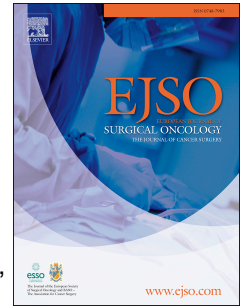


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Current Practice in Cytoreductive Surgery and HIPEC for Metastatic Peritoneal Disease: Spanish Multicentric Survey

Rafael Morales-Soriano, MD, Neus Esteve-Pérez, MD, Juan José Segura-Sampedro, MD, PhD, Pedro Cascales-Campos, MD, PhD, Pedro Barrios, MD



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Abstract

Introduction. Radical Cytoreductive Surgery (CRS) with Hyperthermic Intraperitoneal Chemotherapy (HIPEC), has been proposed as the current standard of treatment for metastatic peritoneal disease by several tumors. Despite its widely utilization, there seems to be a great variability in their organization, clinical practice, and safety among centers.

Aim of the study. To obtain updated information on clinical practice in different perioperative areas of the CRS-HIPEC.

Patients and Methods. All 25 members of the Spanish Surface Peritoneal Malignancy (GECOP), were invited to answer an online survey, to describe their usual practice in different perioperative areas of the CRS-HIPEC.

Results. Survey was responded by 100% of centers. This study represents more than 800 patients treated annually. Seventy per cent of respondents perform CRS-HIPEC for more than 5 years. The most frequent technique was Coliseum (88%). Routinely non-invasive monitoring of cardiac output is used by 92% of centers. More than 50% of centers administer oxaliplatin (74%), or mitomycin-C (65%) in colorectal cancer; cisplatin in gastric cancer (73%) and mesothelioma (74%). Ovarian cancer is treated with cisplatin and various combinations, in 64%. Spillage protocol was available in 100% centers.

Conclusions. Data showed an important variability in volume of patients per center, selection of cytostatic agents, professional training and safety measures applied. The standardization of CRS/HIPEC procedures based on the best available evidence, the individualization of patients and the consensus among professionals, constitute an important part of the basis that will allow us to improve results of this complex procedure.

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