AB194. Cytoreductive surgery and heated intraperitoneal chemotherapy for gastric cancer peritoneal metastases

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Background: At presentation, 50% of patients with gastric cancer have metastases (40% of which are peritoneal metastases). The median survival, without treatment, is 3–7 months with a 5-year survival of 0%. Palliative chemotherapy improves the median survival to one year. Heated intraperitoneal chemotherapy (HIPEC) was first described as a treatment for gastric cancer patients in 1989. Multiple studies have assessed it's validity. In 2019, a randomised multicentre trial demonstrated a significant benefit with a median overall survival of 18.6 months and a 5-year survival of 20.2% (4).

Methods: A gastric cancer program was started at the peritoneal malignancy unit at the Mater Misericordiae hospital in July 2019. Advice from other international centres was sought in devising a protocol for patients. Patients are assessed based on their age, fitness, treatment history, extent of disease on initial presentation and response to treatment.

Results: Five patients have undergone treatment. The average age was 60 years. All patients received neoadjuvant chemotherapy. Three of 5 patients had washings that were cytology positive only, the remaining two had peritoneal deposits. At theatre 4/5 patients required extended resections which included either spleen, pancreas, or colon. One patient had a grade 3 complication [anastomotic leak requiring interventional radiology (IR) drain]. The average length of operation was 7.5 hours. The average length of stay was 22 days. All patients had poorly differentiated lymph node positive adenocarcinoma with a poor tumour regression grade. Eighty percent had adjuvant treatment.

Conclusions: Cytoreductive surgery and HIPEC is safe in selected patients with peritoneal metastases from gastric cancer.

Keywords: Cytoreductive; gastric; malignancy; metastases; peritoneal

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