



O-274 - PROPHYLACTIC INTRA-PERITONEAL CHEMOTHERAPY FOR COLON CANCER PATIENTS AT HIGH RISK OF PERITONEAL CARCINOMATOSIS - INDIVIDUAL PATIENT DATA META-ANALYSIS. PICCOLA STUDY

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Resumen

Introduction: Recently randomized trials have examined whether adjuvant HIPEC administered in an adjuvant setting could be effective. In these multicenter trials, adjuvant HIPEC after cytoreduction, was administered followed by routine adjuvant systemic chemotherapy (experimental group) or adjuvant systemic chemotherapy alone (control group). The results of the two published trials (HIPECT4 and COLOPEC) so far vary from no significant impact on 5-year disease-free survival or peritoneal-free survival to a significant benefit in locoregional control.

Objectives: This study aims to perform an individual patient data meta-analysis (IPDMA) of randomized controlled trials (RCTs) to identify patient characteristics that may indicate which patients would benefit from adjuvant HIPEC in combination with adjuvant systemic chemotherapy compared to adjuvant systemic chemotherapy alone.

Methods: Adult patients (older than 18 years) with histological proven colorectal cancer at high risk (clinical T4 or perforated colon carcinoma) for developing peritoneal metastasis who were included in a RCT in which they underwent primary tumor resection with prophylactic HIPEC and adjuvant systemic chemotherapy or adjuvant systemic chemotherapy alone. Intervention: Adjuvant HIPEC using either Oxaliplatin or Mitomycin-C as chemotherapeutic agent, administered either simultaneously with resection of the primary tumour or as a staged procedure postoperatively. Main study parameters/endpoints: The primary outcome is locoregional recurrence at 3 years.

Results: 386 patients were included belonged to HIPECT4 and COLOPEC trials, 189 in the HIPEC group and 197 in the control group. Both groups were well balanced according to risk factors. There was not benefit in locoregional recurrence at 3 years with a trend in favour of HIPEC. Subpopulation of right colon cancer and N1 patients showed a benefit in locoregional control rate at 3 years.

Conclusions: Despite no locoregional recurrence rate benefit has been showed on this metanalysis, a subpopulation of right colon and N1 patients could benefit for this proactive approach.