

Study results show low morbidity, mortality rates for patients treated with HIPEC

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Researchers at Roswell Park Cancer Institute (RPCI) have determined that cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy (CS/HIPEC), a complex procedure to treat advanced abdominal cancers, can be done safely, and may be an effective therapy for select patients. Study results are published in the June issue of *Cancer Medicine*.

"There has been much discussion as to whether there is a benefit with this procedure, and historically it has been associated with a lot of risk. However, reviewing our data in patients treated with CS/HIPEC over the last decade showed a statistically significant benefit in terms of survival, with low morbidity and low mortality," said Joseph J. Skitzki, M.D., [surgical oncologist](#) at RPCI.

CS/HIPEC is a targeted treatment approach in which tumors that have spread through the lining of the abdomen are removed and then heated chemotherapy is perfused throughout the [abdomen](#), with the intent of killing any remaining [cancer cells](#) that may be present after all visible disease has been removed surgically. The chemotherapy is administered in high dosages to the targeted area and washed out after 90 minutes, thereby limiting the systemic toxicity. The procedure usually takes eight to 18 hours and is most commonly used to treat appendiceal, colorectal, or [mesothelioma](#) tumors including those that have had failed standard chemotherapy and/or prior surgeries, according to Skitzki. RPCI has been utilizing HIPEC for more than a decade and, in a multidisciplinary setting, the results have been encouraging.

For this study, Skitzki and colleagues conducted a [retrospective analysis](#) of data from 2003-2011 to determine the morbidity, mortality and survival for 112 patients (mean age 53 years) who underwent CS/HIPEC at RPCI. Half of the patients received systemic [chemotherapy](#) indicative of a [multidisciplinary approach](#). At 30 days after surgery, there were no mortalities, and at 60 days, 2.7% of patients had died. Complications were similar to what could be expected from other complex oncologic surgeries, according to Skitzki. Further, five-year survival varied by tumor site, origin and anatomy and was 38.2% for colorectal cancers. To put this in perspective, more than 1 out of 3 patients with stage IV colon cancer treated with CS/HIPEC survived for at least five years, with some never having a recurrence. Historical survival rates for peritoneal colorectal carcinoma, by comparison, have often been measured in months, with almost no survivors five years out.

"HIPEC is an extremely invasive procedure that an increasing number of cancer centers across the United States offer," he said. "Our research shows that when it's used for appropriate candidates as part of a multidisciplinary treatment approach in an experienced setting, outcomes will be favorable compared to standard combination therapy, with the added benefit of shorter-term side effects."

More information: onlinelibrary.wiley.com/doi/10.1002/cam4.80/full

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