

2506

POSTER

Isolated Limb Perfusion in Cancer Patients: a Primary National Experience Report in a Developing Country

C. Duarte¹, J. Manrique², C. Lehmann¹. ¹Instituto Nacional de Cancerología, Breast and Soft Tissue Surgery, Bogotá, Colombia; ²Instituto Nacional de Cancerología, Clinical Investigation, Bogotá, Colombia

Background: Isolated limb perfusion (ILP) is an alternative cancer treatment for patients with extremity melanomas and sarcomas in patients, which in the past their only treatment option was amputation due to the impossibility of surgical excision. We report the initial experience of the Colombian National Cancer Institute of isolated limb perfusion.

Material and Methods: A case series report was constructed with all patients who underwent ILP using Melfalan as chemotherapeutic agent. Clinical records were reviewed dated from January 2007 to December 2008. Clinical, surgical and pathological characteristics were extracted in a standardized way using a case report form. Treatment response was documented.

Results: Thirteen patients were initially analyzed. The limb salvage proportion was 76%. Population characteristics are summarized in table 1. Local adverse effect rate was 16%. Response to ILP according to RECIST criteria was as follows: five patients (41.7%) presented partial response, five patients (41.7%) presented stable disease and two patients (16.7%) disease progression. There were no patients with complete response.

Conclusions: Isolated Limb Perfusion is a good treatment alternative to preserve compromised extremities in patients with advanced melanomas and sarcomas in which amputation is indicated. In the present, TNF alpha is not available for use in ILP procedures due to regulatory constraints. This limits our capacity to evaluate its usefulness. A prospective study that additionally brings into consideration aspects such as disease free period, global survival and quality of life scales may improve our knowledge about the ILP impact and acceptability in our population.

Table 1. Clinical and demographic patient characteristics

Demographic characteristics	Value (n)	Percentage (%)
Sex		
Male	5	38
Female	8	62
Limb involved		
Superior	5	38
Inferior	8	62
Histological type		
Melanoma	3	23
Sinomial sarcoma	5	38.4
Leiomyosarcoma	2	15.3
Malignant fibrous histiocytoma	1	7.6
Epithelioid sarcoma	1	7.6
Skin appendage carcinoma	1	7.6

2507

POSTER

Selective Intra-arterial Chemotherapy With 5 FU in Patients With Unresectable Colorectal Liver Metastases

G. Menteshashvili¹, A. Aladashvili², M. Lortkipanidze³, T. Kemoklidze¹.

¹National Cancer Centre, Abdominal Oncology, Tbilisi, Georgia; ²National Cancer Centre, Colorectal Cancer Department, Tbilisi, Georgia;

³National Cancer Centre, Chemotherapy Department, Tbilisi, Georgia

Background: An outcome assessment was performed of patients with unresectable colorectal liver metastases (CRLM) treated with 5 FU-based hepatic artery infusion (HAI).

Methods: Twenty-three patients who were pretreated with systemic chemotherapy received 5 FU-HAI alone or combined with systemic chemotherapy. We reviewed patient charts and our prospective patient database for survival and associated risk factors.

Results: Patients received 5 FU-HAI for unresectable CRLM from January 2000 to September 2010. Twelve patients (52%) received concurrent systemic chemotherapy. Median overall survival (OS), progression-free survival (PFS), and hepatic PFS were 15.6 months (range, 2.5–55.7 months), 3.9 months (range, 0.7–55.7 months), and 5.5 months (range, 1.6–55.7 months), respectively. The liver resection rate after HAI was 35%. PFS was better in patients undergoing secondary resection than in patients without resection (hazard ratio [HR] 0.21; 95% confidence interval [95% CI] 0.07–0.66; P=0.0034), while OS showed a trend toward improvement (HR 0.4; 95% CI 0.13–1.2; P=0.09). No differences were observed in OS (P=0.69) or PFS (P=0.086) in patients who received

5 FU-HAI alone compared with patients treated with combined regional and systemic chemotherapy. Presence of extrahepatic disease was a negative risk factor for PFS (liver-only disease: HR 0.03; 95% CI 0.0032–0.28; P<0.0001). Toxicities were manageable with dose modifications and supportive measures.

Conclusions: 5 FU-HAI improves PFS and results in a trend toward improved OS in selected patients able to undergo liver resection after tumour is downsized.

2508

POSTER

Pseudomyxoma Peritonei – the Role of Cytoreductive Surgery in the Combination With Fluorescent Laparoscopy and Intraperitoneal Photodynamic Therapy

L.O. Petrov¹, V.I. Chissov¹, E.V. Filonenko², A.V. Butenko¹, D.V. Sidorov¹, N.A. Grishin¹, M.V. Lozhkin¹. ¹Moscow Herzen Oncology Research Institute, Department of Abdominal Oncology, Moscow, Russian Federation; ²Moscow Herzen Oncology Research Institute, Department of Rehabilitology, Moscow, Russian Federation

Background: Pseudomyxoma peritonei (PMP) is a rare clinical syndrome including progressive intraperitoneal accumulation of mucous and mucinous implants, usually originates from the mucinous tumours of the appendix or ovaries. The traditional approach to PMP is based on the surgical cytoreduction combined with intraperitoneal or systemic chemotherapy.

Materials and Methods: A total of 9 PMP patients (7 m, 2 f), underwent cytoreductive surgery in the combination with photodynamic therapy (PDT), were included in this study. The mean age of patients was 51.4±10.5 years (range 25–72). The primary site of the pseudomyxoma was the appendix. The mean PCI was 17.6±9.8 (range 4–35). 6 (67%) patients were identified with disseminated peritoneal adenomucinosis (DPAM), 3 (33%) patients – with peritoneal mucinous carcinomatosis (PMCA). Diagnostic fluorescent laparoscopy with “Alasens”[®] photosensitizer was performed in 8 patients. All patients underwent subtotal peritoneal resection, appendectomy, subtotal omentectomy, intraperitoneal PDT with “Photogem”[®] photosensitizer. Additional right hemicolectomy was performed in 3 patients with PMCA (well differentiated mucinous adenocarcinoma of appendix). 8 patients are available for analysis of long term results in a median follow-up time of 26 months (range 16–47).

“Photogem”[®] is a sensitizer of hypoxic cells for photodynamic diagnosis and treatment of malignant tumours. After injection (dose – 2.5–3 mg/kg) it selectively concentrates in the tumour tissue during 48 hours. Under the laser illumination “Photogem”[®] generates complex of photodynamic and photochemical reactions in the affected cells, which lead to destruction of tumour cells. “Photogem”[®] has the maximum uptake at 396, 504, 570 and 633 nanometers. In our study 630 nm laser with the power of 600 mW was used.

Results: Cytoreduction was considered CC0 – in 1 (11.1%) patients, CC1 – in 5 (55.6%), CC2 – in 3 (33.3%). Postoperative wound complications occurred in 1 (8.3%) patient. There was no PDT-associated toxicity as well as no postoperative mortality. Adjuvant chemotherapy (FOLFOX4) was performed in all 3 patients with PMCA. Among the traced 8 patients all are still alive, 6 (75%) of them are free of disease. Recurrence occurred in 2 (25%) patients after CC2 cytoreduction. They were underwent the second procedure: fluorescent laparoscopy with laparoscopic PDT – in 1 patient and laparotomy with CC1 cytoreduction and intraperitoneal PDT – in 1.

Conclusion: Cytoreductive surgery in the combination with intraperitoneal photodynamic therapy is a feasible treatment strategy for PMP of the appendiceal origin. Optimal cytoreduction is the most important component of treatment of peritoneal pseudomyxoma patients.

2509

POSTER

Clinical Treatment of GIST Based on Analysis of 27 Cases According to Japanese Clinical Practice Guideline

T. Ohchi¹, K. Ogata¹, M. Shibata¹, K. Kudo¹, Y. Narita¹, H. Baba².

¹Miyazaki Prefectural Nobeoka Hospital, Surgery, Nobeoka, Japan;

²Kumamoto University, Gastroenterological Surgery, Kumamoto, Japan

Background: The management of GIST has evolved very rapidly in the last few years. Recently the adaptation of laparoscopic surgery was extended and many GIST were found out and experienced by an advance of new diagnostic methods. Japanese clinical practice guideline for GIST was published in 2008.

Materials and Methods: We examined our treated GIST's cases based on Japanese guideline and evaluated the surgical management. As an object of 27 cases of GIST treated since 1999 to 2010, we examined our diagnosis and treatment, evaluated the prognosis and the effectiveness of imatinib mesylate.