

available at www.sciencedirect.comjournal homepage: www.ejconline.com

Abstracts

Locoregional therapy

ELECTROCHEMOTHERAPY (ECT) FOR THE TREATMENT OF SUPERFICIAL TUMOUR METASTASES

M. Guida^a, G. Porcelli^b, S. Montemurro^b, E. Ruggieri^b, V. Mattioli^c, A. Zito^d, G. Colucci^a. ^aDepartment of Medical Oncology, Istituto Tumori "Giovanni Paolo II", Bari, Italy. ^bDepartment of Surgery, Istituto Tumori "Giovanni Paolo II", Bari, Italy. ^cDepartment of Anaesthesia, Istituto Tumori "Giovanni Paolo II", Bari, Italy. ^dDepartment of Pathology, 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-permeant 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; 1 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 then 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.

doi:10.1016/j.ejcsup.2008.06.062

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 hyperthermia, 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 chemohyperthermia for carcinosis: 13 after ovarian cancer of whose 8 previously treated with hysterectomy, bilateral annessiectomy and adjuvant chemotherapy. We performed 11 peritonectomies and intraoperative chemohyperthermia, 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 chemohyperthermia. 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 cytoreduction (C.C.) was 3 in 2 cases, 0 in 6 cases and 1 in the remaining 5 cases.