conferenceseries.com

3rd Annual Conference on

GYNECOLOGIC ONCOLOGY & PREVENTIVE ONCOLOGY

July 20-21, 2017 Chicago, USA



Aaron H Chevinsky

University of Wisconsin Madison School of Medicine and Public Health, USA

HIPEC for peritoneal malignancies

The use of HIPEC (Hyperthermic Intraperitoneal Chemotherapy) for the treatment of peritoneal based malignancies has L been ongoing in the Unites States and around the globe for well over 20 years. This procedure, which combines debulking of all visible cancer, often with peritonectomy, bowel resection, splenectomy and removal of other intra-abdominal organs with the infusion of chemotherapy heated to 42 degrees centigrade has been very effective in treating several malignancies which tend to involve the peritoneal surfaces, but has not metastasized or invaded deeply into other organs. The most commonly treated malignancies include pseudomyxoma peritonei, appendiceal, gastric, colorectal cancer, ovarian and primary peritoneal cancer, as well as peritoneal mesothelioma and recurrent sarcomas. It is estimated that as many as 50,000 patients a year in the United States may be candidates for a HIPEC procedure. The majority of the cases have used mitomycin C as the chemotherapy of choice, others have used platinum (oxaliplatin, cisplatin and carboplatin) based agents. Most patients with carcinomatosis will die within one year of diagnosis if untreated and with HIPEC (depending on the initial tumor site) may have as much as a 60-70% five-year survival. In most patients their ascites (which is present in over half the patients) will be controlled and their quality of life will be improved. Studies are ongoing to evaluate the effectiveness of HIPEC in high risk cancers, prone to carcinomatosis, in the adjuvant setting after resection. In gynecologic malignancies, HIPEC has been primarily used in recurrent ovarian cancer, where it has been shown to improve survival and reduce recurrence. Post-operative complications include ileus, respiratory compromise, fluid retention and complications related to chemotherapy absorption (such as pancytopenia). A new HIPEC program was started at Aurora St. Luke's Medical Center in Milwaukee, Wisconsin in September of 2016. To date we have attempted HIPEC on 10 patients, and have been successful in 9 (in one patient the disease was too extensive for effective debulking). The diagnoses included appendiceal cancer, primary peritoneal cancer, granulosa cell ovarian cancer and colorectal cancer. Our protocol for the evaluation of these complex patients, highlighted the need for multidisciplinary management, the integration of intravenous and intraperitoneal chemotherapy, and the intra-operative and post-operative management will be discussed in detail along with suggestions on how to initiate a HIPEC program at the institution.

Biography

Aaron H Chevinsky is the Director of Surgical Oncology at Aurora Health Care in Wisconsin, USA. He has lectured nationally and internationally and has published on many aspects of cancer care. He has attended medical school and completed his Surgical Residency in New York and completed a Surgical Oncology Fellowship at Ohio State. He has been named to the Top Docs list and has won awards for the development of multidisciplinary cancer care programs. He has also appeared on TV and radio to raise awareness and promote cancer screening he remains committed to providing the best cancer care to the patients he treats.

ahc25@msn.com

Notes: