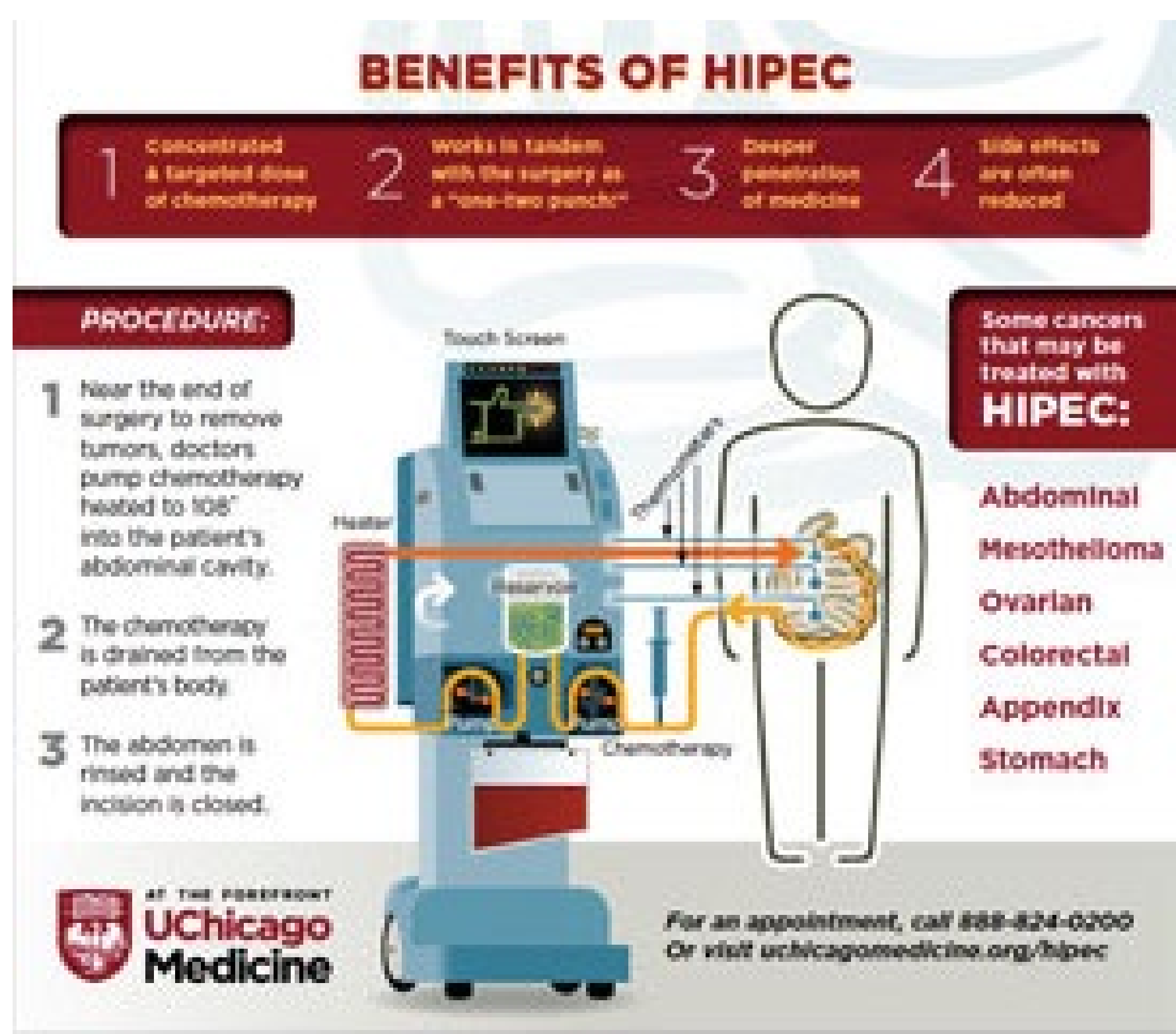


Introduction

- Ovarian Cancer is the 5th leading cause of cancer death in women and the most lethal gynecologic cancer¹
- Innovative approaches, such as Hyperthermic Intraperitoneal Chemotherapy (HIPEC) have shown to improve overall survival in select populations²
- HIPEC can be used for advanced peritoneal surface spreading malignancies



Objective

- This study aims to describe our experience with HIPEC use in the treatment of gynecologic cancers at LSU Health in New Orleans, the first gynecologic oncology HIPEC program in Louisiana.

Methods

- We retrospectively evaluated patients who received the HIPEC procedure for metastatic ovarian cancer at University Medical Center in New Orleans, Louisiana.
- Patients who received HIPEC for stage III or IV ovarian cancer were included in the study.***
- Chart review was utilized to gather data points regarding basic demographics, procedure length, length of time in the ICU, chemotherapy received by patients, disease-free survival, recurrence of cancer, etc.
- Data was entered into RedCap for statistical analysis

Results

Table 1. Patient Demographics

	Median (range) N (%)
Age	54 (45-68)
Race	
Caucasian	7 (63.6)
Black	3 (27.3)
Asian	1 (9.1)
BMI	24.9 (16.8-47.4)
Health insurance	
Medicaid	4 (36.4)
Private	6 (54.5)
Other	1 (9.1)
Place of Residence	
Louisiana	9 (81.8)
Other	2 (18.2)

Table 3. Surgery Demographics

	Median Time (+/- SD) N (%)
Time from Cancer Diagnosis to HIPEC (days)	108 (759.6)
Length of Procedure (hours)	6.4 (1.3)
Estimated Blood Loss (mL)	500 (448.6)
Blood Transfusion	
Yes	8 (72.7)
No	3 (27.3)
Pressors during Procedure	
Yes	1 (9.1)
No	10 (90.9)
Ileostomy received	
Yes	2 (18.2)
No	9 (81.9)
ICU stay	
Yes	10 (90.9)
No	1 (9.1)
ICU stay length (days)	2 (2.1)
Pre-Op Chemo received	
Yes	10 (90.9)
No	1 (9.1)
Post-Op Chemo received	
Yes	10 (90.9)
No	1 (9.1)

Table 2. Cancer Demographics

	N (%)
Cancer Type	
Ovarian	10 (90.9)
Uterine	1 (9.1)
Highest Confirmed Stage	
III	7 (63.6)
IV	1 (9.1)
Unkown	3 (27.3)
Tumor Type	
high grade serous carcinoma	6 (54.5)
granulosa cell tumor	2 (18.2)
serous carcinoma	1 (9.1)
adenocarcinoma	1 (9.1)
metastatic adenocarcinoma	1 (9.1)

- Most (91%) of patients received intravenous chemotherapy treatments before the HIPEC surgery, using a combination of carboplatin and paclitaxel. All patients received intraperitoneal cisplatin at a dose of 100 mg/msq for 90 minutes at 40-41 C°
- Blood transfusion was common (72.7%); Only 9.1% of patients required pressors during the procedure and none experienced renal failure
- With a mean follow up of 257.1 days (SD 349.9), 9 (81.8%) patients were alive with no evidence of malignancy.

Conclusion

- Our unique and initial experience with HIPEC in the gynecologic oncology space in Louisiana is promising. It is safe and associated with favorable outcomes.
- We look forward to continuing to offer this innovative approach to the women of the Gulf South and collaborating to push the technique forward in the treatment of peritoneal spreading malignancies.

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