



Abstract 83 Figure 1 (A) Extensive Procedures and rate of CD. (B) PFS in stage IIIC

months, 95%CI 19.11–26.80 respectively; HR:0.965, *p*-value=0.036) (figure 1B). However, OS in stage IIIC was not significantly different. In stage IV, there was no statistically significant difference in PFS or OS between groups.

Conclusions Introducing extensive procedures did significantly affect the PFS in stage IIIC but not in IV. OS was not affected in both stages. The increase in number of EOC cases over the years (72 before 2009 versus 132 after 2009), which was associated with more patients with extensive tumor load and low performance status being admitted to our service, coupled with their shorter follow up versus patients from before 2009, may have led to the non-significant increase in OS over time.

Mesothelioma and one (1.8%) Desmoplastic round cell tumor. Operative and Postoperative demographics and survivals are shown in tables 1 and 2. Median progression free (PFS) and overall survival (OS) are expressed in months.

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CYTOREDUCTION FOLLOWED BY HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (CRS+HIPEC) IN ADVANCED PERITONEAL CARCINOMATOUS (APC) AT THE AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER (AUBMC): A RETROSPECTIVE REVIEW

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Objectives To review the outcome of patients with APC who underwent CRS+HIPEC by the HIPEC team at the AUBMC.

Methods All patients with APC were evaluated by the HIPEC team for eligibility and the majority had either gastrointestinal or gynecological malignancies. We retrospectively reviewed data related to their demographics/tumor origin/surgical completeness/adverse events/outcome.

Results between 2007 and 2018, 53 patients (45% were females) had CRS and HIPEC. 20 (37.6%) had Pseudomyxoma peritonei (PMP), 12 (23%) ovarian cancer, 14 (26.4%) colorectal cancer, 4 (7.5%) had gastric cancer, 2 (3.7%) had

Abstract 84 Table 1 Operative and postoperative data

Completion of Cytorreduction (CC)	N (%)
CC0(complete)	43(81)
CC1(<2.5mm)	8(15)
CC2(>2.5mm-2.5cm)	2(4)
Peritoneal Carcinomatosis Index (PCI)	18(4–39)
Postoperative complications	
Grade III	7 (13)
Grade IV	4(7.5)
Grade V	1 (1.8)
Hospital stay	14.3±7

Abstract 84 Table 2 Survival data

Tumor	PFS	OS
Ovarian Cancer	17.0	52.0
Colorectal Cancer	15.0	43.0
PMP	30.0	72.0
Gastric Cancer	9.0	11.0

Conclusions We report the successful establishment of an active peritoneal surface malignancy multidisciplinary treatment program with results comparable to other centers. Careful patient selection, a multidisciplinary approach and proper surgical training and technique are essential for the success of such a program.