ABSTRACT ID: EG2251719


OBJECTIVO:
INTRODUÇÃO: HIPEC for gastric cancer has been investigated both following cytoreductive surgery in the setting of peritoneal metastasis and as an adjuvant treatment after resection in high-risk patients. The aim of this study is to provide an update of this treatment results in a single cancer center.

MATERIAL E MÉTODOS: This retrospective study included 30 gastric cancer patients treated with HIPEC in a single cancer center between 2007 and 2014, 19 in an adjuvant setting and 11 as part of a cytoreductive surgery. Early and long-term outcomes were reported.

RESULTADOS: Patients median age was 48 years old, there was no difference in gender and the most common surgical resection was a total gastrectomy, in 24 subjects. All of them had D2-lymphadenectomy and 6 individuals had an adjacent organ resection. All patients received at least 3 preoperative cycles of chemotherapy. A CC-0 cytoreduction was achieved in 10 of 11 cases. Overall morbidity was 43% and only 3 patients had Clavien III-IV events. There was no 60-day postoperative mortality. In the high-risk M0 patients, median survival has not been achieved, 14 patients are alive and disease-free, eight of them with at least 3 years of follow-up. Among M1 subjects, median survival was 28 months, four patients are alive, three of them without disease, one with 30 months and another with 40 months of follow-up.

DISCUSSÃO: HIPEC in gastric cancer is safe and feasible with appropriate patient selection. Long-term outcomes look promising in both settings.

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