All-Wales Colorectal Peritoneal Metastasis Service has mentored the gynaecological oncology team in setting up this provision at CAVUHB and enabling a safe introduction of this technique. This has included delivering a training course for the theatre, anaesthetic and surgical team (Cardiff HIPEC course) in addition to support during cases. The utilisation and maintenance of the HIPEC equipment is now shared between the two teams.

Outcomes

Our gynaecology oncology colleagues have requested colorectal support in 25 elective surgical procedures between August 2024 and August 2025. Gynaecological cancers can often be close to, or involve the colon, rectum or small bowel and may require resection with either primary anastomosis or stoma formation. Our support includes case discussion pre-operatively when required and intra-operative advice to support with peritonectomy and colorectal resection. After their initial mentorship and training for HIPEC, the Gynaecological surgical and theatre team are now delivering this independently and are the only centre in Wales currently offering this treatment. Our gynaecological colleagues are collecting data aligned with our own regarding surgical outcomes, and we are working towards a collaborative approach to quality improvement, service delivery and research with them.



Clinical Nurse Specialist Service

“ Being part of developing the peritoneal malignancy service has been a career highlight for me. Connecting with CNS teams from across Wales for surgical treatment of people with peritoneal disease in Wales has been a privilege ”

-Mrs Caroline Trezise



Caroline Trezise (Left), Angel Philip (Middle), Clare Williams (Right)

The Clinical Nurse Specialist (CNS) team is committed to ensuring that all patients referred to the service receive high-quality, evidence-based care. Our core objective is to deliver specialist nursing interventions that uphold the highest standards of care across both hospital and home settings. Acting as key workers, CNSs provide consistent support to patients and their carers throughout the treatment pathway. The team regularly attends outpatient clinics and offers inpatient support and guidance, ensuring that patients and their families receive comprehensive care.

The CNS service includes Nurse-Led Follow-Up clinics for patients with a variety of disease-related challenges, including psychological concerns such as body image. Shared decision-making and self-management are actively encouraged to empower patients in managing their condition. CNSs also work closely with surgical and medical teams to support the delivery of both inpatient and outpatient services for individuals with Peritoneal Malignancy.

A vital aspect of the role involves raising awareness of this rare condition and delivering education to peers within the hospital and across other healthcare settings. The team is dedicated to advancing Peritoneal Malignancy nursing practice through evidence generation and aims to establish a recognised centre of excellence. We also offer guidance and training to other centres developing similar services.

Within the Trust, the team contributes to education through study days, one-to-one teaching, and departmental training programmes. CNSs coordinate the patient pathway, arrange appropriate investigations, and actively participate in MDT meetings. They also represent the team at national and international forums to enhance the visibility of the Clinical Nurse Specialist team, the Peritoneal Malignancy Institute of Wales, and the University Hospital of Wales.

Efforts are ongoing to support the development of the Peritoneal Malignancy Institute website, and the team ensures that patient information is regularly reviewed, updated, and enhanced with new resources where necessary. Accurate and timely documentation is maintained within the patient database, including outpatient appointments, nurse-led interactions, and other patient contacts. CNSs collaborate closely with the senior clinical team to optimise care and provide an open-access service, responding promptly to telephone and email enquiries.

UNED ACHOSION BRYS

EMERGENCY UNIT

Peri-operative Patient Care for Colorectal Peritoneal Metastases

Effective management of patients undergoing surgery, particularly complex procedures like CRS and HIPEC, requires a structured approach to care before, during and after the operation. The All-Wales Colorectal Peritoneal Metastasis Service uses many strategies to deliver optimal assessment and operative planning to ensure the best possible outcomes and recovery.

• Before Admission

After an MDT outcome recommending CRS and HIPEC, patients are seen in the peritoneal outpatient clinic usually the following week. This face-to-face discussion with both surgeon and CNS, explores patient wishes and assesses fitness to make a final decision regarding suitability of surgery. Patients are also counselled on the procedure, potential risks, post-operative expectations and potential longer-term outcomes including further treatment and disease recurrence. They are also given written information and can meet the stoma nurses either at this, or a separate appointment. Preoperative strategies including improving physical fitness through pre-habilitation, optimising nutrition, addressing comorbidities, smoking cessation and wellbeing support are utilised to help enhance surgical outcomes. Before surgery, patients undergo a preoperative assessment including a cardiopulmonary exercise (CPET) test. This gives an objective evaluation of exercise capacity and fitness and is conducted on a static bike in conjunction with an assessment by an anaesthetist. This preoperative anaesthetic assessment process may contribute to the final decision regarding the appropriateness of surgical intervention. Our patients then return to the peritoneal clinic a week before their surgery date. The formal consent documentation is signed, and blood tests, height and weight are taken to prepare their intraoperative chemotherapy treatment. Instructions on how to take bowel preparation before surgery and preoperative carbohydrate drinks will be given if required.

• During Admission

We offer admission to the hospital either the morning of, or night before surgery depending on the patient's home location and travel arrangements. Patients are routinely admitted to C6 ward which is our elective surgical unit. The ward provides care for patients having CRS and HIPEC in addition to colorectal, liver and upper GI surgery. As a tertiary centre, the ward is accustomed to providing care for complex surgical patients. On the morning of surgery, surgeon and anaesthetist will confirm consent and answer any final questions. The stoma teams will mark for stoma siting in case this is needed. All patients will routinely receive thromboprophylaxis, and prophylactic antibiotics during anaesthetic induction.

During surgery, a multidisciplinary team manages anaesthesia, fluid balance, and intraoperative monitoring to minimise complications. In addition to induction of general anaesthesia, the following are also utilised as part of safety monitoring and optimisation during surgery.

- Central intravenous line: to administer medication, fluids and total parenteral nutrition (TPN) post operatively.
- Arterial line: to monitor blood pressure during the procedure.
- Epidural catheter: to provide analgesia into the back for the first 5 post operative days.
- Nasogastric tube: to decompress the stomach and drain contents postoperatively.
- Urinary catheter: to drain the bladder, monitor urine output and fluid balance.
- Surgical Drains are inserted



Surgery is performed as an open procedure through a midline laparotomy approach and is conducted by a consultant surgeon and speciality trainee surgeon. Wherever possible, both peritoneal malignancy consultant surgeons will be present during all or part of the operation to facilitate operative decision making and mitigate for fatigue during the procedure. Surgical techniques focus on achieving complete tumour removal as this is associated with better disease-free outcomes.

Once the operation has started, a thorough inspection of the abdomen is performed to identify all areas of disease. A decision is then made regarding resectability, and the procedures necessary to achieve this. Occasionally it is not possible to remove all the disease either due to the extent, or unfavourable location of the disease. If complete disease clearance is not possible, the surgeons will decide if any procedures can be performed to improve quality of life or reduce the impact of symptomatic peritoneal disease during the palliative chemotherapy that will likely follow. This may include stoma reversal, resection or bypass of pathology which may cause obstruction, removal of ovaries and greater the omentum.

If complete tumour removal has been performed, this is followed by the HIPEC treatment. This is a hot chemotherapy wash which aims to target and kill residual, microscopic cancer cells. The All-Wales Colorectal Peritoneal Metastasis Service use 10mg/m² of mitomycin C at 42°C for 60 minutes. Once the HIPEC treatment has been completed, any final procedures are performed including wash out of the abdominal cavity, bowel anastomoses, insertion of drains and closure of the abdomen.

After surgery, patients will routinely stay on the post-operative care unit (PACU) located on C3 for 48 hours for close observation and optimal management of pain, fluid balance and early detection of complication. They are then transferred back to C6 once anaesthetic and surgical teams are happy with patient progress. Key aspects of post-operative care include early mobilisation, infection prevention and nutritional support. Patients are started on oral fluids immediately and gradually transitioned to oral feeding as tolerated. Due to the nature of surgery, it can take around a week to be tolerating food and for this reason, TPN is routinely used to provide nutritional support. It may be required for longer periods if return to gut function is prolonged either due to post-operative ileus or complications.

The epidural analgesia is removed at day 5 and urinary catheter can be taken out after. Removal of NG tube, TPN and central line is at the discretion of the surgeon and nutritional team depending on their dietary tolerance. Early and consistent mobilisation, chest care and physiotherapy support are encouraged throughout recovery. The pain team are also an important contributor to the care of these patients to ensure a balance of optimal pain relief to allow comfort and mobilisation. Patients will be seen daily by the surgical team and regularly supported by our CNS team.

• After Admission

Our median length of stay since the service started is 10 days and patients are deemed fit for discharge once they are tolerating adequate diet, opening their bowels, stoma trained (if appropriate), mobilising independently and have all their lines and drains removed. Extended thromboprophylaxis is prescribed and patients are trained to give the subcutaneous injections by themselves. They are supported by the peritoneal CNS during their stay who will liaise with telephone contact in the immediate period after discharge. All patients are seen at 6 weeks post-operatively in the peritoneal clinic for clinical assessment by surgeon and CNS, in addition to feedback from their histology. Prior to this appointment, these results are discussed at MDT to ascertain whether further treatment with chemotherapy is required. For CAVUHB patients, follow up continues locally. For those outside the health board, at the 6-week appointment the follow up protocol is forwarded to their referring surgical team. This involves CT scans, monitoring of CEA and colonoscopy if appropriate. Although non CAVUHB patients are discharged to their local team, the All-Wales Colorectal Peritoneal Metastasis Service offers open access back to the team for concerns and queries related to their CPM diagnosis. This may involve advice, discussion at MDT or outpatient review



Quality Improvement, Education and Feedback

Since its introduction, the All-Wales Colorectal Peritoneal Metastasis Service has focused on prospective data collection regarding its MDT, patient demographics and surgical outcomes. This has allowed us to provide accurate information and compare these to more established centres to ensure we are reaching high quality standards. We are delighted that our experience of setting up this service has recently been published on Colorectal Disease as a peer reviewed publication (Safe skills transfer and mentorship: The All-Wales Colorectal Peritoneal Metastasis Service - a collaborative strategy to develop a new national service) which is included in the appendices below. The team have presented at local, national and international meetings and contribute to education and teaching in the field. They have continued to improve their own education having attended a variety of meetings and conferences in the field of peritoneal malignancy which are detailed in the portfolio section below.

- **Awards**



Mrs Caroline Trezise (Far left), Mr Alexios Tzivanakis (Centre left), Ms Jody Parker (Centre), Lt Col Leigh Davies (Right)

A key highlight for the service was winning the 2024 [Moondance Cancer Award](#) for Innovation and Improvement in Cancer Treatment. This biennial event celebrates and spotlights individuals and teams across NHS Wales and its partners who deliver, lead and innovate cancer services. Our team were delighted to receive this exciting award, and our written nomination is included in the appendices.

Our CNS has also received the prestigious Bowel Cancer UK Gary Logue award for her exemplary work with the team. The judges were incredibly impressed by the outstanding support and compassion. Caroline provides to patients, as well as the innovative ideas she has brought to the hospital. Judges also praised Caroline for how she supports patients referred to the hospitals new services, making sure they have a smooth journey to their surgeries. Following this our CNS has joined the Bowel Cancer UK Advisory and Educational Board collaborating with CNS teams from across the UK



Mrs Caroline Trezise

- **UK Peritoneal Malignancy Meeting**

The All-Wales Colorectal Peritoneal Metastasis Service was delighted to host and deliver the 7th UK Peritoneal Malignancy Meeting and Peritoneal Malignancy Radiology Workshop. The event was held over two days from the 27th to 28th March at the Hilton Hotel, Cardiff and coordinated by the All-Wales Colorectal Peritoneal Metastasis Service and Cardiff Medical Events. Support was provided by industry leaders in the field in addition to MCI. The programme was a multidisciplinary event with 116 attendees from across the UK. The programme covered a wide range of topics including CPM, gynaecological peritoneal disease and PMP delivered by international experts in the field.

The Peritoneal Malignancies Conference 2025 was met with overwhelmingly positive feedback, with over 90% of attendees rating it as “excellent” or “very good.” The programme was praised for its depth, relevance, and strong clinical focus, particularly the engaging discussions, structured debates, and interactive sessions. Highlights included sessions on laparoscopic versus open surgery, management of appendiceal tumours, and patient selection for cytoreductive surgery



In addition, there were also a parallel session to supplement the learning of allied health professionals in the treatment of peritoneal malignancy. The ‘supporting the patient through cytoreductive surgery’ was led by our award-winning CNS, Caroline Trezise and well attended by nurses from across Wales. The radiology workshop for peritoneal metastases was delivered at the National Imaging Academy Wales. Having experienced variability in the radiological detection and reporting of peritoneal metastases from centre across Wales through our MDT, we provided an educational session in this extremely important aspect of the decision-making process. This half day, interactive session was delivered by our local radiologist, Dr Daniel Chung and international radiology experts from the PMI Basingstoke. This aspect of the event was kindly fully funded by MCI allowing delegates to attend for free. Feedback from the entire event was excellent and this first national event held by The All-Wales Colorectal Peritoneal Metastasis Service was a great success.



The radiology workshop on imaging peritoneal metastases was particularly well-received and is expected to improve imaging standards nationally. Delegates commended the high-quality presentations and effective use of visual materials. The inclusion of expert speakers from across UK centres enriched the programme with diverse perspectives on clinical practice and emerging challenges. Holistic care, prehabilitation, and updates on research—including the PICCOS trial—also featured prominently. Attendees also expressed interest in extended time for debates and deeper clinical exploration. Overall, the conference provided an outstanding platform for education, collaboration, and the exchange of best practices, with insights expected to inform both clinical care and future research.

- **Cardiff HIPEC Educational Course**

The Cardiff HIPEC course has been delivered twice in conjunction with our gynaecological oncology team. Initially, this was developed as an in-house training programme for our multi-disciplinary colorectal and gynaecology teams and was delivered in conjunction with experts from PMI Basingstoke and the Christie, Manchester. These events were also kindly supported by Gamida who provide the CAVUHB HIPEC equipment. Topics covered theoretical and practical aspects concerning HIPEC and service set up. Safety and governance procedures were also a key focus of the course. Practical sessions concerning equipment use and interactive dry lab sessions were held and supplemented by video material of the technique being performed at CAVUHB. Attendees included surgeons, anaesthetists, clinical nurse specialists, theatre staff, pharmacy and research teams. The event received excellent feedback and has been invaluable in developing confidence amongst staff members and addressing concerns regarding the use of this treatment.

Due to the success of our local course, we were flattered to be asked to deliver this again for another group from Liverpool. A multi-disciplinary team of both gynae-oncology and colorectal surgeons from Liverpool University Hospitals NHS Foundation Trust joined us in October 2024 for the second Cardiff HIPEC Course. The team are developing a HIPEC service which will hopefully be starting soon. Again, excellent feedback was received and new working relationships developed with our visiting team. As part of the course, we have agreed to visit the team on site for their case to provide onsite mentorship. The All-Wales Colorectal Peritoneal Metastasis Service used a similar process in our early cases and have found this an invaluable method of support.

- **Service Management and Tracking**

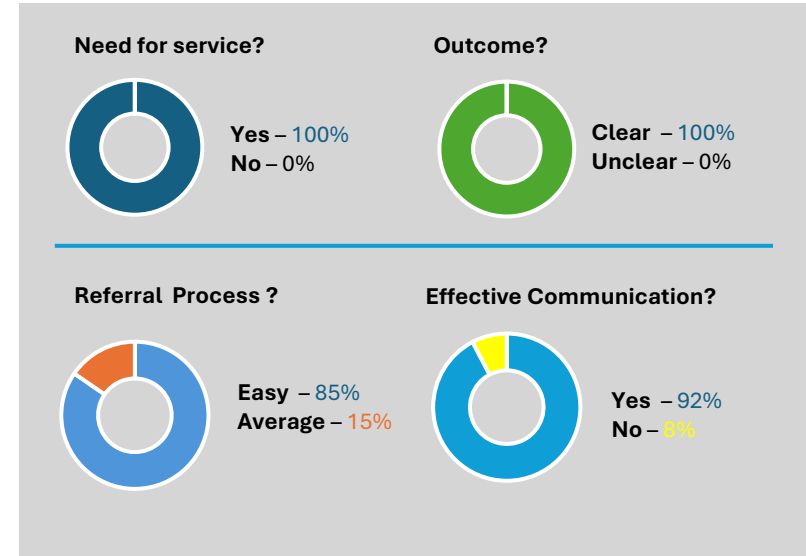
The All-Wales Colorectal Peritoneal Metastasis Service has weekly clinical team meetings between surgeons, our CNS and administrative assistant. This addresses clinical issues in addition to tracking projects and service delivery aims. In addition, finance meetings are held with the surgical directorate and financial teams to track and ensure allocation of appropriate funds. Meetings with MCI are also held on a quarterly basis with reports regarding service activities submitted in advance for discussion. These meetings aim to ensure the service is meeting the agreement of MCI funding, providing additional support where needed and planning for ongoing sustainable funding after the end of the agreement. Meetings with other involved clinicians such as dieticians, pharmacists and anaesthetics are arranged as required.

The All-Wales Colorectal Peritoneal Metastasis Service holds a quarterly morbidity and mortality meeting as part of the MDT. Any complications or significant events are reported, and action points are set. Outcomes are also presented at the CAVUHB Quality and Service Meetings. More recently, a PMI Wales research team between ourselves and our gynae-oncology team has been initiated to drive research, collaborative working and quality improvement.

- **Patient and Clinician Feedback**

The All-Wales Colorectal Peritoneal Metastasis Service remains a critical and respected element of specialist cancer care across the region. From the patient perspective, feedback consistently highlights high levels of satisfaction with the professionalism, compassion, and efficiency of the clinical staff. Patients feel well-supported once engaged in the care pathway, particularly in terms of the timeliness and quality of treatment delivery. However, concerns persist regarding the waiting times for initial contact and the clarity of information provided at early stages. Specifically, some patients reported uncertainty about their treatment options and timelines, indicating that improvements in communication—particularly around pathway navigation and expectations—could enhance the overall patient experience.

Clinician feedback similarly affirms the value of the service, with 100% respondents acknowledging the need for a dedicated peritoneal metastasis service in Wales. Most clinicians (75%) found the referral process easy or very easy, yet there were notable inconsistencies in how referrals are made, with preferences split between online proformas, dictated letters, and informal channels. Furthermore, over a third (37.5%) of clinicians were not aware of the referral criteria, highlighting the need for clearer and more widely disseminated guidelines. While communication was widely praised—87.5% of clinicians reported receiving outcomes promptly, and 100% found them clear and understandable—some respondents noted delays in responses. Suggestions for improvement included providing a dedicated contact point, such as a direct email or phone line, to streamline communication further.



There was also interest among some clinicians in joining the peritoneal multidisciplinary team (MDT) to discuss their patients, although a significant portion were unsure, which may reflect limited awareness or logistical barriers. The proposal to introduce regional “peritoneal champions” to support MDTs and facilitate service development received mixed responses; while many welcomed the idea, others were uncertain about the role’s value or implementation.

To improve the service going forward, key priorities should include standardising referral processes and making the criteria more accessible to all referring teams. Enhancing clinician education on the pathway and increasing engagement opportunities—such as MDT participation—would also strengthen regional integration. Addressing gaps in communication by introducing faster response mechanisms and clearer points of contact, along with exploring mechanisms to better coordinate diagnostic support across regions, will be crucial to ensuring equitable and efficient care delivery for all patients across Wales.

Concerns and compliments

Patient feedback gathered over the year reflects a very high level of satisfaction with the care provided by the peritoneal malignancy unit. The majority of patients (83%) reported being very satisfied with their care, and a further 13% were satisfied. Only one patient (3%) expressed dissatisfaction, which demonstrates that the service continues to deliver care of an excellent standard.

The information provided to patients prior to referral was generally well received, with 80% indicating they had been given all the details they required. However, 13% of respondents reported that they would have appreciated more information, and 7% felt they had not received adequate details at all. This feedback highlights the importance of strengthening communication before referral to ensure patients feel fully informed from the outset.

Following consultations, almost all patients (97%) stated that they completely understood the proposed surgical procedure, including the risks and benefits involved, while the remaining 3% understood this to some extent. No respondents reported a lack of understanding, which reflects the clarity and effectiveness of consultations with the clinical team. The open-text comments provided by patients offer further insight into their experiences. The majority were highly complimentary, with patients describing staff as excellent, supportive, and helpful, and several noting that they could not fault the treatment they received.

In summary, the feedback strongly affirms the high quality of care, clear communication, and professional support offered by the unit. While opportunities exist to enhance the provision of information prior to referral and address specific operational concerns, the overwhelmingly positive feedback demonstrates a service that patients regard with trust, confidence, and appreciation.

Donations

To date, the service has benefited from a number of generous charitable contributions. A relative of one of our patients raised an impressive £1,700 through participation in a fund-raising marathon, demonstrating both dedication and commitment to supporting the service. In addition, an individual patient kindly donated £150 as a gesture of gratitude for the care they received. Another patient has also generously donated a printer, which will provide practical support to the team and further enhance the efficiency of the service.

In recognition of this growing generosity, a dedicated charitable fund has been established specifically for the service. This fund will be used to support initiatives that directly enhance patient welfare, ensuring that every contribution is channelled into meaningful improvements in care and experience. The creation of this fund represents an important step in building sustainable resources that will allow the service to continue investing in both patient-centred services and practical improvements to support staff and patients alike.

Future Plans

The All-Wales Colorectal Peritoneal Metastasis Service remains ambitious in its aims to provide the best possible care and experience for its patients whilst supporting a fulfilling working environment for its clinicians. The team have several quality improvement, research and collaborative projects in process. A dedicated website is being developed to provide information for our patients and clinical colleagues. The service has started to introduce patient reported quality of life outcomes as part of standard practice with the same process to be implemented by our gynaecology colleagues for their patients undergoing CRS and HIPEC. The team are also delighted to be holding our first patient wellbeing day in October 2025 in the All Nations Centre, Cardiff. This will be an opportunity for our patients to meet each other and will include a variety of clinical and holistic sessions.

A series of educational events are also planned for our surgical and oncological colleagues across Wales. Our peritoneal roadshows hope to visit colorectal MDTs across the country to provide information regarding service infrastructure, referral methods and decision-making strategies for CPM, the abnormal appendix and PMP. The team will also be attending the Peritoneal Surface Oncology International (PSOGI) Congress, Barcelona in October 2025 and have submitted three abstracts for presentation at this leading international conference.

The service will continue to build on its research experience and collaboration with our gynae oncology team. Current interests include evaluation of cost data, patient reported outcomes, nutritional support after CRS and qualitative research. We hope to utilise patient focus groups within our upcoming patient day to generate research ideas. CAVUHB in conjunction with Cardiff University already have an excellent research reputation with the current PICCOS trial (Pressurised Intra Peritoneal Aerosolised Chemotherapy (PIPAC) in the management of cancers of the colon, ovary and stomach: a randomised controlled phase II trial of efficacy in peritoneal metastases) being delivered by these centres. Our recently founded collaborative PMI Wales research team will be active in generating ideas, delivering projects and supporting research fellows within the department. We also hope to have increased involvement in the delivery, decision-making and care of patient having colorectal surgery as part of their gynaecological malignancy pathway.

Finally, our key priority for the coming year is to secure ongoing, sustainable funding for the service. The agreement with MCI ends in August 2026 and the ongoing demand is expected to increase. The service has been reviewed by the Joint Commissioning Committee (JCC, previously WHSSC – Welsh Health Specialist Service Committee) and is under consideration for prioritisation but given the current financial climate, it is unlikely to achieve commissioning. The Service is working in partnership with, and strongly supported by management, financial and clinical teams at CAVUHB to explore alternative funding strategies. There is a possibility that without funding, this treatment may not continue or may only be delivered to CAVUHB patients. Clearly this is a situation we are determined to avoid.

Portfolio

Prizes and awards

- ***Moondance Cancer Awards Winner: Innovation and Improvement Cancer Treatment***
All Wales Colorectal Peritoneal Metastasis Service - June 2024
- ***Gary Logue Colorectal Cancer Nurse Awards***
Mrs Caroline Trezise, September 2024
- ***RCN Wales Nurse of the Year Nomination***
Specialised Nurse Category, August 2024

Publications

- ***Safe skills transfer and mentorship: The All-Wales Colorectal Peritoneal Metastasis Service - a collaborative strategy to develop a new national service***
J Parker, M McKenna, L Davies, J Torkington, D Chung, C Trezise, T Cecil, B Moran -Colorectal Disease 2025; 27: e70157 (online release pending publication)

Presentations – oral

- ***CRS and HIPEC: Bringing it to Wales***
Jody Parker - Cardiff GI Masterclass, February 2023
- ***Early outcomes of a new colorectal peritoneal metastasis service for Wales***
Jody Parker on behalf of the All-Wales Colorectal Peritoneal Metastasis Service - CAVUHB Quality and Safety Meeting, November 2023
- ***CRS and HIPEC for Ward manager nurse forum***
Jody Parker - CAVUHB ward manager forum, November 2024
- ***Setting up a new CRS centre***
Leigh Davies - ESSO Advanced Course on the treatment of peritoneal surface malignancy, October 2024
- ***Malignant bowel obstruction for acute oncology team***
Jody Parker - CAVUHB, May 2025

Presentations – poster

- ***Early outcomes of a new colorectal peritoneal metastasis service for Wales***

Jody Parker on behalf of the All-Wales Colorectal Peritoneal Metastasis Service

- PSOGI Congress Venice, October 2023
- ACPGBI, July 2024
- PSOGI-ISSPP Congress Lyon, October 2024

- ***Setting up the All Wales Peritoneal Malignancy Service***

Mrs Caroline Trezise, Our CNS presented at Welsh Macmillan conference on March 2025

Courses and conferences – delivered

- ***Cardiff HIPEC Educational Course***

All-Wales Colorectal Peritoneal Metastasis Service

- CAVUHB, April 2024 and October 2024

- ***ACPGBI Peritoneal Malignancy and update from PELVEX session***

Jody Parker – chaired - ACPGBI July 2024

- ***ESSO Advanced Course on the treatment of peritoneal surface malignancy***

Jody Parker, Leigh Davies – faculty - PMI Basingstoke, October 2024

- ***7th UK Peritoneal Malignancy Meeting and peritoneal malignancy radiology workshop***

All-Wales Colorectal Peritoneal Metastasis Service - The Hilton Hotel Cardiff, March 2025

Courses and conferences – attended

- ***ESSO Advanced Course on the Management of HIPEC after CRS***

Jody Parker - Hamburg, May 2023

- ***ISSPP PIPAC practical course***

Jody Parker, Leigh Davies - CAVUHB, May 2023

- ***Pelican Colorectal Peritoneal Metastasis Workshop***

Jody Parker, Caroline Trezise - PMI Basingstoke, September 2023

- ***PSOGI International Congress***

Jody Parker

- Venice, October 2023
- Lyon, September 2024
- PMI Basingstoke, October 2024

- ***Birmingham peritoneal malignancy study day***

Jody Parker, Caroline Trezise - The Belfry, May 2025

Appendices

- ***UK peritoneal meeting programme:***

[UK meeting programme](#)

([Programme+Peritoneal+Malignancies.pdf](#))

- ***Colorectal disease published paper***

[Colorectal Disease - 2025 - Parker - Safe skills transfer and mentorship The all-Wales colorectal peritoneal metastasis](#)

([Safe skills transfer and mentorship: The all-Wales colorectal peritoneal metastasis service—A collaborative strategy to develop a new national service - Parker - 2025 - Colorectal Disease - Wiley Online Library](#))

- ***Moondance award summary***

[Moondance-Awards-2024-WINNERS-A4](#)

([Moondance Awards 2024 WINNERS A4 V2](#))

- ***Cardiff HIPEC course programme***

[Final Cardiff HIPEC course programme October 2024.docx](#)

- ***Gary Logue Colorectal Nurse award summary***

[Cardiff and Vale UHB nurse wins prestigious national Bowel Cancer award](#)





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