

Patients with advanced abdominal cancer now have hope with 'PIPAC'

~ Pressurised Intra-Peritoneal Aerosolised Chemotherapy (PIPAC) conducted for the 1st time in India at S. L Raheja, Mahim - A Fortis Associate ~

Mumbai, May 2017: A 62yr old lady had lost all hope of being cured of her Ovarian Cancer, after having gone through 24 cycles of strenuous Chemotherapy. She had lost all hope and her health was deteriorating day by day, since she suffered relapse twice. She consulted **Dr. Ninad Katdare**, specialist in Peritoneal, Gastrointestinal and Gynaecological Cancers at **S. L Raheja Hospital, Mahim**, who recommended that she undergo a new procedure known as **Pressurized Intra-Peritoneal Aerosolised Chemotherapy(PIPAC)**.

PIPAC is simple yet elegant innovations of modern times; this therapy is drastically changing the way Peritoneal Cancers are treated. Peritoneal cancers includes cancers which spread to the Peritoneum(lining of the abdominal cavity) like cancer of the Ovaries, Colon, Stomach, Gall Bladder, Pancreas and also primary Peritoneal Cancers, Peritoneal Mesothelioma(cancer that affects the lining of the abdomen) and Pseudomyxoma(rare cancer that usually starts in the Appendix).

To explain it simply, this procedure is a combination of surgery and chemotherapy. In this approach, upon admission, routine investigations and fitness for anaesthesia is evaluated. After a detailed evaluation of the extent of disease, the spread is mapped and biopsies are taken. The patient is taken to the OT where the laparoscopic(Keyhole) procedure is done. Using a special unique use device, the standard liquid Chemotherapy is converted into a gas/ aerosol form and is sprayed directly on the intra-abdominal tumour. After spraying, there is a necessary duration of waiting for the Chemotherapy to act. After the procedure is done, the residual fumes are absorbed through a special filter and the incision is closed. If the patient is comfortable, the patient can be discharged the same day or the next morning. A minimum of 3 cycles are needed to assess the response and further treatment is planned accordingly.

The highlight of this novel technique is that the chemotherapy dose used in aerosol format is just 10% of the standard dose administered orally or intravenous. There are no or minimal side effects like hair loss, Kidney problems, Liver problems, vomiting etc. Any patient with Peritoneal Cancers who is fit to withstand a 2hr surgery under anaesthesia, is compatible for this therapy. Administrations can be repeated; internationally accepted regime is to repeat PIPAC procedure every 6 - 8 weeks, this eliminates cumulative toxicity(adverse effects as the result of long term exposure to a toxicant or other

stressor) too. Therefore, this procedure is very well tolerated by all patients. The biggest advantage is that, this therapy works where even standard chemotherapy has failed for Peritoneal Cancers.

Pioneer of PIPAC in India, **Dr. Ninad Katdare, a specialist in Peritoneal, Gastrointestinal & Gynaecological Cancers** who conducted this procedure at **S. L Raheja Hospital, Mahim**, says, “It is a proud moment for us, not only because it is the only hospital in India to provide this therapy at present but because it gives us a chance as doctors to treat lives that have lost all hope. Although the success rates for this procedure vary from patient to patient, the minimum effect it has, is reduction in the ascites and rates of intestinal obstruction, which are the worst sequelae of untreatable Peritoneal Cancers.(Ascites is collection of fluid in the abdomen upto 10 litres or more which causes great discomfort to the patient. Patient cannot lie down or sit comfortably or even eat properly. Intestinal obstruction is block in the intestines caused by the cancer) The best results it can have is complete resolution of the peritoneal disease with possibility of either observation or use of cytoreductive surgery and HIPEC to potentially cure the patient in a stage 4 cancer. i.e if the disease responds completely, the patient can be observed till further recurrence and if required more PIPAC cycles can be administered without increasing the toxicity.The difference in response varies with the type and subtype of tumors”.

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