

Tiago Cruz Tomás

Unidade Clínica Autónoma de Oncologia

Hospital Prof. Dr. Fernando Fonseca – Amadora (Lisboa), Portugal

HIPEC in Metastatic Gastric Cancer An alternative to consider

DISCLOSURE OF INTEREST

- ⦿ Nothing to declare

Clinical Case

- 26-year old women
- Previously healthy until 4 years before the oncological diagnosis
- Symptoms: (2012 - 2014)
 - Dyspepsia, abdominal pain, refractory to PPI
 - Nausea, vomits, anorexia, weight loss
 - Upper GI hemorrhage → Hb 6 g/dL
- Diagnosis: (April 2015)
 - Upper GI Endoscopy: pre-pyloric ulcer, ~20mm
 - AP: gastric adenocarcinoma, diffuse type (poorly cohesive)
 - Echoendoscopy: uT2 N+
 - TAP CT scan: no evidence of distant disease (M0)
 - Exploratory laparoscopy: no peritoneal carcinomatosis

Clinical Case

- ⊙ MAGIC trial -- ECF pre-surgery
 - May – Aug 2015
 - Re-staging CT scan: without response
 - Total gastrectomy with D2 Lymphadenectomy – Sep 2015
 - pT4a N2 (3 nodes positive in 47) R1 (distal margin positive)
 - Her-2 negative
- ⊙ Multidisciplinary Meeting:
 - Risk of peritoneal dissemination with a new surgery
 - Duodenopancreatectomy – high morbidity surgery
 - CT: switch of Epirubicin to Docetaxel
- ⊙ New laparotomy: (Mar 2016)
 - Krukenberg metastasis (left ovarium)

Clinical Case

- ⊙ Multidisciplinary Meeting:
 - Exclusive abdominal progression
 - Progression under CT – chemoresistance?
 - Citorreduction surgery + HIPEC (IPO Porto)
 - August 2016
- ⊙ Peritonectomy – 2 interventions
 - Complete resection followed by HIPEC
- ⊙ ... until June 2019 ... FREE of disease.
 - ECOG PS 0
 - Back to work
 - Active lifestyle

