



LATE BREAKING ABSTRACT | GASTRIC CANCERS SESSION

Adjuvant PIPAC During Laparoscopic Gastrectomy in High-Risk Gastric Cancer Patients:

A Multicentre Phase I Study

Martin Graversen, MD, PhD

Odense PIPAC Center
Department of Surgery
Odense University Hospital
Denmark

Disclosures

I do not have any relevant financial relationships.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content

The off-label or investigational use of cisplatin and doxorubicin will be addressed.











Peritoneal metastasis in gastric cancer (GC)

- Up to 50% at surgical exploration (serosal involvement)
- Up to 60% at time of death
- Systemic chemo less effective





Gastric cancer

- Data from <u>Pressurized Intraperitoneal</u> <u>Aerosol Chemotherapy</u> (PIPAC) in patients with manifest PM are promising
- BUT
- No data regarding the prophylactic setting

PIPAC directed therapy in GAC-PM	N (PIPAC procedures)	Objective tumor response (PIPAC >1)
Alyami (Eur J Surg Oncol 2021)	42 (163)	(14.3% became resectable)
Di Giorgio (Surg Oncol 2020)	28 (46)	61.5%
Nadiradze (J Gastrointest Surg 2016)	24 (60)	50%
Ellebaek (Clin Exp Metastasis 2020)	20 (52)	72%
Gockel (J Gastric Cancer 2018)	24 (46)	79%
Khomyakov (Pleura Peritoneum 2016)	31 (56)	60%
Struller (Ther Adv Med Oncol 2019)	25	36% (ITT) 100% (PP)





Adjuvant pressurized intraperitoneal aerosol chemotherapy (PIPAC) during laparoscopic resection in high-risk gastric cancer patients: A Multicentre Phase-I Study

The PIPAC-OPC4 study





- DESIGN: Prospective, multicentre, non-randomised, non-blinded, open-label phase-I study
- HYPOTHESIS: PIPAC procedure is feasible and safe in high-risk GAC patients undergoing laparoscopic D2 gastrectomy

PIPAC C/D (off-label) after esophagojejunal anastomosis

Cisplatin 10.5 mg/m2, doxorubicin 2.1 mg/m2 Flow 0.5-0.7 ml/s, max 300 PSI, diffusion time 30 minutes





High-risk GC definition & outcomes

Poorly cohesive adenocarcinomas or clinical stage: cTany + cN2-3 or cT3-T4 + cNany or GAC patients with preoperative positive peritoneal cytology submitted to laparoscopic gastrectomy (+/- neoadjuvant treatment).

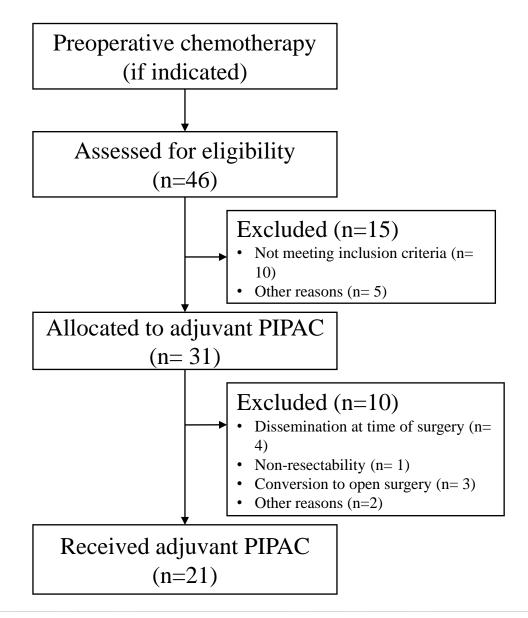
PIPAC is considered safe and feasible if \leq 20% of the patients have serious surgical complications or medical AEs equalling Dindo-Clavien \geq 3b or CTCAE \geq 4.





Study population

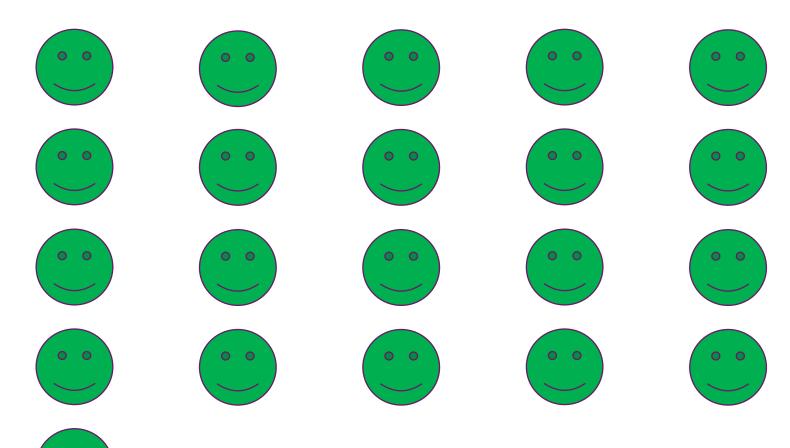
Variable	Value
Age, median years (range)	61 (24-76)
Sex, m/f	13/8
Preoperative chemo, n (%)	20 (95)
Poorly cohesive type, n (%)	14 (67)







Main outcome

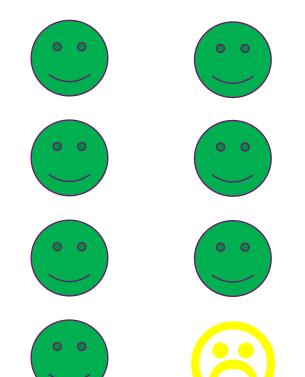


Dindo-Clavien ≥ 3b or CTCAE ≥ 4





Main outcome





















1 duodenal blow out

1 anastomotic leakage

3 bowel obstructions

No CTCAE ≥ 4



Dindo-Clavien ≥ 3b or CTCAE ≥ 4





Secondary outcomes

Variable	Value
Length of stay, median days (range)	6 (4-26)
Pre-resection positive lavage cytology, n	1
Post-resection positive lavage cytology, n	0
Patients who received postoperative chemo, n (%)	15 (71)





Conclusion

✓ HYPOTHESIS: **PIPAC** procedure is feasible and safe in high-risk **GAC** patients undergoing laparoscopic **D2** gastrectomy

The Efficacy of Pressurised Intraperitoneal aerosol chemotherapy (PIPAC) combined with CURativE intent minimally invasive radical resection in high-risk gastric cancer patients.

A Multicentre Phase-II Randomized Study (EPICURE trial)





EPICURE trial

High-risk GAC \rightarrow Neoadj. chemo \rightarrow Laparoscopy + PL + biopsy \rightarrow Resectable \rightarrow RANDOM

1:1 randomization, n= 320

Primary outcome

Overall DFS at 12 months

Secondary outcomes

mOS

Peritoneal DFS within 12 months

Complications/toxicity, lavage cytology, QoL...





Thank You!

Information/participation in EPICURE

Martin.graversen@rsyd.dk

Michael.bau.mortensen@rsyd.dk









