

Peritoneal carcinomatosis treated with cytoreductive surgery and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for advanced ovarian carcinoma: A French multicentre retrospective cohort study of 566 patients[☆]

N. Bakrin ^{a,b}, J.M. Bereder ^c, E. Decullier ^{a,d}, J.M. Classe ^e, S. Msika ^f, G. Lorimier ^g,
K. Abboud ^h, P. Meeus ⁱ, G. Ferron ^j, F. Quenet ^k, F. Marchal ^l, S. Gouy ^m, P. Morice ^m,
C. Pomel ⁿ, M. Pocard ^o, F. Guyon ^p, J. Porcheron ⁱ, O. Glehen ^{b,q,*},
from the FROGHI (FRench Oncologic and Gynecologic HIPEC) Groupⁿ

^a Hospices Civils de Lyon, Centre Hospitalier Lyon Sud, Department of Obstetrics and Gynaecology, Pierre Bénite, France

^b Université Lyon 1, EMR 3738, Lyon, France

^c Centre Hospitalier L'archet II, Nice, France

^d Hospices Civils de Lyon, Pôle IMER, Unité de Méthodologie en Recherche Clinique, Lyon, France

^e Centre René Gauducheau, Nantes, France

^f Hôpital Louis Mourier, Collombes, France

^g Centre Paul Papin, Angers, France

^h Hôpital Nord, St. Etienne, France

ⁱ Centre Léon Bérard, Lyon, France

^j Institut Claudius Regaud, Toulouse, France

^k Centre Val d'Aurelle, Montpellier, France

^l Centre Alexis Vautrin, Nancy, France

^m Institut Gustave Roussy, Villejuif, France

ⁿ Centre Jean Perrin, Clermont-Ferrand, France

^o Hôpital Lariboisière, Paris, France

^p Institut Bergonie, Bordeaux, France

^q Hôpital Lyon Sud, Pierre Bénite, France

Accepted 27 September 2013

Available online 17 October 2013

Abstract

Background: Despite a high response rate to front-line therapy, prognosis of epithelial ovarian carcinoma (EOC) remains poor. Approaches that combine Cytoreductive Surgery (CRS) and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) have been developed recently. The purpose of this study was to assess early and long-term survival in patients treated with this strategy.

Patients and methods: A retrospective cohort multicentric study from French centres was performed. All consecutive patients with advanced and recurrent EOC treated with CRS and HIPEC were included.

Results: The study included 566 patients from 13 centres who underwent 607 procedures between 1991 and 2010. There were 92 patients with advanced EOC (first-line treatment), and 474 patients with recurrent EOC. A complete cytoreductive surgery was performed in 74.9% of patients. Mortality and grades 3 to 4 morbidity rates were 0.8% and 31.3%, respectively. The median overall survivals were 35.4 months and 45.7 months for advanced and recurrent EOC, respectively. There was no significant difference in overall survival between patients with chemosensitive and with chemoresistant recurrence. Peritoneal Cancer Index (PCI) that evaluated disease extent was the strongest independent prognostic factor for overall and disease-free survival in all groups.

[☆] Presented in Session of Académie Nationale de Chirurgie (March 2012).

* Corresponding author. Department of General Surgery, Centre Hospitalier Lyon Sud, 69495 Pierre Bénite, France. Tel.: +33 478865742; fax: +33 478863343.

E-mail address: olivier.glehen@chu-lyon.fr (O. Glehen).