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OPEN ABDOMINAL VACUUM PACK TECHNIQUE FOR THE MANAGEMENT OF SEVERE ABDOMINAL COMPLICATIONS AFTER CYTOREDUCTIVE SURGERY IN OVARIAN CANCER

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Introduction/Background The aim of this study was to evaluate the indications and management of grade III-IV postoperative complications in patients requiring vacuum-assisted open abdomen after debulking surgery for ovarian carcinomatosis. Methodology Retrospective study of prospectively collected data from patients who underwent a cytoreductive surgery by laparotomy for an epithelial ovarian cancer that required postoperative management of an open abdomen. An abdominal vacuum-assisted wound closure (VAWC) was applied in cases of abdominal compartmental syndrome (ACS) or intra-abdominal hypertension, to prevent ACS. The fascia was closed with a suture or a biologic mesh. The primary aim was to achieve primary fascial closure. Secondary outcomes considered included complications of cytoreductive surgery (CRS) and open abdominal wounds (hernia, fistula).

Results Two percent of patients who underwent CRS required VAWC during the study’s patient inclusion period. VAWC indications included: (i) seven cases of gastro-intestinal perforation, (ii) three necrotic enterocolitis, (iii) two intestinal ischemia, (iv) three anastomotic leakages and (v) four intra-abdominal hemorrhages. VAWC was used to treat indications (i) to (iv) (which represented 73.7% of cases), to prevent compartmental syndrome. Primary fascia closure was achieved in 100% of cases, in four cases (21.0%) a biologic mesh was used. Median hospital stay was 65 days (range: 18–153). Four patients died during hospitalization, three of these within 30 days of VAWC completion.

Conclusion VAWC for managing open abdominal wounds is a reliable technique to treat surgical post-CRS complications in advanced ovarian cancer and reduces the early post-operative mortality in cases presenting with severe complications.

ACID CERAMIDASE (ASAH1) EXPRESSION IS ASSOCIATED WITH IMPROVED PROGRESSION- AND OVERALL SURVIVAL IN HIGH-GRADE SEROUS OVARIAN CANCER PATIENTS

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Introduction/Background Despite recent progress in the treatment of epithelial ovarian cancer the cure of this disease remains a challenge. Therefore new treatment options along with new prognostic and predictive makers are urgently needed. The enzyme acid ceramidase (AC) plays a central role in the sphingolipid network which is involved in tumorigenesis and progression. Furthermore AC directed therapies are currently under development. We investigated the expression of AC and its prognostic impact on ovarian cancers.

Methodology Patients of the AGO-cohort of the ICON-7 trial were analysed. In this randomized trial patients with advanced EOC received carboplatin+paclitaxel vs. carboplatin+paclitaxel +bevacizumab. Tissue micro arrays (TMAs) were constructed for performing immunohistochemical analysis of AC. The results were correlated with clinico-pathological characteristics and survival data.

Results Kaplan-Meier analysis (n=351) revealed that high levels of AC were associated with improved progression-free survival (PFS; 24.12 months [95% CI: 19.36 – 28.86] vs. 16.69 months [95% CI: 14.91 – 18.71], p < 0.0001) and overall-survival (OS; 66.83 months [95%CI: 50.87 – 89.87], p < 0.0001). Subsequently, the prognostic value of AC expression together with clinical factors (i.e. FIGO stage, grading, histological subtype, bevacizumab medication and residual tumour burden after surgery) was further confirmed in multivariate Cox regression analysis in n= 426 patients (PFS: hazard ratio (HR) = 0.69 [95% CI: 0.530 – 0.877], p = 0.002; OS: HR = 0.67 [95% CI: 0.504 – 0.881], p = 0.004).

Conclusion Our data identify high levels of AC expression as a strong favorable prognostic marker in ovarian cancer patients.