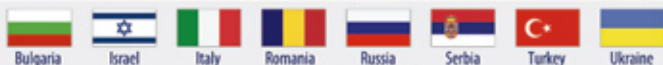


Peritoneal Surface Malignancy Meeting

January 19th - 21st, 2018 European Interbalkan Medical Center Thessaloniki, Greece



"Thessaloniki gathers its children"

Organization



Hellenic Society
of Study of Peritoneal
Carcinomatosis



In collaboration with



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Peritoneal Surface Malignancy Meeting

January 19th - 21st, 2018 European Interbalkan Medical Center Thessaloniki, Greece

Welcome Address

Dear Colleagues,

Thessaloniki the past 300 years has been an intersection of cultures and religions through which achieved to thrive.

The political upheavals after the end of the 1st World War led to population exchange, which decreased the multinationality of the city. Nevertheless even today there are remnants of this multinationality.

The European Interbalkan Medical Center, member of the Athens Medical Group, from the beginning has pointed out its multinational character. The existence of the European School of Peritoneal Surface Oncology in the European Interbalkan Medical Center as one of the 29 globally recognized centers for the training in the cytoreductive and HIPEC education, was the reason for the reunion of the scientists of all these nations in Thessaloniki, in order to fight together for the treatment of peritoneal malignancy.

On January 19th to 21st 2018, the auditorium of the European Interbalkan Medical Center will host scientists of recognized international standing, specialized in the peritoneal malignancy and your presence will endorse the aims of this educational meeting.

Best Regards,

The President of the Meeting

Spiliotis John

Surgical Oncologist,

Director and Chairman of the Peritoneal Surface Malignancy Unit,
European Interbalkan Medical Center Thessaloniki, Athens Medical Center,
Marousi, Athens



Peritoneal Surface Malignancy Meeting

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Organizing Committee

Presidents:	Spiliotis J., Doubali Ch.		
Secretary:	Christakis Ch., Efstathiou E.		
Members:	Bakouras N.	Kyziridis D.	Papadopoulos A.
	Chalkidis O.	Maragouli E.	Papadopoulou S.
	Dimoudis St.	Mauri D.	Rigas A.
	Farmakis D.	Metaxas Th.	Valoukas D.
	Giassas S.	Michailidis D.	Vaxevanidou A.
	Kalles V.	Nikolaidis G.	Uppas V.
	Kapodistrias N.	Nikolaou G.	
	Kopanakis N.	Pallas N.	

Scientific Committee

President:	Spiliotis J.		
Vice President:	Tentes A.-A.		
General Secretary:	Kyriazanos J.		
Members:	Baka S.	Efstathiou E.	Stribakos A.
	Basdanis G.	Emmanouilides Ch.	Touroutoglou N.
	Boukovinas I.	Fassas A.	Tzaninis D.
	Christakis Ch.	Kakolyris S.	Vaikos D.
	Christofyllakis I.	Karachalios D.	Varthalitis I.
	Christopoulou A.	Kentepozidis N.	Xanthakis I.
	Diamantidis D.	Nikolaou M.	Xynopoulos Sp.
	Diamantidou E.	Papadopoulos A.	Ziras N.

Invited Speakers

Canbay E. (Turkey)
Kecmanovic (Serbia)

Moroz V. (Ukraine)
Nissan A. (Israel)

Sokmen S. (Turkey)



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Friday, January 19th 2018

14:00-16:00 Welcome, Registration

16:00-16:45 Poster Presentations

P01 QUALITY OF LIFE AFTER CYTOREDUCTIVE SURGERY AND HIPEC: A SINGLE CENTRE PROSPECTIVE STUDY

Kopanakis N., Argyriou E. O., Vassiliadou D., Sidera C., Chionis M., Kyriazanos J., Efstathiou E., Spiliotis J.

1st Department of Surgical Oncology, "Metaxa" Cancer Hospital of Piraeus, Piraeus, Greece

P02 FAST-TRACK PERIOPERATIVE MANAGEMENT IN PATIENTS UNDERGOING CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAOPERITONEAL CHEMOTHERAPY

Kyriazanos J., Kalles V.¹, Metaxas T.², Farmakis D.², Marougkas M.¹, Ferfelis M.¹, Bakouras N.¹, Gkiaourakis M.¹, Chalkidis O.², Koustas P.², Ntinas A.², Chatzopoulos E.², Spiliotis J.¹

¹Peritoneal Surface Oncology, Athens Medical Group, ²Peritoneal Surface Oncology, European Interbalkan Medical Center

P03 RECURRENT OVARIAN CANCER: THE ROLE OF 2nd LINE SYSTEMIC CHEMOTHERAPY IN COMBINATION WITH CYTOREDUCTIVE SURGERY PLUS HIPEC, A RETROSPECTIVE ANALYSIS

Efstathiou E.¹, Kopanakis N.¹, Terras A.¹, Prodromidou A.¹, Balampou E.¹, Christopoulou A.², Varthalitis I.³, Spiliotis J.¹

¹1st Department of Surgery, "Metaxa" Memorial Cancer Hospital, Piraeus, Greece, ²Department of Medical Oncology, "Agios Andreas" Hospital, Patras, Greece, ³1st Department of Medical Oncology, Henry Dunant Hospital Center, Athens, Greece

P04 THE ROLE OF CYTOREDUCTIVE SURGERY (CRS) PLUS HIPEC AFTER NEOADJUVANT SYSTEMIC CHEMOTHERAPY IN THE TREATMENT OF ADVANCED OVARIAN CANCER

Efstathiou E.¹, Kopanakis N.¹, Prodromidou A.¹, Terras A.¹, Argiriou E. O.¹, Savvopoulos S.¹, Christopoulou A.², Spiliotis J.¹

¹1st Department of Surgery, "Metaxa" Cancer Memorial Hospital of Piraeus, Piraeus, Greece ²Department of Medical Oncology, "Agios Andreas" General Hospital of Patra, Patra, Greece

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P05 CYTOREDUCTIVE SURGERY PLUS HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) IN TREATING PATIENTS WITH PERITONEAL CARCINOMATOSIS: OUR EXPERIENCE

Spiliotis J.¹, Kopanakis N.¹, Terras A.¹, Prodromidou A.¹, Christopoulou A.², Kyriazanos J.³, Efstathiou E.¹

¹1st Department of Surgery, "Metaxa" Memorial Cancer Hospital, Piraeus, Greece ²Department of Medical Oncology, "Agios Andreas" General Hospital of Patra, Patra, Greece, ³2nd Department of Surgery, Naval Hospital, Athens, Greece

P06 EARLY EXPERIENCE AND PRELIMINARY RESULTS OF CYTOREDUCTION PLUS HYPERTHERMIC INTRAOPERATIVE CHEMOTHERAPY IN PATIENTS WITH PERITONEAL CARCINOMATOSIS

Kyriazanos I., Kalles V., Papageorgiou D., Fradelos E., Gkiaourakis M., Stamos N., Ivros N.

Department of Surgery, Naval and Veterans Hospital, Athens, Greece

P07 EVALUATION OF D2 LYMPHADENECTOMY IN PATIENTS WITH GASTRIC CANCER: ANALYSIS OF OUTCOMES AND IMPACT ON LONG - TERM SURVIVAL

Fradelos E., Kalles V., Papageorgiou D., Tselos A., Koratzanis C., Stamos N., Ivros N., Kyriazanos J.

Department of Surgery, Naval and Veterans Hospital, Athens, Greece

P08 GASTROINTESTINAL ANASTOMOTIC LEAK AND ASSOCIATED FACTORS IN PERITONEAL CARCINOMATOSIS SURGERY

Bisgin T.¹, Arslan N. C.², Obuz F.¹, Oztop I.¹, Canda A. E.¹, Terzi C.¹, Sokmen S.¹
¹Dokuz Eylul University, Izmir, Turkey, ²Istinye University, Istanbul, Turkey

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- P09 IS ADVANCED AGE A HESITATION FOR CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY IN COLORECTAL CANCER?**
Bisgin T.¹, Arslan N. C.², Obuz F.¹, Kocaoglu A.¹, Canda A.E.¹, Terzi C.¹, Sokmen S.¹
¹Dokuz Eylul University, Izmir, Turkey, ²Istinye University, Istanbul, Turkey
- P10 PERITONEAL METASTASIS COMPLEXITY SCORE IN PERITONEAL METASTASIS OF COLORECTAL CANCER**
Sokmen S.¹, Arslan N. C.², Bisgin T.¹, Karabulut B.³, Obuz F.¹, Canda A. E.¹, Sarioglu S.¹, Terzi C.¹
¹Dokuz Eylul University, Izmir, Turkey, ²Istinye University, Istanbul, Turkey, ³Ege University, Izmir, Turkey

16:45-17:50 SESSION 1: BASIC SCIENCE OF PMS

Moderators: **N. Kapodistrias, O. Chalkidis**

- 16:45-17:10 Peritoneal Surface Malignancy (PMS) + treatment in 2018
J. Spiliotis
- 17:10-17:30 Pathophysiology of PMS
J. Kyriazanos
- 17:30-17:50 Risk factor and Natural History
N. Kopanakis
- 17:50-18:10 Coffee break**

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18:10-20:10 SESSION 2: CYTOREDUCTIVE SURGERY

Moderators: **N. Kopanakis, D. Farmakis**

- 18:10-18:30 Upper abdomen
A.-A. Tentis
- 18:30-18:50 Pelvic CRS
S. Sokmen
- 18:50-19:10 Central Abdomen - Liver
A. Nissan
- 19:10-19:30 Drugs for IP chemotherapy
E. Efstathiou
- 19:30-19:50 Role of the radiologist
N. Courcoutsakis
- 19:50-20:10 Role of Anesthesiologist
O. Chalkidis
- 20:10-20:30 Complications in CRS Hipec
E. Canbay

20:30-21:00 LECTURE

Chairmen: **D. Diamantidis, Ch. Emmanouilides**

Immunotherapy in digestive cancer

A. Christopoulou

21:00 Opening Ceremony

Welcome Addresses

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09:30-10:50 SESSION 3: APPENDICEAL NEOPLASM

Moderators: **A.-A. Tentes, Ch. Christakis**

09:30-09:50 Appendiceal Neoplasms
K. Stamou

09:50-10:10 Systemic Chemotherapy in Appendiceal Neoplasm
Ch. Emmanouilides

10:10-10:50 Interactive Case Presentations
A. Ntinis, P. Koustas, N. Kopanakis

10:50-11:30 **Coffee Break**

11:30-13:30 SESSION 4: COLORECTAL CANCER

Moderators: **J. Kyriazanos, P. Koustas**

11:30-11:50 Systemic chemotherapy for PM from Colorectal Cancer
S. Baka

11:50-12:00 CRS + Hipec for colorectal cancer
A. Nissan

12:00-12:30 Interactive Case Presentations
V. Kalles
J. Kyriazanos
N. Pallas
Ch. Karamveri
M. Ferfelis

12:30-13:30 **Light Lunch - Hellenic Society of Study of Peritoneal Carcinomatosis Meeting**

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13:30-15:00 SESSION 5: OVARIAN CANCER

Moderators: **E. Efstathiou, M. Ferfelis**

Evolving role of IP chemotherapy in Ovarian PMS

D. Diamantidis

Systemic chemotherapy in recurrent disease

D. Karachalios

Role of CRS in the management of Ovarian Cancer

K. Chatzigeorgiou

Role of HIPEC in ovarian cancer

J. Spiliotis

15:00-15:30 SESSION 6: GASTRIC PM

Moderators: **D. Kyziridis, Ch. Karamveri**

Role of systemic chemotherapy In advanced Gastric Cancer

A. Boutis

HIPEC in Gastric Cancer

E. Canbay

15:30-17:00 SESSION 7: PATIENTS SELECTION AND FOLLOW-UP

Moderators: **N. Pallas, M. Marougas**

Patient Selection: How I do it

D. Kecmanovic

Patients follow-up: How and for how long?

A.-A. Tentes

Post-Operative Care, Nutrition

D. Farmakis

17:00-17:30 **Coffee Break**

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17:30-19:30 SESSION 8: CONTROVERSIAL ISSUES

Moderators: **N. Bakouras, A. Vaxevanidou**

Rare Indications

A.-A. Tentes

Pipac

N. Kopanakis

History of HIPEC in Greece

J. Kyriazanos

CRS and HIPEC for Peritoneal Mesothelioma: state of art

S. Sokmen

Upfront HIPEC in the timeline of PMS

E. Efstathiou

On-going clinical trials in the PMS treatment

V. Moroz

19:30-20:30 ROUND TABLE: MEET THE EXPERTS

**J. Spiliotis, A.-A. Tentes, D. Kecmanovic, S. Sokmen,
E. Canbay, A. Nissan**

Questions about PSM

20:30 Closing Remarks

Saturday, January 20th 2018



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Sunday, January 21st 2018

NURSING WORKSHOP IN CYTOREDUCTIVE SURGERY & HIPEC

In collaboration with: **Onco Surgery IKE & Nursing Service of European Interbalkan Medical Center**

In Charge: **J. Spiliotis, A. Katsigianni**

- 09:00-09:15** Cytoreductive Surgery & Hipec
J. Spiliotis
- 09:15-09:30** Protection Measures
E. Vatali
- 09:30-09:45** Patients Selection
N. Kopanakis
- 09:45-10:00** Drugs Preparation
O. Aggragelou
- 10:00-10:15** Intraoperative Monitoring
O. Chalkidis
- 10:15-10:30** Post Operative Protocols
H. Hasiotis
- 10:30-10:45** **Break**
- 10:45-11:00** Patients Preparation
D. Kouroutzaki
- 11:00-11:15** Complications of Hipec Related to Chemotherapy
K. Kalaitzopoulou
- 11:15-11:30** Delayed Complications
E. Efstathiou

Sunday, January 21st 2018



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- 11:30-11:45** Questionnaire Selection
Ch. Sidera
- 11:45-12:00** Nutritional Management after Hipec
E. Argyri
- 12:00-12:15** Home Parenteral Nutrition
A. Spirou
- 12:15-12:30** The Role of General Practitioner. Follow Up the Patient after Hipec
D. Voutsela
- 12:30-12:45** Psychological Support of Patient & Family
K. Tserga
- 12:45-13:00** Conclusions
A. Katsigianni

Sunday, January 21st 2018



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Index of Speakers

-
- Aggragelou O.** Nurse, European Interbalkan Medical Center, Thessaloniki, Greece
- Argyri E.** Dietitian, Athens, Greece
- Baka S.** Consultant in Medical Oncology, European Interbalkan Medical Center, Thessaloniki, Greece
- Bakouras N.** Anesthesiologist, Athens, Greece
- Boutis A.** Medical Oncologist, Theageneio Cancer Hospital, Thessaloniki, Greece
- Canbay E.** Professor of General Surgery, Biruni University, Faculty of Medicine, President of NPO HIPEC ISTANBUL, Center for Peritoneal Surface Malignancies Istanbul, Turkey
- Chalkidis O.** Anesthesiologist, 424 General Military Hospital, Thessaloniki, Greece
- Chatzigeorgiou K.** Obstetrician-Gynecologist, Thessaloniki, Greece
- Christakis Ch.** Surgeon, Director of the Peritoneal Surface malignancy Unit – Hipec, Euromedica Kianous Stavros, Thessaloniki, Greece
- Christopoulou A.** Medical Oncologist, Director of the Oncology Unit, General Hospital of Patras, Greece
- Courcoutsakis N.** Assist. Professor of Radiology, Democritus University of Thrace
- Diamantidis D.** Medical Oncologist, European Interbalkan Medical Center, Thessaloniki, Greece
- Efstathiou E.** Director of the 1st Surgical Department, Metaxa Cancer Hospital, Piraeus, Greece
- Emmanouilides Ch.** Medical Oncologist (f) Assoc. Prof. UCLA, European Interbalkan Medical Center, Thessaloniki, Greece
- Farmakis D.** Consultant, Surgical Department, 424 Military Hospital, Thessaloniki, Greece
- Ferfelis M.** General Surgeon, Consultant, Alexandras Health Center, Athens, Greece



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- Hasiotis H.** Head Nurse, Oncology Unit, European Interbalkan Medical Center, Thessaloniki, Greece
- Kalaitzopoulou K.** Nurse, European Interbalkan Medical Center, Thessaloniki, Greece
- Kalles V.** Resident, Surgical Department, Athens Naval Hospital, Greece
- Kapodistrias N.** Medical Oncologist, Corfu General Clinic, Academic Fellow in Medical Oncology, University Hospital of Ioannina, Greece
- Karachalios D.** Medical Oncologist, Oncology Department, 424 General Military Hospital, Thessaloniki, Greece
- Karamveri Ch.** Surgeon, Peritoneal Surface Malignancy Unit, Metropolitan Hospital, Athens, Greece
- Katsigianni A.** Director of the Nursing Service, European Interbalkan Medical Center, Thessaloniki, Greece
- Kecmanovic D.** School of Medicine University of Belgrade, Department for Colorectal and Pelvic Surgery, First Surgical Clinic, Clinical Center of Serbia, Belgrade, Serbia
- Kopanakis N.** Surgeon, 1st Department of Surgical Oncology, Metaxa Cancer Hospital, Athens, Greece
- Kouroutzaki D.** Nurse, European Interbalkan Medical Center, Thessaloniki, Greece
- Kouostas P.** Fesls Surgeon, Thessaloniki, Greece
- Kyriazanos J.** Director of the 2nd Surgical Department, Naval Hospital, Athens, Greece
- Kyziridis D.** Surgeon, Euromedica Kianous Stavros, Thessaloniki, Greece
- Marougas M.** General Surgeon, Athens, Greece
- Moroz V.** Assistant of the Department of Surgery №1 of the Bogomolets National Medical University, Head of the Public Organization "Society of Young Scientists and Specialists", Secretary of the Association of Coloproctologists of Ukraine
- Nissan A.** Professor & Chief, Department of General and Oncological Surgery, The Chaim Sheba Medical Center, Israel



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-
- Ntinias A.** Surgeon, European Interbalkan Medical Center, Thessaloniki, Greece
- Pallas N.** Surgeon, Metropolitan Hospital, Athens, Greece
- Sidera Ch.** Head Nurse, 1st Surgical Department, Metaxa Cancer Hospital, Piraeus, Greece
- Sokmen S.** Professor of Surgery, Department of Surgery, Colorectal and Pelvic Surgery Unit, Dokuz Eylul University School of Medicine, Izmir, Turkey
- Spiliotis J.** Surgical Oncologist, Director and Chairman of the Peritoneal Surface Malignancy Unit, European Interbalkan Medical Center Thessaloniki, Athens Medical Center, Marousi, Athens
- Spirou A.** Nurse, Onasio Hospital, Athens, Greece
- Stamou K.** General and Colorectal Surgeon, Bioclinic Athens, Greece
- Tentes A.-A.** Surgeon, Director of the Surgical Department, Metropolitan Hospital, Athens, Greece, Euromedica Kianous Stavros, Thessaloniki, Greece
- Tserga K.** Psychologist-Psychotherapist, Athens, Greece
- Vatali E.** Vice Director of the Nursing Service, European Interbalkan Medical Center, Thessaloniki, Greece
- Vaxevanidou A.** Anesthesiologist, Director of the Anesthesiology Department, Genimmatas General Hospital, Thessaloniki, Greece
- Voutsela D.** General Practitioner, Trikala, Greece



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Poster Presentations





Peritoneal Surface Malignancy Meeting

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Poster Presentations

PO1 QUALITY OF LIFE AFTER CYTOREDUCTIVE SURGERY AND HIPEC: A SINGLE CENTRE PROSPECTIVE STUDY

Kopanakis N., Argyriou E. O., Vassiliadou D., Sidera C., Chionis M., Kyriazanos J.,
Efstathiou E., Spiliotis J.

1st Department of Surgical Oncology, "Metaxa" Cancer Hospital of Piraeus, Piraeus, Greece

Purpose: Cytoreductive surgery (CRS) plus hyperthermic intraperitoneal chemotherapy (HIPEC) has become a crucial method in the management of peritoneal metastasis. This study evaluates the Quality of Life (QOL) post CRS plus HIPEC.

Patients and Methods: 80/95 patients underwent CRS plus HIPEC in our hospital from 06/2011 to 06/2015 and completed the colorectal version of the Functional Assessment of Cancer Therapy questionnaire (FACT-C, version 4) at 1 week pre-operatively and at 1, 3, 6, 12, 18, 24 months post-operatively. The subscales assessed were the physical, social/family, emotional and functional well-being.

Results: In all subscales, fluctuations in the scores indicate a worsening of QOL in the first 3 post-operative months, followed by improvement back to pre-operative levels and even better scores later on. Statistical importance was proven for the physical and emotional well-being subscales.

Conclusions: The significant improvement in the physical well-being is attributed to the eradication of symptoms, whereas the relevant improvements in the emotional well-being subscale are explained both by the pre-operative desperation of the diagnosis or relapse of malignancy, and the post-operative hopefulness after a successful operation.



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Poster Presentations

P02 FAST - TRACK PERIOPERATIVE MANAGEMENT IN PATIENTS UNDERGOING CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAOPERITONEAL CHEMOTHERAPY

Kyriazanos J.¹, Kalles V.¹, Metaxas T.², Farmakis D.², Marougkas M.¹, Ferefelis M.¹, Bakouras N.¹, Gkiaourakis M.¹, Chalkidis O.², Koustas P.², Ntinias A.², Chatzopoulos E.², Spiliotis J.¹

¹Peritoneal Surface Oncology, Athens Medical Group, ²Peritoneal Surface Oncology, European Interbalkan Medical Center

Introduction: The management of peritoneal carcinomatosis secondary to ovarian, gastrointestinal and appendiceal cancer, as well as primary peritoneal malignancies, has significantly changed with the implementation of cytoreductive surgery and hyperthermic intraperitoneal chemotherapy. The present study reports the outcomes of the implementation of a fast - track perioperative management of such patients.

Patients and methods: 33 patients (6 males - 27 females), with a mean age of 55,6 years (34 - 72) underwent CRS and HIPEC from August 2017 to December 2017. The most common primary malignancy was ovarian cancer (17 patients). Patient outcomes were evaluated by length of ICU stay, length of hospital stay, 30-day mortality and morbidity, and readmission for complications related to the procedure. Complications were recorded according to the Clavien - Dindo classification system.

Results: The mean intraoperative PCI score was 17,9 (3-32). The mean operation time was 298 minutes (220 - 390). Optimal cytoreduction (CC-0/1) was achieved in 27/33 patients (81,8%). The mean postoperative ICU stay was 1 day, and the mean postoperative hospital stay was 8 days (6 - 15). There was no mortality related to the procedure. Adverse events were documented in 9/33 patients (27,2%). Severe complications (Grade III/IV) were encountered in 6 cases and consisted of 3 cases of pleural effusion, 1 case of epilepsy that required readmission in ICU, 1 case of ureteral obstruction, and 1 case of wound infection requiring surgical debridement. Delayed readmission for late complications was recorded in 2/33 patients (6%).

Conclusions: The implementation of fast - track perioperative protocol in patients undergoing CRS and HIPEC does not come with an additional burden in terms of morbidity or mortality.



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P03 RECURRENT OVARIAN CANCER: THE ROLE OF 2nd LINE SYSTEMIC CHEMOTHERAPY IN COMBINATION WITH CYTOREDUCTIVE SURGERY PLUS HIPEC, A RETROSPECTIVE ANALYSIS

Efstathiou E.¹, Kopanakis N.¹, Terras A.¹, Prodromidou A.¹, Balampou E.¹, Christopoulou A.², Varthalitis I.³, Spiliotis J.¹

¹1st Department of Surgery, "Metaxa" Memorial Cancer Hospital, Piraeus, Greece, ²Department of Medical Oncology, "Agios Andreas" Hospital, Patras, Greece, ³1st Department of Medical Oncology, Henry Dunant Hospital Center, Athens, Greece

Purpose: Ovarian cancer constitutes the leading cause of death from gynecologic malignancy. Epithelial ovarian carcinoma (EOC) accounts for about 95% of ovarian neoplasms. Most of the patients will initially respond to treatment but in a significant amount of them recurrence is detected. In our study, we examined the role of 2nd line systemic chemotherapy in combination

Materials & Methods: Fifty patients with recurrent platinum-sensitive EOC were retrospectively reviewed. Two groups were formed, in group A (n=25) patients underwent CRS plus HIPEC followed by 8 cycles of 2nd line chemotherapy whereas in group B (n=25) patients first received 4 cycles of 2nd line systemic chemotherapy followed by CRS plus HIPEC and then 4 more cycles of 2nd line chemotherapy.

Results: Median overall survival (OS) was 31 months for group A and 46 months for group B ($p=0.017$). Disease free survival (DFS) was 24 months for group A and 37 months for group B ($p=0.039$). Progression free survival (PFS) was not found different. In cases of complete cytoreduction (cc-0), the survival between the two groups reached significance, with 35 months for group A and 56 months for group B ($p=0.013$)

Conclusion: The present study suggests the beneficial effect in overall survival in patients underwent cytoreduction plus HIPEC after 2nd line chemotherapy. Larger studies are needed to standardize the role of systemic chemotherapy and HIPEC in the management of EOC.



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Poster Presentations

P04 THE ROLE OF CYTOREDUCTIVE SURGERY (CRS) PLUS HIPEC AFTER NEOADJUVANT CHEMOTHERAPY IN THE TREATMENT OF ADVANCED OVARIAN CANCER

Efstathiou E.¹, Kopanakis N.¹, Terras A.¹, Prodromidou A.¹, Argiriou E. O.¹, Savvopoulos S.¹, Christopoulou A.², Spiliotis J.¹

¹1st Department of Surgery, "Metaxa" Cancer Memorial Hospital of Piraeus, Piraeus, Greece,

²Department of Medical Oncology, "Agios Andreas" General Hospital of Patra, Patra, Greece

Purpose: Epithelial ovarian cancer (EOC) constitutes the leading cause of death from gynaecologic malignancy especially due to early spread to the peritoneal cavity. Thus, a suitable target for locoregional treatment strategies is required. In the present study, we examine the role of the hyperthermic intraperitoneal chemotherapy (HIPEC) as treatment after neoadjuvant systemic chemotherapy in patients with advanced epithelial ovarian cancer (EOC).

Materials & Methods: A total of 40 patients with advanced EOC (stage IIIc or IV) were selected, after receiving neoadjuvant systemic chemotherapy. They were then divided in two groups, Group A and Group B and they were offered routine cytoreductive surgery (CRS) or CRS plus HIPEC, respectively. Finally, they all received postoperative systemic chemotherapy.

Results: Median survival was found to be 28 months and 35 months for Group A and Group B, respectively, with no statistical significance ($p=0.952$). Disease free survival (DFS) was found to be 18 months for both Group A and B ($p=0.835$). Progression free survival (PFS) was 6 months for Group A and 10 months for Group B ($p=0.003$). Completeness of cytoreduction (cc-score) was found to be an influencing factor for survival, for both groups.

Conclusion: The outcomes of the present study indicate that in addition to routine cytoreduction, offering HIPEC does not offer a significant survival benefit in patients with EOC IIIc or IV following neoadjuvant chemotherapy. However, larger studies are needed and the role of HIPEC should be assessed at different timepoints of the treatment for advance EOC.



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Poster Presentations

P05 CYTOREDUCTIVE SURGERY PLUS HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY IN TREATING PATIENTS WITH PERITONEAL CARCINOMATOSIS: OUR EXPERIENCE

Spiliotis J.¹, Kopanakis N.¹, Terras A.¹, Prodromidou A.¹, Christopoulou A.², Kyriazanos J.³, Efstathiou E.¹

¹1st Department of Surgery, "Metaxa" Memorial Cancer Hospital, Piraeus, Greece,

²Department of Medical Oncology, "Agios Andreas" General Hospital of Patra, Patra, Greece, ³2nd Department of Surgery, Naval Hospital of Athens, Athens, Greece

Background: Several studies have shown the benefits of cytoreductive surgery (CRS) plus HIPEC when treating peritoneal carcinomatosis from malignant tumors. We provide our experience and results as a single institution.

Patients and methods: We retrospectively analyzed 348 patients that underwent CRS plus HIPEC, from September 2008 to May 2017 in our institution. Primary end points were OS, DFS, PFS and secondary end points were morbidity and mortality.

Results: Median age was 54 years old and 70% of patients were females. Primary tumors were 23% from colorectal origin, 37% ovarian cancer, 5% stomach, 16% pseudomyxoma peritonei, 6% peritoneal mesothelioma and 13% were other tumors. Median Peritoneal Cancer Index (PCI) was 16 and in 57% of patients complete cytoreduction (cc-0) was achieved. Severe complications occurred in 135 patients (39%) and 90-day mortality was 5%. Median survival was 32 months and 1, 3, 5-year survival rates were 87%, 45% and 22% respectively.

Conclusion: Cytoreductive surgery in combination with HIPEC is a feasible and beneficial method in treating patients with peritoneal carcinomatosis. It can be done with acceptable mortality and morbidity rates. Appropriate case selection by a multi-disciplinary team is vital to achieve complete cytoreduction and optimize outcomes.



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Poster Presentations

P06 EARLY EXPERIENCE AND PRELIMINARY RESULTS OF CYTOREDUCTION PLUS HYPERTHERMIC INTRAOPERATIVE CHEMOTHERAPY IN PATIENTS WITH PERITONEAL CARCINOMATOSIS

Kyriazanos J., Kalles V., Papageorgiou D., Fradelos E., Gkiaourakis M., Stamos N., Ivros N.
Department of Surgery, Naval and Veterans Hospital, Athens, Greece

Introduction: The treatment approach for peritoneal dissemination of pathologies such as colorectal carcinoma, peritoneal pseudomyxoma, peritoneal mesothelioma and advanced ovarian cancer has undergone serious remodeling with the introduction of CRS and HIPEC. The present study reports the early experience of a new Peritoneal Malignancy surgical service within a military hospital.

Patients and methods: 44 patients (13 males - 31 females), with a mean age of 61,9 years (32 - 83) underwent CRS and HIPEC from July 2008 to December 2017. The most common primary malignancy was ovarian cancer (15 patients), followed by colorectal (11 cases) and gastric (8 cases) cancer. Patient outcomes were evaluated by length of ICU stay, length of hospital stay, 30-day mortality and morbidity, and readmission for complications related to the procedure. Complications were recorded according to the Clavien - Dindo classification system.

Results: The mean intraoperative PCI score was 16,25 (0-39). The mean operation time was 327 minutes (180 - 720). Optimal cytoreduction (CC-0/1) was achieved in 40/44 patients (90,9%). The mean postoperative ICU stay was 1,6 days, and the mean postoperative hospital stay was 19,6 days (9 - 43). There was one mortality related to the procedure (2,3%). Severe (Grade III/IV) complications were documented in 11/44 patients (25%) with pleural effusion requiring percutaneous drainage being the most common (4 cases). Delayed readmission for late complications was recorded in 3/44 patients (6,8%).

Conclusions: The implementation of CRS and HIPEC for peritoneal carcinomatosis is safe, in a center with certified peritoneal surface oncologist as a lead surgeon, even within the learning curve of the team.



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Poster Presentations

P07 EVALUATION OF D2 LYMPHADENECTOMY IN PATIENTS WITH GASTRIC CANCER: ANALYSIS OF OUTCOMES AND IMPACT ON LONG - TERM SURVIVAL

Fradelos E., Kalles V., Papageorgiou D., Tselos A., Koratzanis C., Stamos N., Ivros N., Kyriazanos J.

Department of Surgery, Naval and Veterans Hospital, Athens, Greece

Introduction: The extent of lymph node dissection in patients with gastric cancer remains under debate, as the total survival benefit is unclear. The aim of our study is to report our hospital's 8 - year experience and examine the possible benefit of D2 lymph node dissection in terms of survival.

Patients and methods: 108 patients (62 males - 46 females), with a mean age of 75 years (34 - 99) underwent surgery for gastric cancer from 2009 to 2017. For each case the parameters recorded were sex, age, histology, and operative characteristics including type of gastrectomy and the extent of lymphadenectomy. D2 lymphadenectomy was defined as standard lymphadenectomy with the addition of stations 7-11p as well as station 12a (hepatic artery lymph nodes). Patient outcomes were evaluated by morbidity, 30-day mortality and survival. The survival analysis was performed using Kaplan - Meier curves.

Results: 55/108 patients underwent gastrectomy with D2 lymphadenectomy. The mean number of lymph nodes excised in these patients was 31,5. Overall morbidity and mortality rates were 22,2% and 3,7%, respectively. There was no difference between the two groups in terms of morbidity and mortality. Stage - specific 5 - year survival was 42,8% (D1) and 56,1% (D2) for Stage I ($p=0,06$), 40,6% (D1) and 54,3% (D2) for Stage II ($p=0,06$), and 25,9% (D1) and 39,1% (D2) for Stage III disease ($p=0,051$).

Conclusions: Performing D2 lymph node dissection remains a safe choice in the treatment of patients with resectable gastric cancer. Our results indicate that D2 lymphadenectomy contributes to the 5-year survival in patients with gastric cancer, although the difference did not reach statistical significance in our study.



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Poster Presentations

P08 GASTROINTESTINAL ANASTOMOTIC LEAK AND ASSOCIATED FACTORS IN PERITONEAL CARCINOMATOSIS SURGERY

Bisgin T.¹, Arslan N. C.², Obuz F.¹, Oztop I.¹, Canda A. E.¹, Terzi C.¹, Sokmen S.¹
¹Dokuz Eylul University, Izmir, Turkey, ²Istinye University, Istanbul, Turkey

Aim: To determine the factors associated with anastomotic leak in peritoneal carcinomatosis (PC) surgery.

Methods: Patients who underwent cytoreductive surgery and hyperthermic intraperitoneal chemotherapy with gastrointestinal anastomosis were included. Charlson Comorbidity Index and ECOG performance status were used to assess preoperative condition of the patients. Either clinically and radiologically diagnosed gastrointestinal extralumination were recorded as anastomotic leak.

Results: Onehundred and eight patients were included in the analysis. A single anastomosis was performed in 93 patients, two anastomoses in 12 and three anastomoses in 3 patients. Diverting stoma was performed in 15 (13.8%) patients. Anastomotic leak was seen in 11 (10.1%) patients. Preoperative albumin level ($p < 0.001$) and BMI ($p = 0.012$) were significantly lower in patients with anastomotic leak. Smoking ($p = 0.014$), ECOG status ($p > 0.001$), CC score ($p = 0.014$), HIPEC toxicity ($p = 0.029$), neoadjuvant chemotherapy ($p = 0.018$) and PCI ($p = 0.009$) were other significant factors related to anastomotic leak. Independent risk factors for anastomotic leak were ECOG score greater than 1 (HR: 4.430, CI: 2.4716.409) and previous palliative/inadequate surgery (HR: 1.8, CI: 1.2662.178).

Conclusion: Proper patient selection is a prerequisite for complete cytoreduction with low morbidity rates in PC surgery. The initial cytoreduction with curative intent and experience has a crucial role on anastomotic complications



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Poster Presentations

P09 IS ADVANCED AGE A HESITATION FOR CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY IN COLORECTAL CANCER?

Bisgin T.¹, Arslan N.C.², Obuz F.¹, Kocaoglu A.¹, Canda A.E.¹, Terzi C.¹, Sokmen S.¹
¹Dokuz Eylul University, Izmir, Turkey, ²Istinye University, Istanbul, Turkey

Aim: To assess the feasibility and safety of cytoreductive surgery (CRS) and hyperthermic intraperitoneal chemotherapy (HIPEC) in elderly patients with peritoneal carcinomatosis (PC) of colorectal cancer.

Methods: Patients with minimum followup of 24 months were included in the analysis. Charlson Comorbidity Index (CCI) and ECOG performance status were used to assess preoperative condition. Patients were tiered into two groups according to age (<65 and ≥65 years). Postoperative morbidity, mortality, recurrence and survival were compared between groups.

Results: Onehundred patients were meeting inclusion criteria. Median age was 56(20-80). Origin of PC was colon in 77 and rectum in 33 patients. There were 31 patients in elderly group. Mean hospital stay was 17±11.8 and 16.8±14.3 days in young and elderly groups (p=0.937). In young patient group, postoperative morbidity was seen in 26 (37.6%) patients versus 9 (29%) morbidity in elderly patients (p=0.272). Hospital mortality rate was higher in elderly group(12.9%) than young group (7.2%) (p=0.287). Median followup was 25 (2112) months. Local and/or distant recurrence occurred in 30 (43.4%) patients in young group and 9 (29%) patients in elderly group (p=0.169). Twoyear disease free survival was similar: 67.1% in young and 74% in elderly groups (p=0.713).

Conclusion: Cytoreductive surgery and HIPEC offers comparable oncologic outcome in elderly patients without increased postoperative morbidity and mortality.



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Poster Presentations

P10 PERITONEAL METASTASIS COMPLEXITY SCORE IN PERITONEAL METASTASIS OF COLORECTAL CANCER

Sokmen S.¹, Arslan N. C.², Bisgin T.¹, Karabulut B.³, Obuz F.¹, Canda A. E.¹, Sarioglu S.¹, Terzi C.¹

¹Dokuz Eylul University, Izmir, Turkey, ²Istinye University, Istanbul, Turkey,

³Ege University, Izmir, Turkey

Aim: The primary aim is to define a complexity scoring system with respect to 'Cynefin framework' that may be useful for predicting oncologic outcomes in peritoneal metastasis treatment.

Methods: A complexity score was composed with patientbased (age, BMI, albumin level, ASA, coagulopathy, smoking, neoadjuvant chemotherapy, incomplete surgery, previous HIPEC, primary tumor) and surgery based (delayed intervention, radiotherapy, abdominal surgery, stoma, resected organs, intervention to gastrointestinal spaces, anastomoses, experience, use of synthetic materials, PCI, intensive care unit stay, transfusion, completeness of cytoreduction and operative time) factors. The relationship between peritoneal metastasis complexity score (PMCS) and outcome was assessed.

Results: Seventyeight patients with a minimum followup of 24 months were included in the study. There were 51 (65.4%) patients in low and 27 (34.6%) in high PMCS groups. Postoperative mortality was seen in 2 patients in high PMCS group. Postoperative morbidity was seen in 13 (46.4%) in low PMCS and 15 (53.6%) in high PMCS group ($p=0.013$). Fiveyear OS was 62.9% and 44.4% in low and high PMCS groups ($p=0.037$). Recurrence was seen in 45.5% of low PMCS and 54.5% of high PMCS groups ($p=0.002$).

Conclusion: High PMCS is associated with increased postoperative morbidity and poor oncologic outcomes. Management of complex and multifactorial processes such as PM require specific center discipline and procedural experience.



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General Information

Dates

January 19th-21st 2018

Congress Venue

European Interbalkan Medical Center
(10 Asclepiou Str., 57001, Pylaia Thessaloniki, Greece)

Registration

Surgeons	80,00€
Residents	50,00€
Nurses, Students	Free

The registration fees for Specialists and Residents include:

- Admission to the congress
- Congress material
- Certificate of attendance
- Admission to the exhibition

The registration fees for Students and Nurses include:

- Admission to the Congress
- Certificate of Attendance
- Admission to the exhibition

Official Language

English will be the official language of the Congress and simultaneous translation will not be available.

CME Accreditation

The congress will be accredited with **13 CME** credits mutually awarded by the Panhellenic Medical Association.

Certificate of Attendance

According to the National Drug Organization, certificates will be provided after the completion of attendance of 60% of the Scientific Program. Thus, a bar code system will be implemented during the Congress.



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General Information

Congress Badge

Delegates are obliged to show their congress badge at the entrance of the congress hall.

Exhibition

Within the Congress area there will be an exhibition of medical equipment and pharmaceutical products.

Presentations

Available visual equipment for all presentations will be through power point presentation. For power point use, your presence to the "technical reception desk" is required one hour prior to the time of your presentation in order to check the compatibility of your cd or usb stick and to copy the relevant files. Use of personal computers will not be feasible.

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Acknowledgements

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Notes



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