

Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy for First Relapse of Ovarian Cancer

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Abstract. *Background: To assess impact of surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) in patients treated for a first relapse of ovarian cancer (FROC). Patients and Methods: Patients with a FROC treated with second-line chemotherapy, surgery and HIPEC were retrospectively included from 13 Institutions. Studied parameters were interval free between the end of initial treatment and the first relapse, second-line chemotherapy, peritoneal cancer index and completeness of surgery, HIPEC, mortality and morbidity, pathological results and survival. Results: From 2001 to 2010, 314*

patients were included. The main strategy was secondary chemotherapy followed by surgery and HIPEC (269/314-85.6%). Mortality and morbidity rates were respectively 1% and 30.9%. Median follow-up was 50 months, 5-year overall survival was 38.0%, with no difference between platinum-sensitive or -resistant patients and 5-year disease-free survival was 14%. Conclusion: HIPEC allows encouraging survival in the treatment of FROC, better in case of complete surgery, with acceptable mortality and morbidity rates.

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Epithelial ovarian cancer is the first cause of death from gynaecological cancer (1). In Europe, the average 5-year survival is 37.6% (2). More than 75% of patients treated for advanced epithelial ovarian cancer experience a relapse during the first five years (3). In cases of relapse, the main prognostic factors are the progression-free interval between the end of initial treatment to diagnosis of relapse, physical status, ascitis, number and size of tumor nodes, and feasibility of a complete secondary cytoreductive surgery (4, 5).