Abstracts

Locoregional therapy

ELECTROCHEMOTHERAPY (ECT) FOR THE TREATMENT OF SUPERFICIAL TUMOUR METASTASES

M. Guida a, G. Porcellib, S. Montemurrob, E. Ruggierib, V. Mattiolic, A. Zito d, G. Coluccia. a Department of Medical Oncology, Istituto Tumori “Giovanni Paolo II”, Bari, Italy. b Department of Surgery, Istituto Tumori “Giovanni Paolo II”, Bari, Italy. c Department of Anaesthesia, Istituto Tumori “Giovanni Paolo II”, Bari, Italy. d Department of Patology, Istituto Tumori “Giovanni Paolo II”, Bari, Italy

Introduction: ECT is an effective local treatment for palliation on inoperable superficial neoplastic localizations which combines chemotherapy and electric pulses that permeabilize the cell membrane in a transient and reversible manner, allowing low-perrneant drugs to enter the cell, thus magnifying their cytotoxicity. Recently, a new device (Clinoporetor, IGEA-Srl, Italy) has been developed to supply electric pulses with appropriate parameters permitting the clinical use of ECT.

Methods: Until now, 17 patients were treated; median age 57 years, range 39–83; median ECOG PS 1; disease/sites: 6 breast with nodular-infiltrating lesions in thoracic-abdominal wall; 5 melanoma (1 wide thoracic infiltration, 4 in transit-metastases); 3 head–neck; 2 cutaneous lymphoma; 2 gastric with abdominal wall and right arm localizations. The areas treated ranged from 1 cm to 30 cm on diameter. 6 patients requested a prior surgery debulking and 4 patients received ECT in pre-irradiated area. Intravenous Bleomycin (15 mg/m²) was used in all patient; electric pulses were than applied to the tumour areas by needle electrodes in a time window of about 20 min. In total, 22 procedures were performed, 6 as out-patient in local anaesthesia and 16 in general anaesthesia; 4 patients requested a second procedure.

Results: Treatment was safe and well tolerated, particularly when general anaesthesia was used. Starting from the second/third week from treatment, all patients showed a regression of almost all lesions with a slow, progressive necrotic and fibro-sclerotic evolution.

After 1–2 months from ECT, we obtained a CR of 70% and a PR of 10% of the lesions. Some patients showed a response after the second procedure. About 50% of lesions remained in remission for a long period (median 8 months, range 3–12); the other half of patients showed a slow relapse or the appearance of new lesions after 1–2 months. The 6 patients who underwent previous surgical debulking had a disease control for a long period (8 months, median).

Conclusions: Our data confirm that ECT is a promising and safe treatment for superficial lesions from different malignancies. General anaesthesia and surgical debulking permit to treat very large and deeper lesion with a very good local control.

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PERITONECTOMY AND INTRAOPERATIVE CHEMOHYPERTERMIA AS TREATMENT OF PERITONEAL CARCINOSIS: OUR EXPERIENCE

P. Camplese, R. Massari, G. Cipollone, D. Di Nuzzo, F. Marino, R. Sacco. Department of Surgery, UO Clinica Chirurgica, Chieti University, Italy

Introduction: Peritoneal carcinosis is associated with a bad prognosis however peritonectomy and intraoperative hypertermia, performed in well-defined selected patients, seems to improve prognosis. We report our experience of this surgery for advanced ovarian cancer (stage IC – FIGO) with neoplastic ascitic effusion.

Methods: From October 2006 and March 2008 in our Division 26 patients received peritonectomy and intraoperative chemohypertermia for carcinosis: 13 after ovarian cancer of whose 8 previously treated with hysterectomy, bilateral annessiectomy and adjuvant chemotherapy. We performed 11 peritonectomies and intraoperative chemohypertermia, associated with hysterectomy with bilateral annessiectomy in 4 cases, whereas 2 patients with neoplastic peritoneal effusion, previously treated with hysterectomy and bilateral annessiectomy, received only intraoperative chemohypertermia. We also performed sigmoidal resections in 6 cases and splenectomy in 1 case. Peritoneal Cancer Index ranged from 2 to 26 with a mean value of 7. The carcinosis cytoeduction (C.C.) was 3 in 2 cases, 0 in 6 cases and 1 in the remaining 5 cases.

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Results: The average of hospitalisation’s days after surgery was 14. One patient died for ictus cerebri after 3 months from operation. Two patients underwent relaparotomy for hemoperitoneum.

Conclusion: Considering the good results in survival and disease free rates it is our opinion that surgical cytoreduction, peritoneectomy and intraoperative chemohypertermia, in a multimodality context, could be the gold standard for the treatment of such patients with advanced ovarian cancer. The encouraging results relative to ovarian cancer, in our experience and in literature, induce us to concept this treatment also for gastric and colo-rectal cancer associate with cytological positivity of peritoneal washing in the absence of neoplastic seedings.

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