gastrointestinal tumours, non-colorectal

PERITONEAL CARCINOMATOSIS (PC) FROM GASTRIC ORIGIN. 26 CONSECUTIVE PATIENTS TREATED BY RADICAL SURGERY (CRS) PLUS HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC). RESULTS FROM THE CATALONIAN PERITONEAL CARCINOMATOSIS PROGRAMME (SPAIN)

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Aim: PC from gastric origin is a quite frequent manifestation. It is diagnosed at the time of initial surgical treatment in 15-50% of pt with gastric serosal involvement. Once it is present, it is associated with poor survival, with mean survival of 3-9 months, and 0% survival at 5y. PC is the most common cause of therapeutic failure during curative treatments of gastric cancer. Systemic chemotherapy offers little benefit in symptom control and survival. CRS + HIPEC has beneficial impact in selected patients with gastric carcinoma, with significant statistically benefit in mean survival (21months) and overall survival (29% 5y survival). We present the results of patients with PC from gastric origin treated with CRS + HIPEC, at a highly specialized PC programme.

Methods: From September06 to April14: 466 patients with PC from different types of peritoneal surface malignancies have been treated by 513 CRS + HIPEC procedures. Of those, 26 pt had gastric PC. F:21, M:5. Mean age: 48.7 y. 20 pts had PC synchronous with gastric tumor, and in 6 pts PC presented as recurrent disease. 22 pt received prior systemic chemotherapy (up to 3 lines). 6 pt had prior surgery, with a PSS of 3/4. Mean PCI 8/39. CRS: CC0 in 19 pt and CC1 in 4. HIPEC: CDDP + doxorubicin, at 42.5°C, 60 min. Mean operative time 379 min (270 - 600). ICU and Hospital stay: 2 and 16.3 days.

Results: A third part is currently auditing these preliminary results. Mean follow up: 20.2 months (2–51 months) Morbidity: 13.6%. No anastomotic dehiscence. Mortality: 0% Mean ICU and hospital stay of 2.0 and 16.5 days. One-year survival: 66.3%. Mean survival: 27.2 m.

Conclusions: CRS + HIPEC it is highly recommended for PC from gastric carcinoma, in a very selected group of pt. Low PCI (≤10/39), favorable histological grade, complete cytoreduction surgery and good response to prior systemic therapies are prognostic factors used for pt selection at our Program. Although published survival results are poor compared with other PCs, they are far better when compared with systemic therapies. It is especially important to refer these pts early on to specialized centers.

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