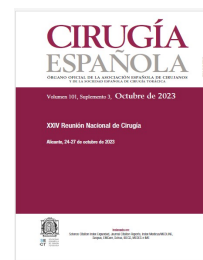




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O-066 - LAPAROSCOPIC CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY: UPDATE FROM THE INTERNATIONAL PSOGI REGISTRY

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Resumen

Introduction: A laparoscopic approach for cytoreductive surgery and hyperthermic intraperitoneal chemotherapy (L-CRS+HIPEC) in highly selected patients has been reported previously from PSOGI registry with a demonstrable reduction in length of stay and post-operative morbidity. This study aims to update this international PSOGI registry with a higher cohort of patients and longer follow up period.

Methods: An international registry was designed through a networking database (REDCAP®). All centers performing L-CRS+HIPEC were invited through PSOGI to submit data on their cases. Patient's characteristics, postoperative outcomes and survival were analyzed.

Results: Fourteen international centers contributed a total of 300 Laparoscopic HIPEC approach cases. After exclusion of patients with incomplete data, two hundred patients were underwent L-CRS + HIPEC for peritoneal carcinomatosis and 85 underwent laparoscopic risk reducing HIPEC (L-RR-HIPEC). L-CRS + HIPEC group: A total of 200 patients were analyzed. The most frequent histologies were low grade PMP (48.5%) and colon carcinomatosis (18%). The median of PCI was 4 (3-5). The completeness of cytoreduction was CC0 in 97.5% of cases. The median length stay was 7 days (5-10) and the 30 day major morbidity was 6%. After a median follow up of 48 (18-81) months the median disease free survival (DFS) for the entire cohort was 39.5 (15-80) months and the 5-year DFS per tumor origin were: 94% for PMP-LG, 85% for PMP-HG, 100% for BMM, not-reached for mesothelioma, 40% for colonic origin, 58% for ovarian origin, and 42% for others. Overall survival (OS) in the entire cohort was 48 months (18-81) and the 5 years OS per tumor origin were: 100% for PMP-LG, PMP-HG and BMM; 61% for colonic origin, 50% for ovarian origin and 77% for others. L-RR-HIPEC: A total of 85 patients were analyzed. The most frequent histologies were low grade appendiceal mucinous neoplasm (LAMN type II) (62.4%) and colon carcinoma (31.8%). The median length stay was 5 days (4-6) and the 30 day major morbidity was 6%. After a median follow up of 64.5 (35-90) months the median DFS for the entire cohort was 62 months (24-88) and the 5-year DFS per tumor origin were: 96% for LAMN II and 68.1% for colon origin. OS in the entire cohort was 64 months (36-90) and the 5 years OS per tumor origin were: 98% for LAMN II and 83.5% for colonic origin.

Conclusions: Minimally invasive CRS+HIPEC for selected patients with peritoneal carcinomatosis is a feasible and safe procedure. It improves the perioperative outcomes with no impairment in oncologic outcomes. Laparoscopic risk reducing HIPEC is a feasible and safe procedure and represents an effective strategy that can be used in patients with high risk of developing peritoneal carcinomatosis.