

# 12<sup>th</sup> World Cancer Congress

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### **Timing and role of Hyperthermic Chemotherapy in peritoneal metastases of Gastrointestinal Cancers**

Until a few decades ago, peritoneal dissemination of gastrointestinal cancer was regarded as a sign of systemic disease unsuitable for surgical treatment and was treated with palliative chemotherapy only.

In the 1980s, the association between hyperthermia and chemotherapy generated considerable interest as studies in vitro showed that hyperthermia did indeed potentiate the effects of antiproliferative drugs. After this time two new surgical technologies that have evolved to manage peritoneal metastases are cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC). This combined treatment strategy uses peritonectomy procedures and visceral resections to reduce the disease in the abdomen and pelvis to a macroscopic volume. Then, HIPEC is used

to preserve the complete cytoreduction by controlling the minimal residual disease.

With the progression of surgical technologies and techniques, the morbidity and mortality of such treatment approaches have also decreased accordingly with a corresponding increase in the overall survival. Long-term median survival of 34 - 92 months and 5 year survival of 29 - 59 % can be expected from selected group of patient..

#### **Speaker Biography**

Taylan Ozgur Sezer is a Associate Professor of General Surgery, Head of the Periton Malignancy and Renal Transplantation. Specialist in periton malignancy, Medicine Doctor's degree at Ege University School of Medicine. Currently his researches focus on the effects of hyperthermia on cancer cell DNA and cancer vaccine.

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