PERITONEAL CARCINOMATOSIS (PC) FROM COLO-RECTAL ORIGIN. RESULTS OF 200 PATIENTS TREATED BY RADICAL SURGERY (CRS) PLUS HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) AT THE CATALONIAN PERITONEAL CARCINOMATOSIS PROGRAM (SPAIN)


1Surgery, CSI, Sant Joan Despi, SPAIN
2Medical Oncology, Hospital General de L’Hospitalet, Barcelona, SPAIN
3Medical Oncology, ICO, Hospitalet, SPAIN
4Pathology, CSI, Sant Joan Despi, SPAIN
5Epidemiology, CSI, Sant Joan Despi, SPAIN
6Surgery, CSI, Sant Joan Despi, SPAIN

Aim: Up to 25% of colorectal cancer patients will present PC during follow up. Numerous recent studies in selected group of patients with colorectal PC, treated with CRS + HIPEC and postoperative chemotherapy, report a 5-year survivals of 30-52%. The aggressiveness and surgical risk related to this treatment modality should outweigh the benefits achieved by other therapies. We present our survival results, as well as relevant prognostic indicators in overall survival.

Methods: From September 2006 to April 2014, 466 patients with PC from different types of Peritoneal Surface Malignancies have been treated by 513 CRS + HIPEC procedures. Of those, 200 had carcinomatosis from colon tumors, treated by 216 CRS + HIPEC procedures. CRS was achieved using up to six peritonectomy procedures, and HIPEC following coliseum (open) technique employing oxaliplatin (86%) or irinotecan (14%), at 42.5°C during 30 minutes. Bidirectional chemotherapy, one hour before HIPEC. The overall survival has been correlated to tumor histology, volume of peritoneal disease (PCI), radicalness of resection and presence of other forms of metastatic disease.

Results: A third party is currently auditing these preliminary results, to be done before August 2014. 117 females and 83 males. Mean age of 55.3 years. Prior chemotherapy and prior surgery: 95.5% and 93.5% respectively. Mean PCI: 8.7/39. CRS (CC0 and CC1): 98.1%. Mean operative time: 339 minutes (210-845). ICU and Hospital stay: 2 and 12 days. Median follow up: 20.9 months (1.0-80.8). Overall morbidity: 18.8%. Reoperations: 3.3%. No anastomotic complications. In-house and 30 day mortality rate: 0%. Probability of survival (sv) at 12 months: 91.5%, at 3 years 84.3%, at 5 years 81.5%. Mean overall sv of 41.3 months; For PCI 0-10, sv 50.3 m, PCI 11-20, sv 31.8 m, PCI 21-30, sv 21.7 m, For CC0, 42.3 m, CC1, 32.4 m, CC2, 11 m For classic adenocarcinoma, 37.4 m, mucinous adenoca, 27.4 m, presence of signet ring cells, 17.2 m, absence, 40.6 m. For Histologic Grade 1-2, 38.3 m, Grade 3, 26.6 m. For presence of hepatic metastasis, 40.6 m, absence, 40.0 m.

Conclusions: CRS + HIPEC with systemic adjuvant chemotherapy is considered standard treatment for PC from colo-rectal origin. Prognostic indicators of improved survival include low to moderate PCI (<21/39), complete radical surgery; absence of signet ring cell histology and early therapy implementation.

Disclosure: All authors have declared no conflicts of interest.