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Michael Friedrich

HELIOS Hospital, Germany

Influence of Hyperthermic Intraperitoneal Chemotherapy (HIPEC) on morbidity and start of adjuvant chemotherapy in patients with ovarian cancer

Epithelial ovarian cancer, tubal cancer and primary peritoneal cancer may lead to early peritoneal metastases and are frequently only diagnosed, when extensive peritoneal carcinomatosis exists. A treatment option of advanced ovarian cancer is the combination of maximal surgical cytoreduction followed by chemotherapy. Studies could demonstrate that the extent of cytoreduction is directly correlated to survival. In cases where complete cytoreduction could be achieved, intraperitoneal chemotherapy with cisplatin results in a better prognosis. The application of HIPEC induces an increased cytotoxicity of cisplatin and may therefore improve the efficacy of the therapy. As yet it remains unclear, whether the additional use of HIPEC increases the morbidity or induces a delay of adjuvant chemotherapy. Data of 98 patients treated with HIPEC (50 mg/m² cisplatin) in the years 2012 to 2015 for advanced ovarian, tubal or peritoneal cancer were retrospectively analyzed with regard to morbidity and consecutive begin of chemotherapy. HIPEC was not associated with increased morbidity such as insufficiencies of anastomoses, infections or other major complications. In all patients use of HIPEC did not delay timing of the consecutive chemotherapy. In ovarian cancer management of patients with cytoreductive surgery and HIPEC with cisplatin 50mg/m² is a feasible treatment option that is not combined with an increased rate of complications or prolongation of adjuvant chemotherapy.

Biography

Michael Friedrich completed PhD from Freiburg University and Postdoctoral studies from Stanford University School of Medicine. He is the Director of the Department of Obstetrics and Gynecology of the HELIOS Hospital Krefeld, teaching hospital of the University of Aachen. He has published more than 100 papers in reputed journals and has been serving as an Editorial Board Member of many reputed journals.

michael.friedrich@helios-kliniken.de

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