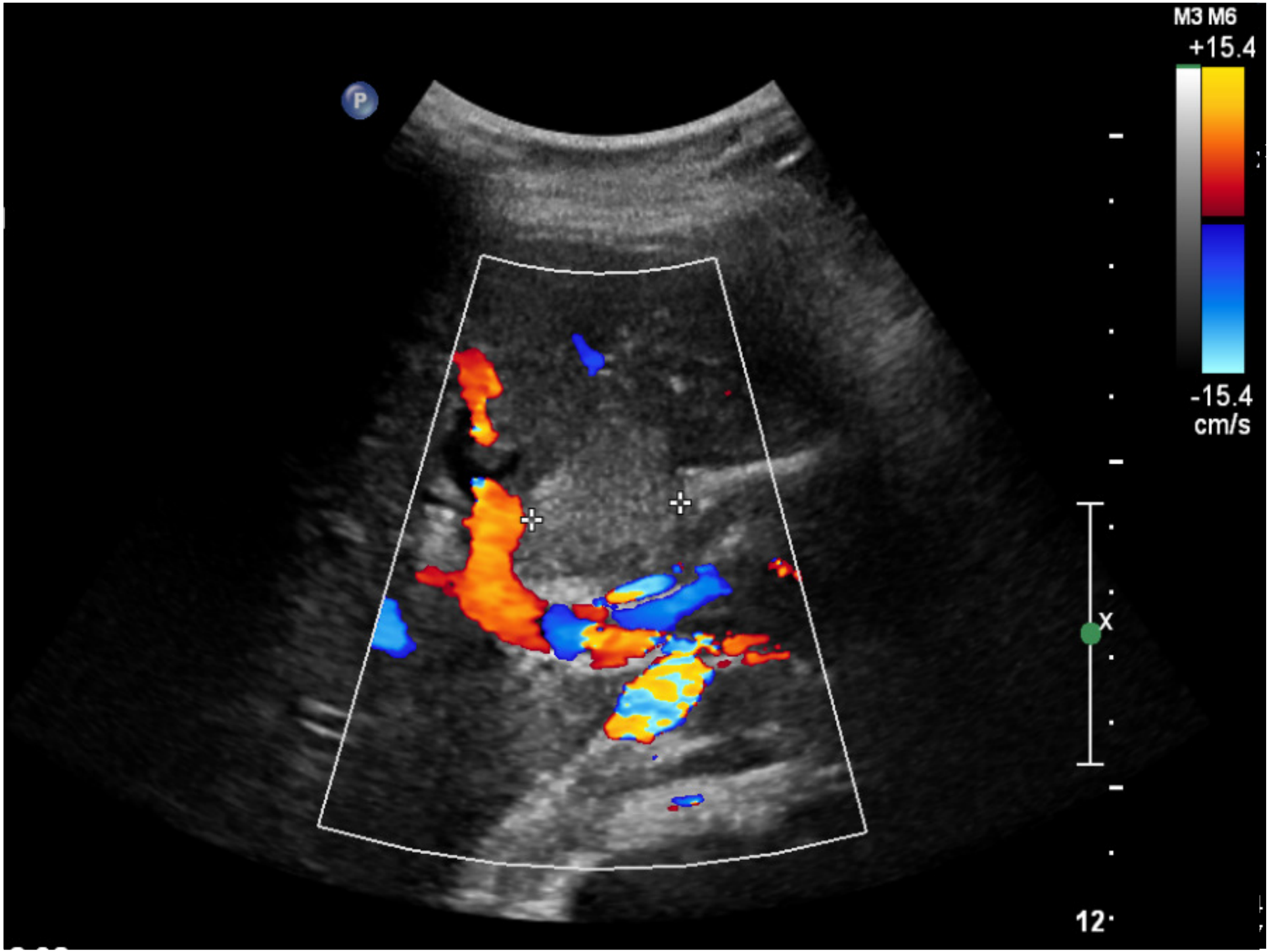
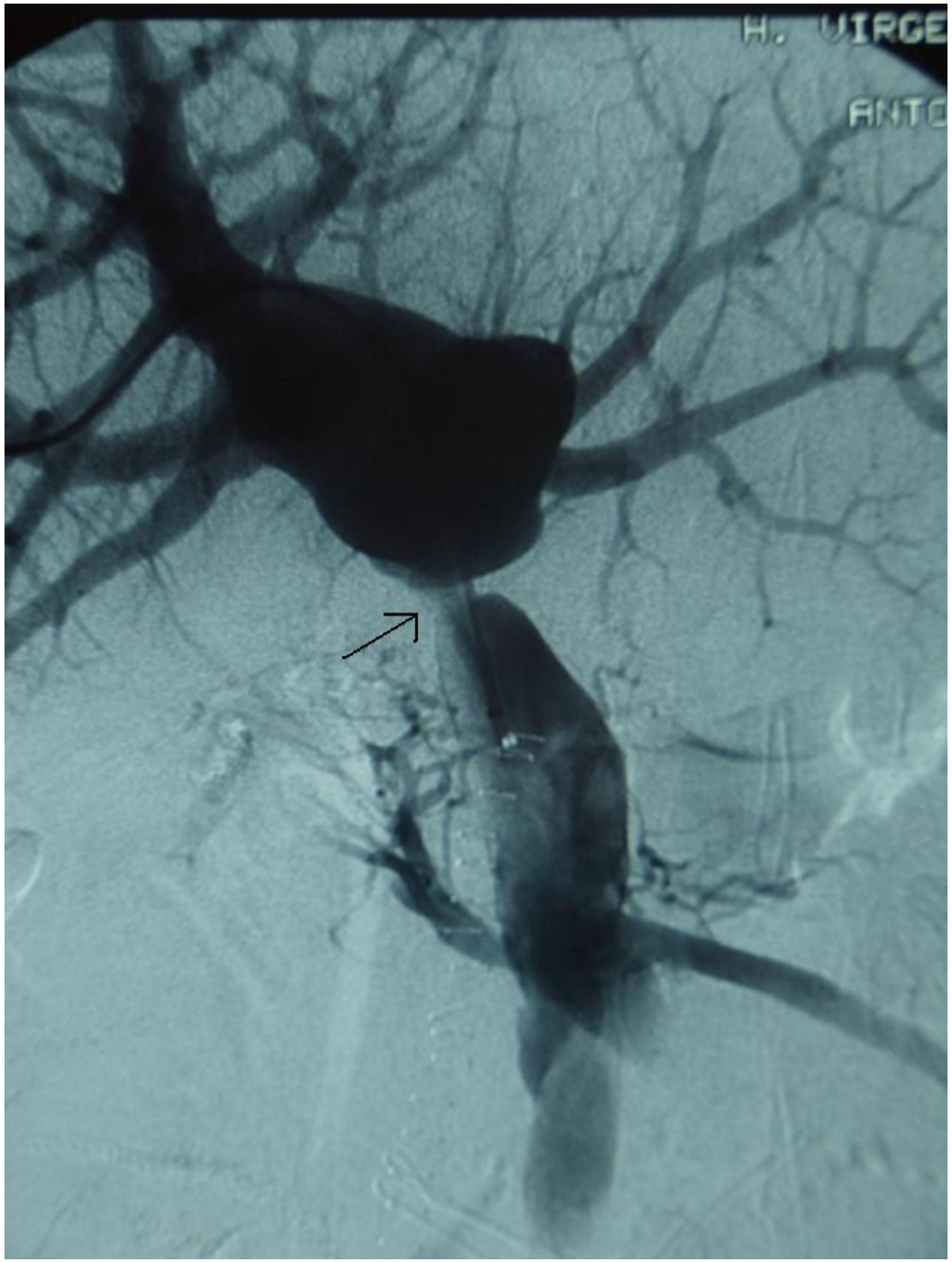
LO QUE OFRECE UN CENTRO DE REFERENCIA EN EL TRATAMIENTO DEL CANCER DE OVARIO AVANZADO

PEDRO ANTONIO CASCALES CAMPOS
UNIDAD DE CIRUGÍA ONCOLÓGICA PERITONEAL
SERVICIO DE CIRUGÍA GENERAL Y DEL APARATO DIGESTIVO
HOSPITAL CLÍNICO UNIVERSITARIO VIRGEN DE LA ARRIXACA. IMIB-ARRIXACA

PACIENTE, 54 años

- Cirugía en 2009 por Ovario IIIC
- Acude a por cuadro de Ictericia maligna:
  - BT: 6.5 mgr/dl (6.4 BD).
  - Ictericia, coluria y acolia durante 7 días
  - No sintomas infecciosos
  - ECO: Dilatación vía biliar INTRAHEPÁTICA
    - MASA CENTRAL HEPÁTICA


M3 M6
+15.4
-15.4
cm/s
P
X
12


H. VIRGE
ANTO

FOCALIZANDO EL PROBLEMA

TRATAMIENTO DE EXCELENCIA A QUE NOS REFERIMOS

- NO LLAMAR DE FORMA INESPERADA AL CIRUJANO
- OFRECER LAS MEJORES OPCIONES DISPONIBLES
  - CIRUGÍA DE ALTO NIVEL DE COMPLEJIDAD
  - QUIMIOTERAPIA SISÉTMICA
  - QUIMIOTERAPIA INTRAPERITONEAL
    - IP POSTOPERATORIA
    - HIPEC

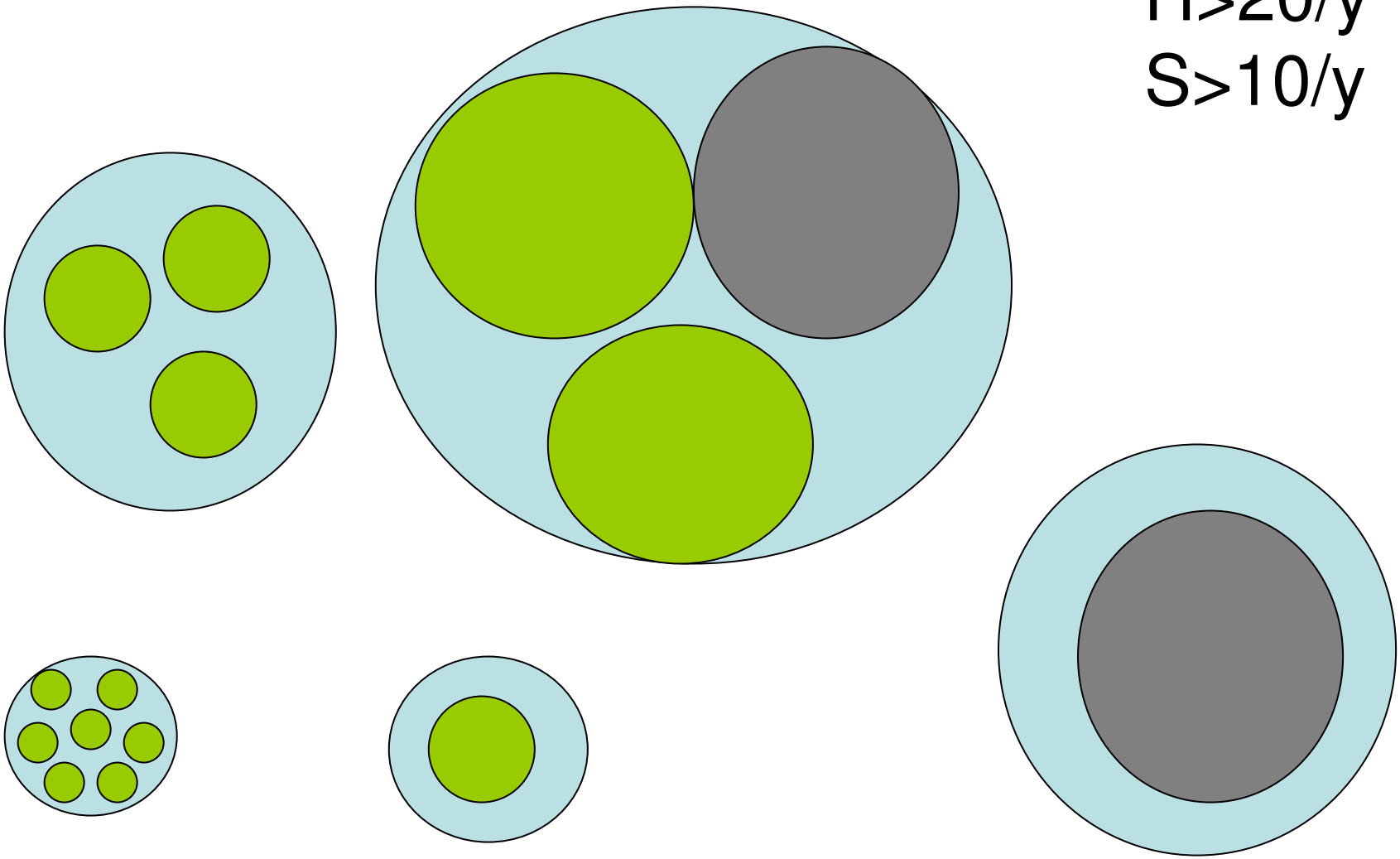
LA VERDAD

- SOLO TENEMOS UNA ÚNICA OPORTUNIDAD
- NO QUITAR LO QUE SE PUEDA, ES UNA MALA PRAXIS
- EL PERSONAL EXPERTO OBTIENE MEJORES RESULTADOS
    - PRURITO PERSONAL
    - PRURITO INSTITUCINAL
    - DECISIONES POLÍTICAS NO VALIENTES

CENTRO DE REFERENCIA

CIRUJANOS DE REFERENCIA

H>20/y
S>10/y



Contents lists available at ScienceDirect

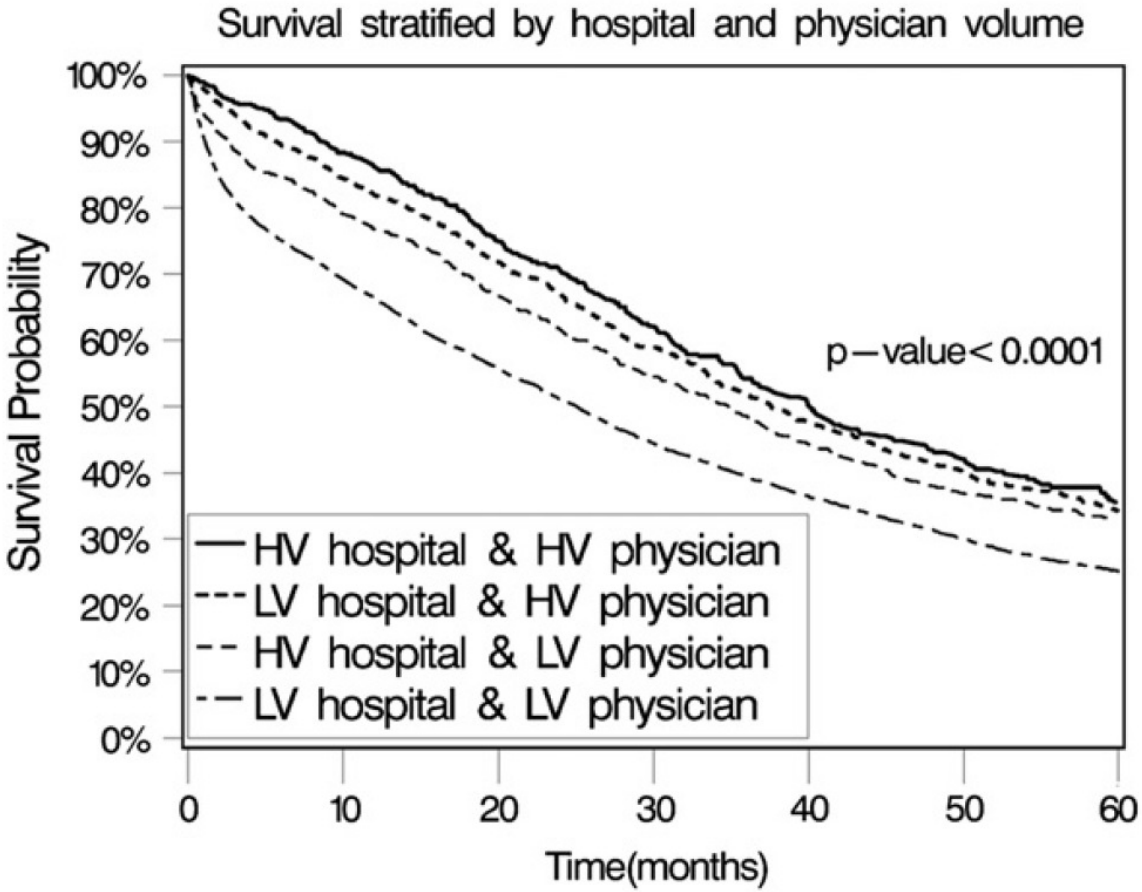
Gynecologic Oncology

journal homepage: www.elsevier.com/locate/ygyno

High-volume ovarian cancer care: Survival impact and disparities in access for advanced-stage disease☆

Robert E. Bristow [a,*], Jenny Chang [b], Argyrios Ziogas [b], Leslie M. Randall [a], Hoda Anton-Culver [b]

[a] Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, University of California, Irvine-Medical Center, Orange, CA, USA
[b] Department of Epidemiology, University of California, Irvine, CA, USA



Gynecologic Oncology 114 (2009) 26–31

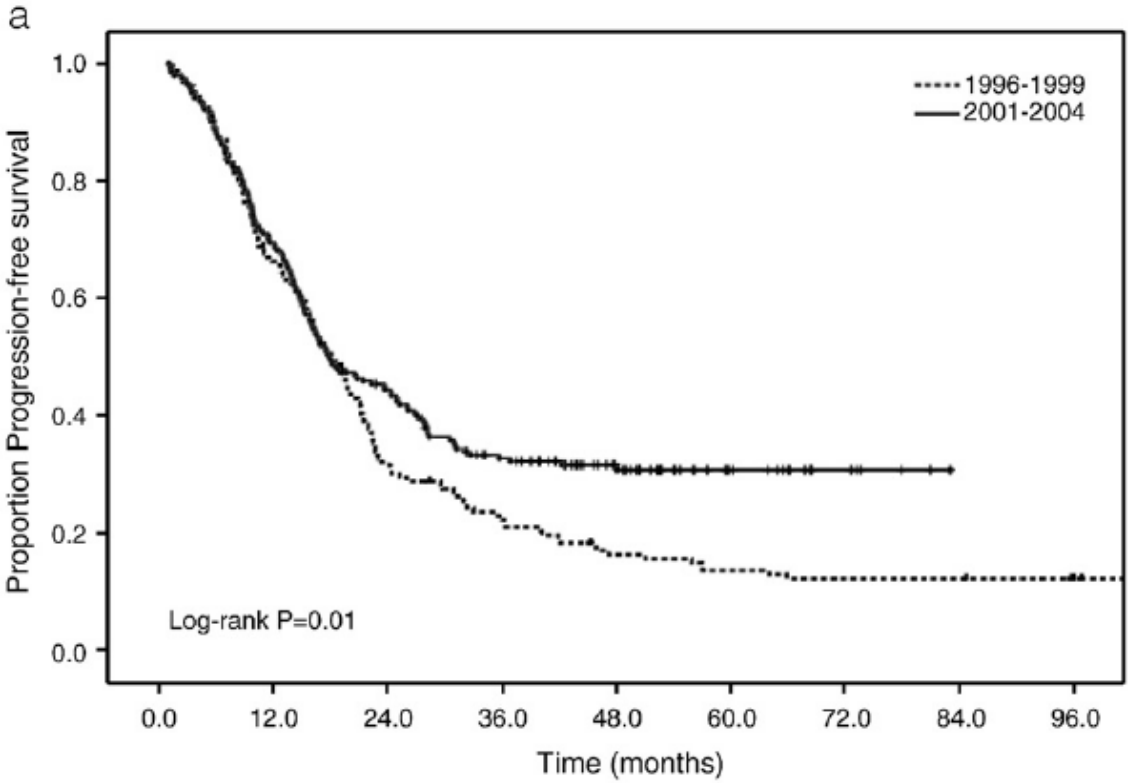
Contents lists available at ScienceDirect

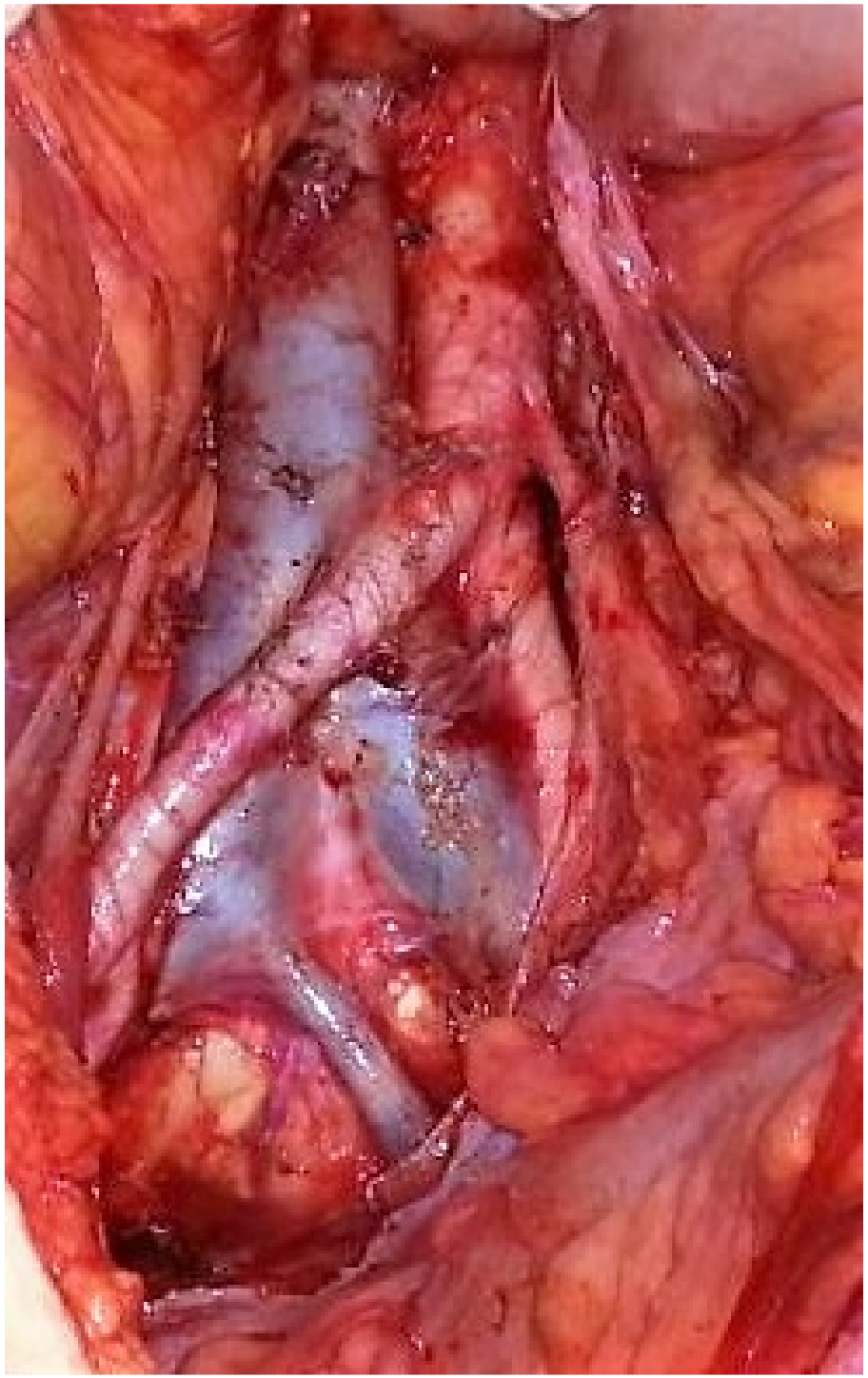
Gynecologic Oncology

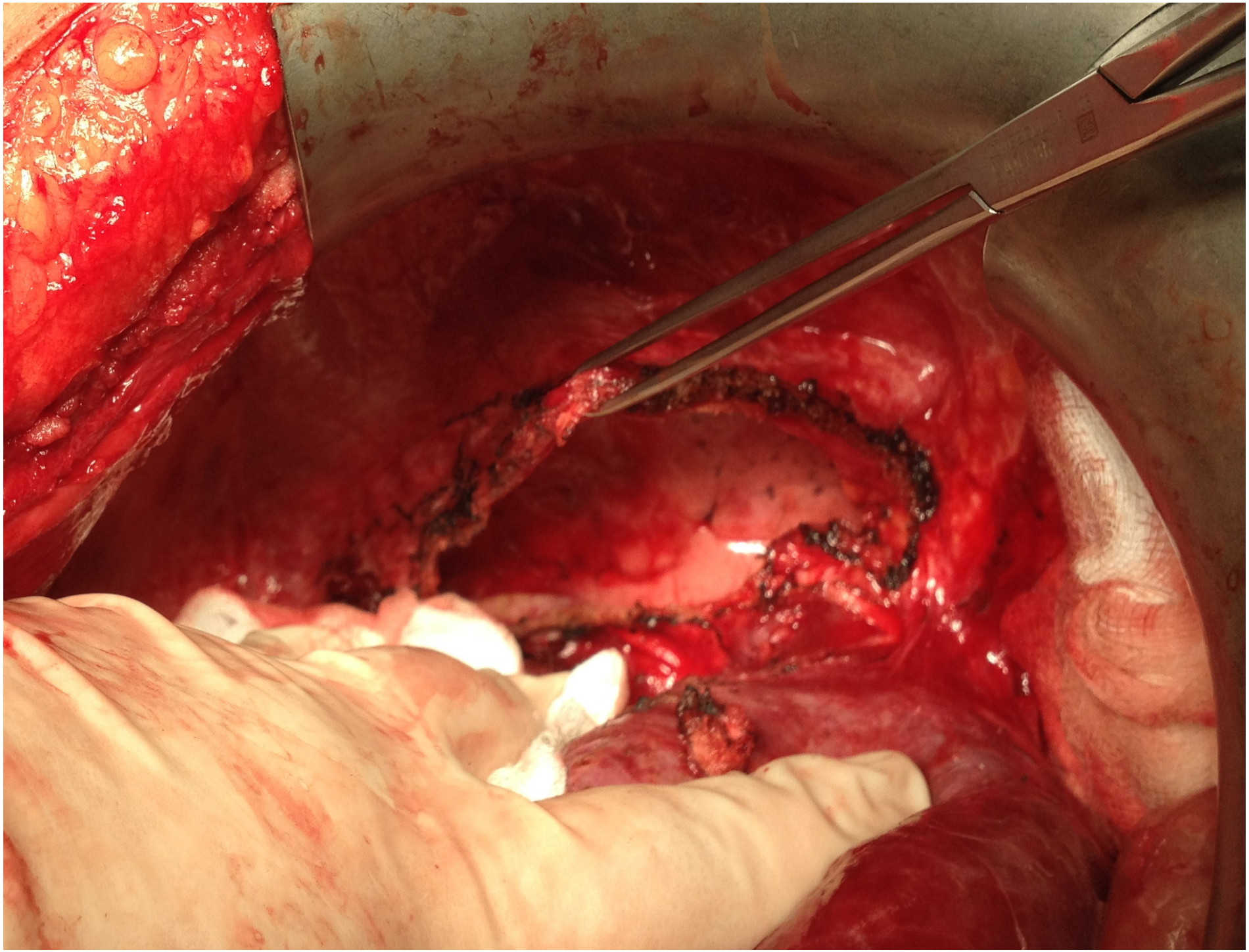
journal homepage: www.elsevier.com/locate/ygyno

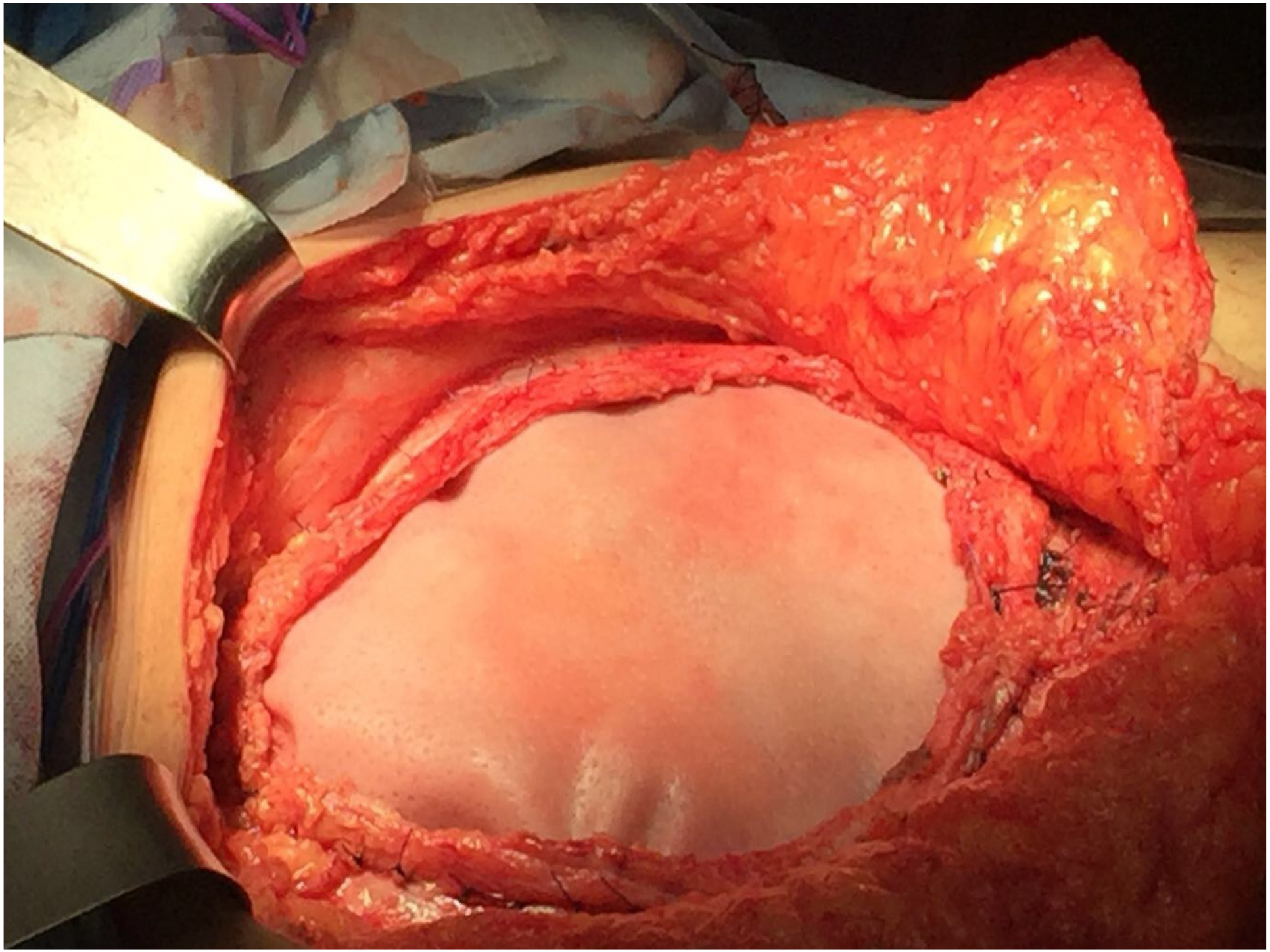
Improved progression-free and overall survival in advanced ovarian cancer as a result of a change in surgical paradigm ☆

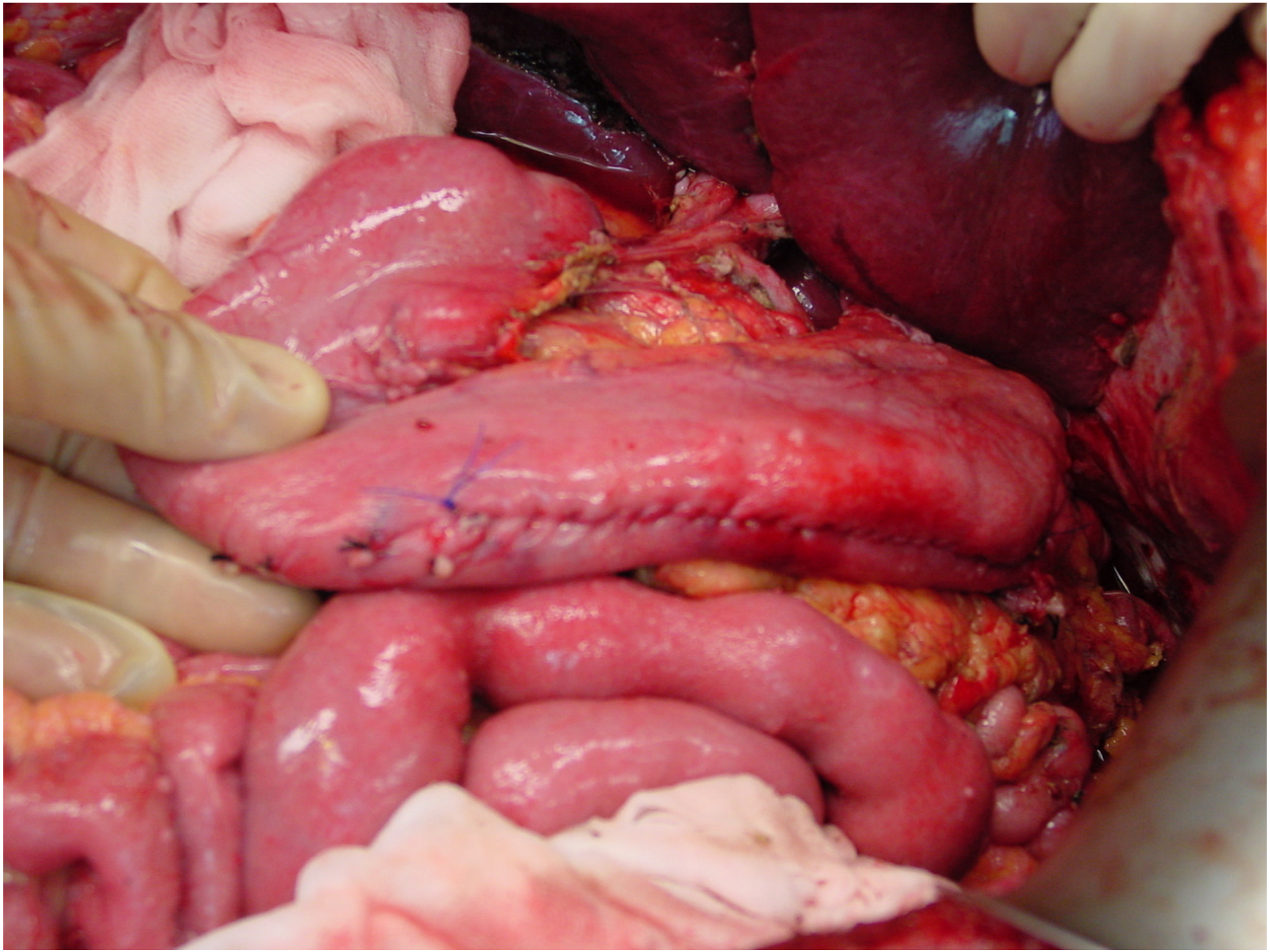
Dennis S. Chi [a,*], Eric L. Eisenhauer [a], Oliver Zivanovic [a], Yukio Sonoda [a], Nadeem R. Abu-Rustum [a], Douglas A. Levine [a], Matthew W. Guile [b], Robert E. Bristow [b], Carol Aghajanian [c], Richard R. Barakat [a]

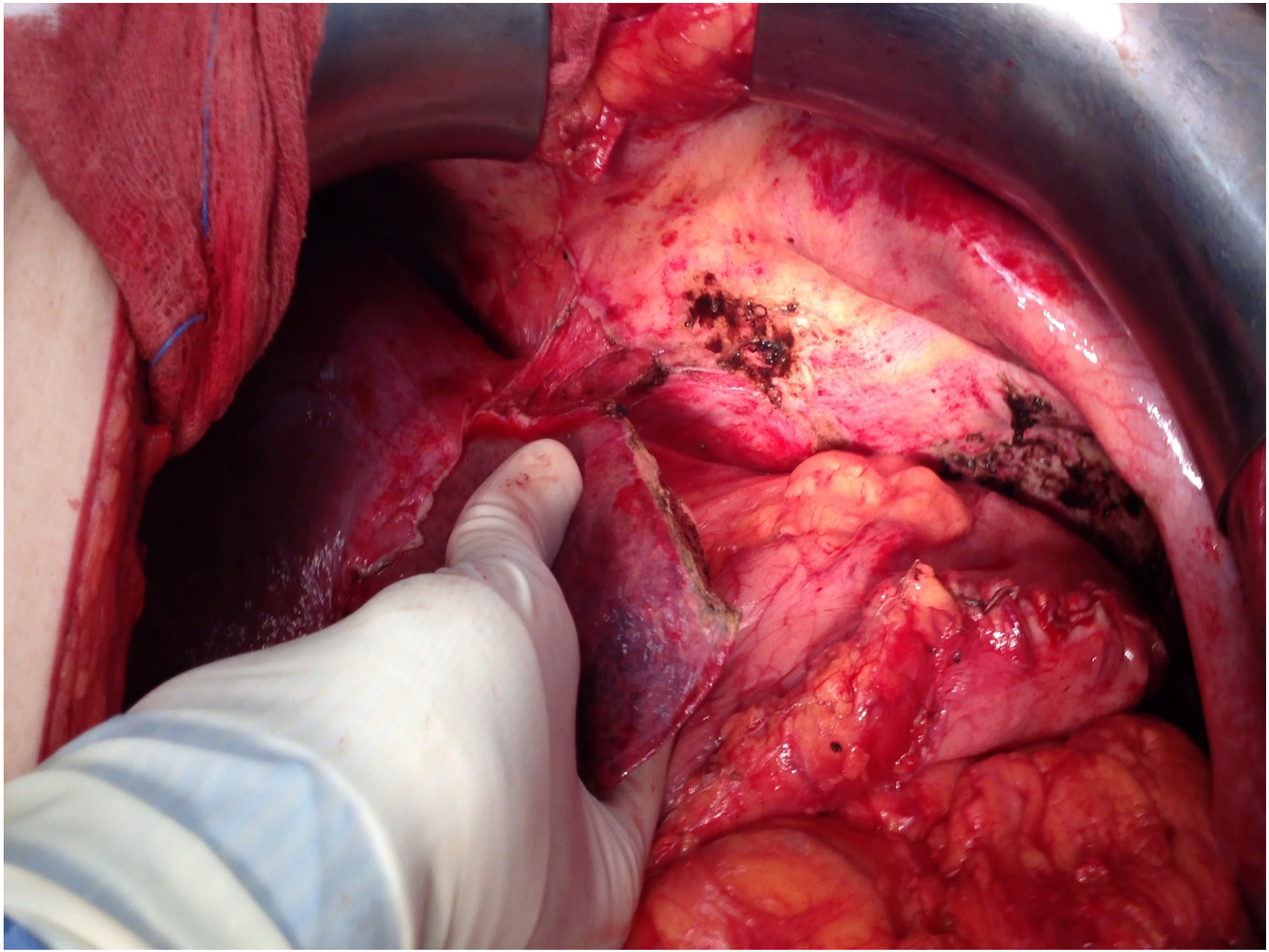












¿POR QUÉ UN (1) CENTRO DE REFERENCIA EN CANCER DE OVARIO?

El control de la enfermedad peritoneal es el RETO ACTUAL MAS IMPORTANTE

↓

CAMBIO DE MENTALIDAD

LA CIRUGÍA NO SIEMPRE PERMITE EL R-0

ENTRE LOS "RADICALMENTE" OPERADOS MAS DEL 50% RECAEN DENTRO DE LOS 2 PRIMEROS AÑOS

↓

ENFERMEDAD MICROSCÓPICA

↓

"…lo que el ojo del cirujano no ve es lo que mata al paciente…"

↓

QUIMIOTERAPIA INTRAPERITONEAL

CIRUGÍA PRIMARIA

- GOG 104 (N ENG J MED 1996), Alberts.
- GOG 114 (J CLIN ONC 2001) Markman.
- GOG 172 (N ENG J MED 2007) Armstrong.

On Cancer

Intraperitoneal Chemotherapy: A Better but Underused Option for Women with Advanced Ovarian Cancer

By Maureen Salamon, **Tuesday, October 6, 2015**

Navigate this article

How is IP chemotherapy given at MSK?

Why does this form of chemotherapy appear to work better than standard IV therapy in many patients?

Which patients are most likely to benefit from IP chemotherapy?

What are possible side effects of this treatment?

Why do you think IP chemotherapy hasn't been more widely used across the United States, despite its clear benefits?

Intraperitoneal (IP) chemotherapy, which delivers drugs directly into the abdominal cavity, has long been known to significantly extend the lives of women with advanced ovarian cancer. But despite the treatment's success, a widely reported recent study showed that nearly half of American hospitals don't offer IP chemotherapy to eligible patients.

This underuse persists despite decades-old research showing the treatment could add 16 months or more to women's lives compared with intravenous (IV) chemotherapy alone when used after optimal debulking surgery, which usually involves removing not only the ovaries but also the uterus, cervix, fallopian tubes, and most or all visible tumor cells.

HIPEC EN CANCER DE OVARIO

- PUEDE SER CRITICABLE: UP FRONT
- DEBE ACEPTARSE YA EN:
  - NACT
  - RECURRENCIAS

NACT

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Hyperthermic Intraperitoneal Chemotherapy in Ovarian Cancer

W.J. van Driel, S.N. Koole, K. Sikorska, J.H. Schagen van Leeuwen, H.W.R. Schreuder, R.H.M. Hermans, I.H.J.T. de Hingh, J. van der Velden, H.J. Arts, L.F.A.G. Massuger, A.G.J. Aalbers, V.J. Verwaal, J.M. Kieffer, K.K. Van de Vijver, H. van Tinteren, N.K. Aaronson, and G.S. Sonke

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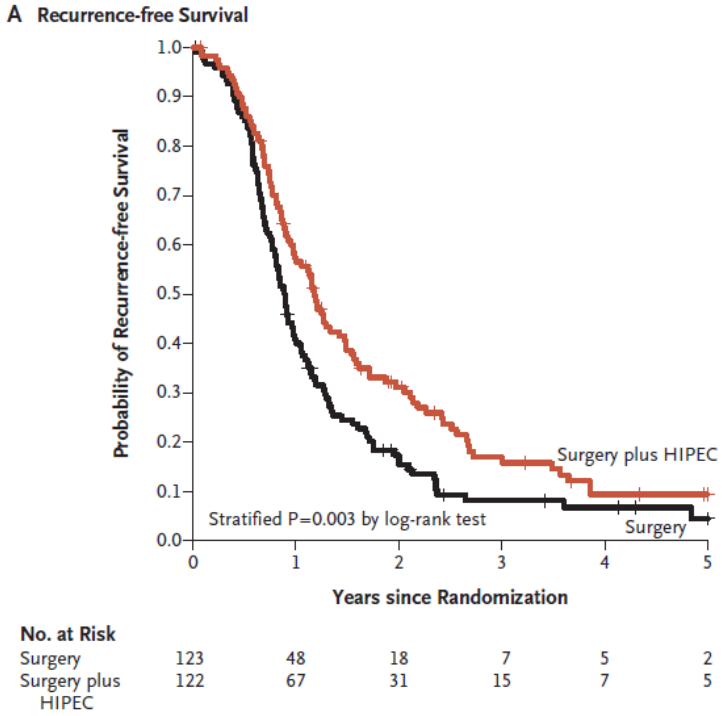

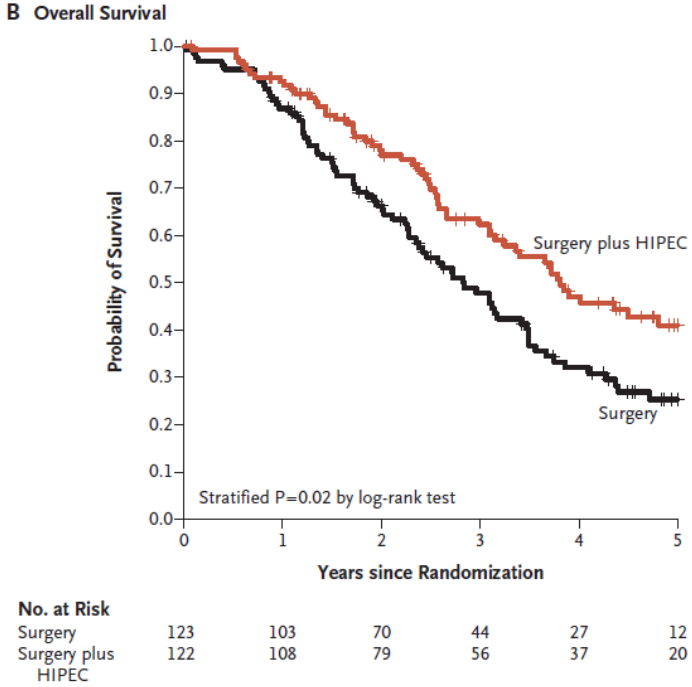

RECURRENCIAS

Ann Surg Oncol (2015) 22:1570–1575
DOI 10.1245/s10434-014-4157-9

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – GYNECOLOGIC ONCOLOGY

Cytoreductive Surgery and HIPEC in Recurrent Epithelial Ovarian Cancer: A Prospective Randomized Phase III Study

J. Spiliotis, MD, PhD[1], E. Halkia, MD, PhD[1,2], E. Lianos, MD[3], N. Kalantzi, MD[4], A. Grivas, MD[3], E. Efstathiou, MD[1], and S. Giassas, MD[2]

[1]First Department of Surgical Oncology, Metaxa Cancer Hospital, Piraeus, Greece; [2]Peritoneal Surface Malignancy Unit, IASO General Hospital, Athens, Greece; [3]Department of Medical Oncology, Metaxa Cancer Hospital, Piraeus, Greece; [4]Department of Anesthesiology, Metaxa Cancer Hospital, Piraeus, Greece

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TABLE 1 Characteristics of 120 patients

Characteristic	HIPEC	Non-HIPEC
n	60	60
Mean age, years	58.3	58.1
Mean no. of cycles of adjuvant chemotherapy	5	5
Mean preoperative CA-125 value (U/ml)	83.7	80.5

Characteristic	HIPEC		Non-HIPEC	
	n	%	*n*	%
Stage				
III_c	41	68.3	35	58.3
IV	19	31.7	25	41.7
Platinum responsiveness				
Sensitive	38	63.3	36	60
Resistant	22	36.7	24	40
Ascites				
Yes	18	30	16	26.7
No	42	70	44	73.3
Optimal cytoreduction at primary surgery	51	85	46	76.6
PCI				
PCI < 5	7	11.7	8	13.3
5 ≤ PCI < 10	24	40	22	36.7
PCI ≥ 10	29	48.3	30	50
CC				
CC-0	39	65	33	55
CC-1	12	20	20	33.3
CC-2	9	15	7	11.7

HIPEC hyperthermic intraperitoneal chemotherapy, *PCI* peritoneal carcinomatosis index, *CC* completeness of cytoreduction

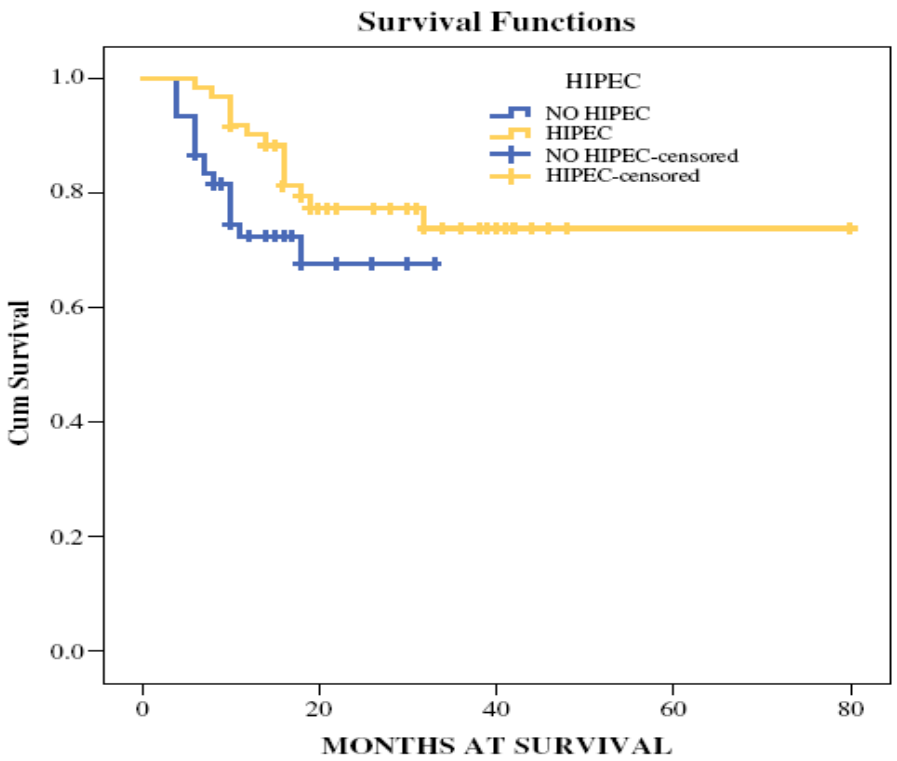

FIG. 1 Kaplan–Meier survival plot, HIPEC versus no HIPEC, $p = 0.006$

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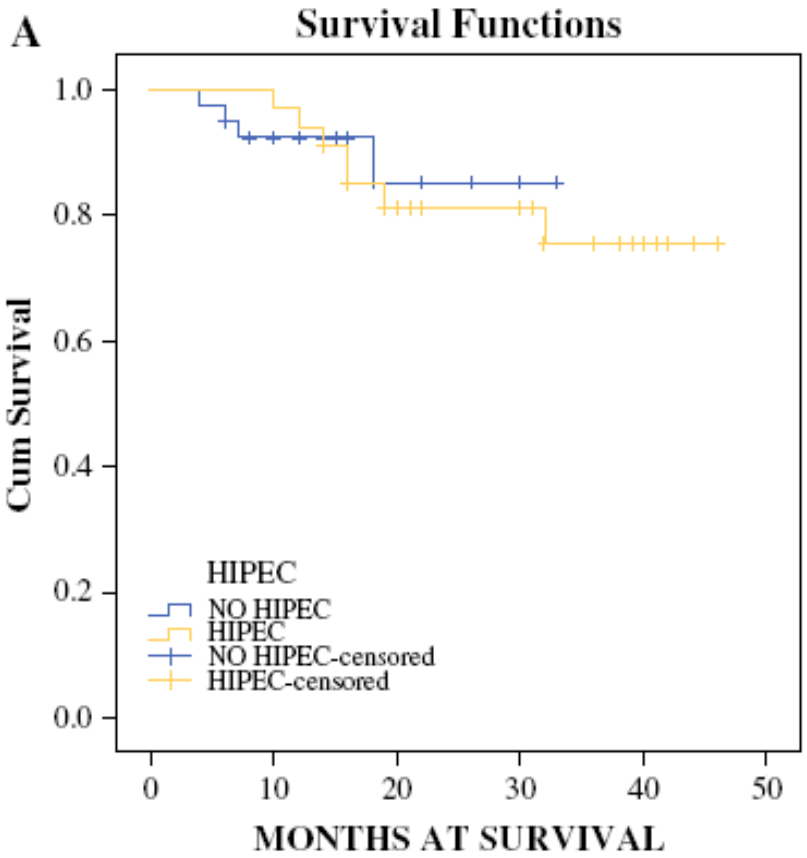
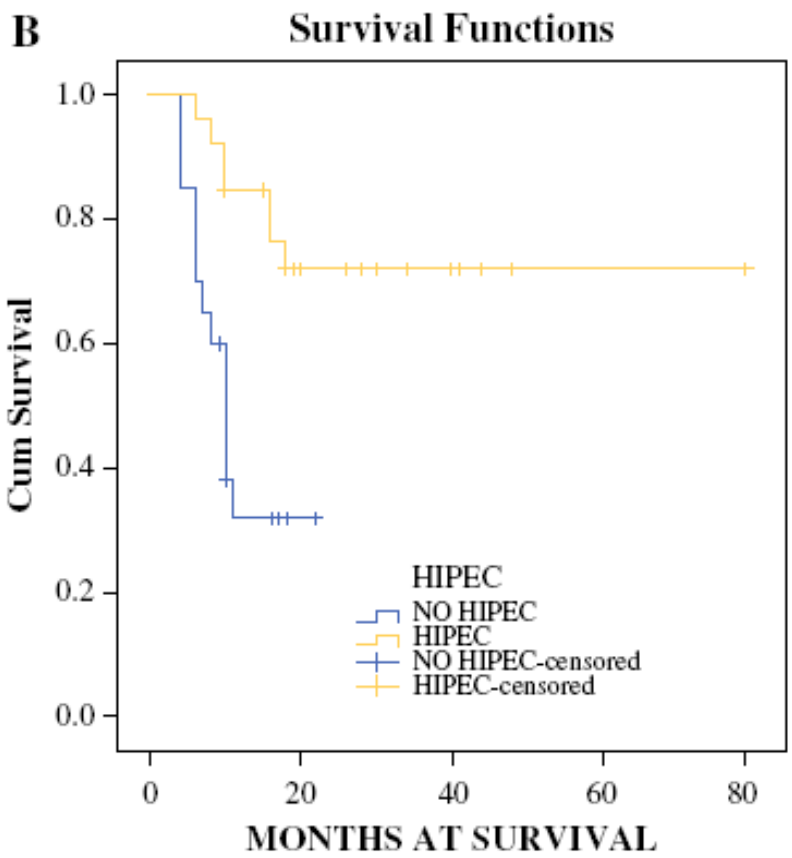




DOI: 10.1111/j.1471-0528.2011.03207.x
www.bjog.org
Gynaecological oncology

Secondary cytoreductive surgery and hyperthermic intraperitoneal chemotherapy for recurrent epithelial ovarian cancer: a multi-institutional study

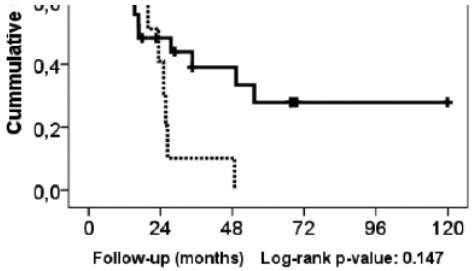
M Deraco,[a] S Virzi,[b] DR Iusco,[b] F Puccio,[c] A Macrì,[d] C Famulari,[d] M Solazzo,[c] S Bonomi,[b] A Grassi,[b] D Baratti,[a] S Kusamura,[a]

Ann Surg Oncol (2012) 19:4052–4058
DOI 10.1245/s10434-012-2510-4
Annals of SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY
ORIGINAL ARTICLE – GYNECOLOGIC ONCOLOGY

Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Persistent and Recurrent Advanced Ovarian Carcinoma: A Multicenter, Prospective Study of 246 Patients

N. Bakrin, MD[1], E. Cotte, MD[1], F. Golfier, MD, PhD[2], F. N. Gilly, MD, PhD[1], G. Freyer, MD, PhD[3], W. Helm, MD, PhD[4], O. Glehen, MD, PhD[1], and J. M. Bereder, MD[5]

¿COMBATE QUIMIORESISTENCIA?



	N of events		N of patients at risk				
Sensitive	19	33	11	9	7	1	0
Resistant	10	13	4	0	0	0	0

Figure S2a. Overall survival according to platin resistance in recurrent ovarian cancer treated with CRS +HIPEC

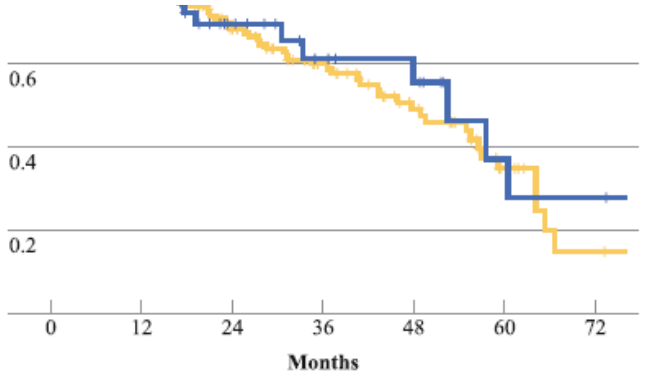
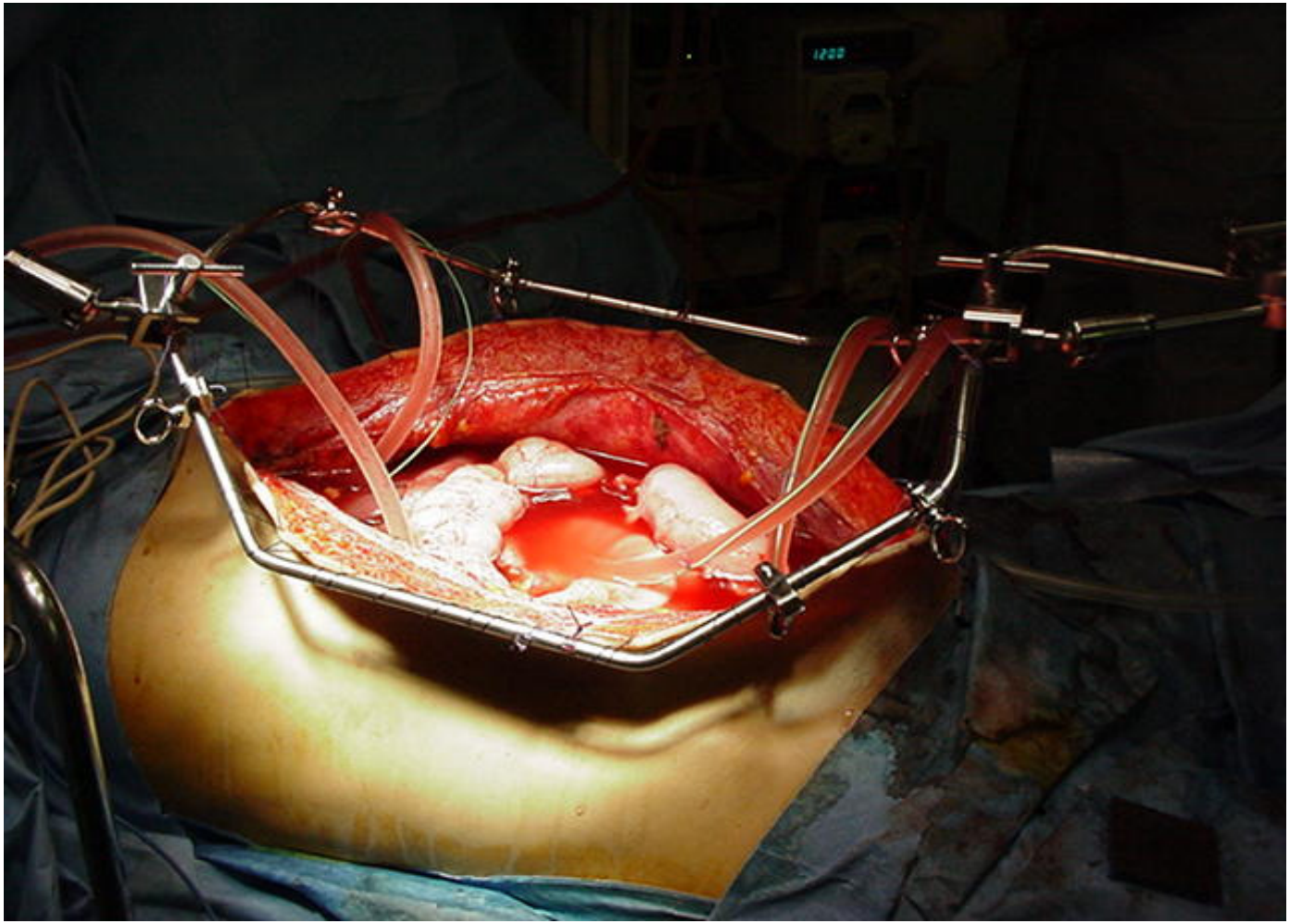


FIG. 4 Overall survival of platinum-resistant/persistent group versus platinum-sensitive group



CARCINOMATOSIS

EXPERIENCIA H.C.U.V.A

- ENERO DE 2008-ENERO DE 2017
  - 226 PACIENTES CON IIIB-C/IV
    - 151 PRIMERAS CIRUGÍAS
    - 75 RECURRENCIAS-RESCATES
  - 78% RESECCIONES COMPLETAS (CC-0)

CENTROS Y UNIDADES DE REFERENCIA

TRABAJO ESTRUCTURADO Y ORGANIZADO

- ¿COMO ES EL POSTOPERATORIO?
- ¿HEMOS CAMBIADO ALGO EN HCUVA?
- ¿TODOS LOS PACIENTES?
- ¿DE VERDAD ESTÁ SIRVIENDO **HIPEC** DE ALGO?

2008

- ¿COMO ES EL POSTOPERATORIO?
  - Recuperación tras CRS + HIPEC
  - Morbilidad y Mortalidad

Available online at www.sciencedirect.com
ScienceDirect
EJSO 37 (2011) 543–548
EJSO
the Journal of Cancer Surgery
www.ejso.com

Perioperative fast track program in intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) after cytoreductive surgery in advanced ovarian cancer

P.A. Cascales Campos*, J. Gil Martínez, P.J. Galindo Fernández, E. Gil Gómez, I.M. Martínez Frutos, P. Parrilla Paricio

Surgical Oncology 25 (2016) 349–354
Contents lists available at ScienceDirect
Surgical Oncology
journal homepage: www.elsevier.com/locate/suronc

Review

Effectiveness and failures of a fast track protocol after cytoreduction and hyperthermic intraoperative intraperitoneal chemotherapy in patients with peritoneal surface malignancies

P.A. Cascales-Campos [a,*,1], P.A. Sánchez-Fuentes [a,1], J. Gil [a], E. Gil [a], V. López-López [a], N. Rodriguez Gomez-Hidalgo [b], D. Fuentes [c], P. Parrilla [a]

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Table 1
Fast Track daily management.

	Days after operation						
	1	2	3	4	5	6	7
Treatment area	Icu surgical ward	Surgical ward					
Physiotherapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Liquids (balance)	Negative	Negative	Negative	Negative	Negative	Positive	Positive
Nutrition	Liquid	Liquid	Soft	Soft	Soft	Normal	Normal
Epidural analgesia	Yes	Removed	No	No	No	No	No
Tubes and drains	No	No	No	No	No	No	No
▪ Nasogastric	Yes	Yes	Yes	Removed	No	No	No
▪ Urinary	Yes	Yes	Yes	Removed	No	No	No
▪ Abdominal ▪ Central line	Yes	Yes	Yes	Yes	Removed	No	No
Physical activity	Seated	Seated	Walking (in patient room)	Walking (in patient room)	Walking (in patient room)	Walking (outside patient room)	Walking (outside patient room)
Blood test	Yes	Yes	Yes	No	Yes	No	Yes
Radiology (Chest[a])	Yes	Yes	Yes	No	No	No	No
Analgesia	Intravenous	Intravenous	Intravenous	Combined	Oral	Oral	Oral
Vte prophylaxis[b]	Subcutaneus	Subcutaneus	Subcutaneus	Subcutaneus	Subcutaneus	Subcutaneus	Subcutaneus
Protom-pump inhibitor	Intravenous	Intravenous	Intravenous	Oral	Oral	Oral	Oral

[a] Only in cases with diaphragmatic peritonectomy.
[b] Until 30th postoperative day.

Available online at www.sciencedirect.com
ScienceDirect
EJSO 40 (2014) 970–975
EJSO the Journal of Cancer Surgery
www.ejso.com

Morbidity and mortality outcomes of cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in patients with primary and recurrent advanced ovarian cancer

P. Cascales Campos*, Jose Gil, Pascual Parrilla

Multivariate analysis for postoperative morbidity in patients with peritoneal dissemination from ovarian cancer treated with cytoreductive surgery and HIPEC.

Variable	Morbidity I–IV		*p*	Morbidity III–IV		*p*
	Odds ratio (OR)	IC 95%		Odds ratio (OR)	IC 95%	
PCI > 12						
No	1		0.044	1		0.032
Yes	2.94	1.89–9.59		6.69	1.97–45.67	
Digestive anastomosis						
No	1		0.117	1		0.046
Yes	3.20	0.75–13.71		4.99	1.35–27.62	
Colon resection						
No	1		0.465	1		0.059
Yes	1.75	0.39–7.77		3.46	0.95–23.79	
Diaphragmatic peritonectomy						
No	1		0.130	1		0.538
Yes	2.60	0.75–8.99		1.68	0.32–8.73	
Intraoperative blood transfusion						
No	1		0.075			
Yes	3.69	0.88–15.43				
CC-0 Cytoreduction						
No	1		0.342			
Yes	1.96	0.49–7.81				
Surgery time <360 min						
No	1		0.606			
Yes	1.39	0.39–4.92				

- ¿HEMOS CAMBIADO ALGO EN HCUVA?

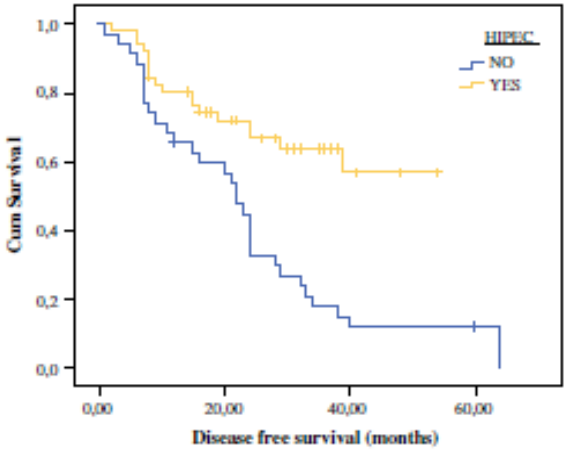
Ann Surg Oncol (2014) 21:2383–2389
DOI 10.1245/s10434-014-3599-4

Annals of SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – GYNECOLOGIC ONCOLOGY

Treatment of Microscopic Disease with Hyperthermic Intraoperative Intraperitoneal Chemotherapy After Complete Cytoreduction Improves Disease-Free Survival in Patients with Stage IIIC/IV Ovarian Cancer

Pedro Antonio Cascales-Campos, MD, PhD[1], J. Gil, MD, PhD[1], E. Gil, MD[1], E. Feliciangeli, MD[2], A. González-Gil, MD[1], J. J. Parrilla, MD, PhD[3], and P. Parrilla, MD, PhD[1]



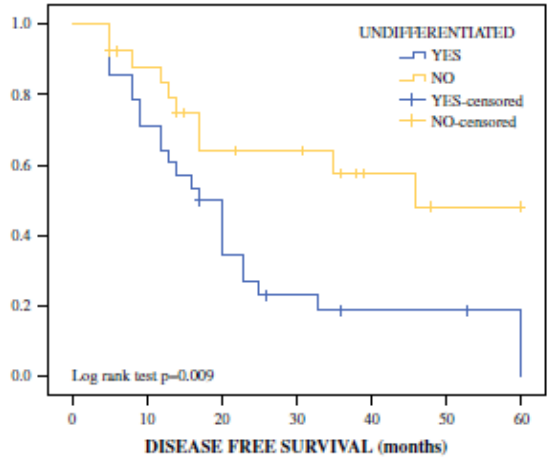
Ann Surg Oncol (2015) 22:987–993
DOI 10.1245/s10434-014-4069-z

Annals of SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – GYNECOLOGIC ONCOLOGY

The Role of Hyperthermic Intraperitoneal Chemotherapy Using Paclitaxel in Platinum-Sensitive Recurrent Epithelial Ovarian Cancer Patients with Microscopic Residual Disease after Cytoreduction

Pedro Antonio Cascales-Campos, MD, PhD[1], J. Gil, MD, PhD[1], E. Feliciangeli, MD[2], E. Gil, MD[1], A. González-Gil, MD[1], V. López, MD[1], J. Ruiz-Pardo, MD[1], A. Nieto, MD, PhD[3], J. J. Parrilla, MD, PhD[3], and P. Parrilla, MD, PhD[1]



- ¿SON TODOS LOS PACIENTES IGUALES?

European Journal of Obstetrics & Gynecology and Reproductive Biology 179 (2014) 88–93

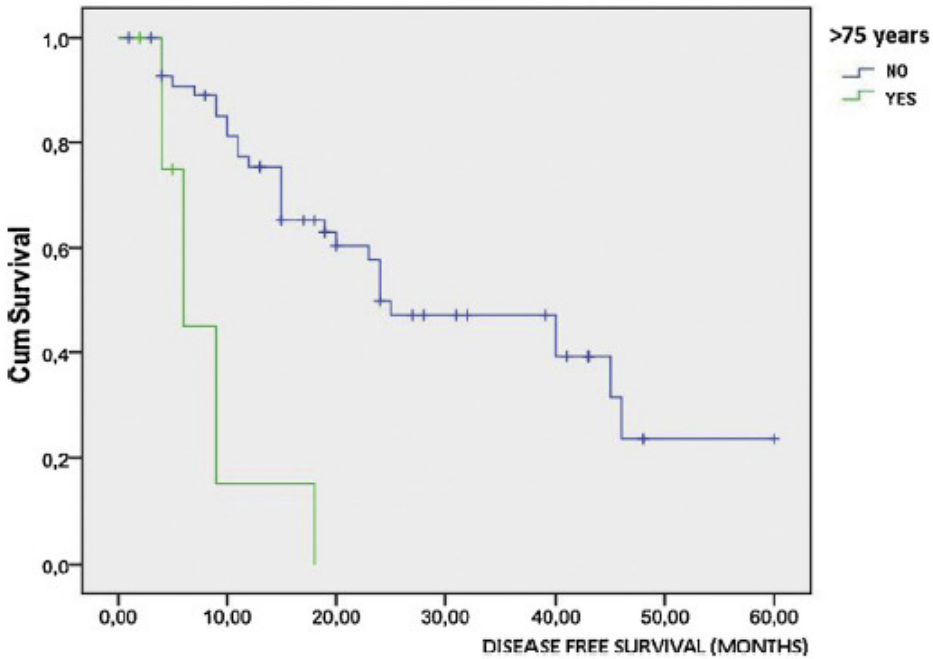
Contents lists available at ScienceDirect

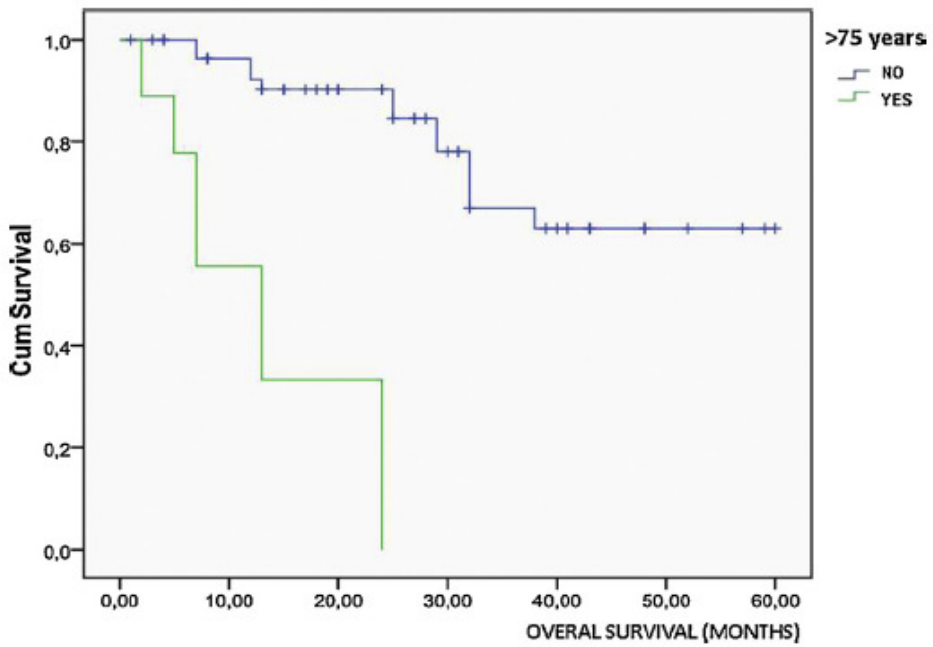
European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb

Cytoreduction and HIPEC after neoadjuvant chemotherapy in stage IIIC–IV ovarian cancer. Critical analysis in elderly patients

P. Cascales-Campos [a,*], J. Gil [a], E. Gil [a], E. Feliciangeli [b], V. López [a], A.Gil Gonzalez [a], J. Ruiz-Pardo [a], A. Nieto [c], P. Parrilla [a]





Surgical Oncology 25 (2016) 111–116

Contents lists available at ScienceDirect

Surgical Oncology

journal homepage: www.elsevier.com/locate/suronc

Morbidity and mortality outcomes after cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in patients aged 75 years and over: Spanish group of peritoneal cancer surgery (GECOP) multicenter study

P.A. Cascales-Campos [a, *], V. López-López [a], F.C. Muñoz-Casares [b], E. Feliciangeli [a], J. Torres Melero [c], P. Barrios [d], R. Morales [e], I. Ramos [d], G. Ortega [f], B. Camps [g], L. González-Bayón [h], P. Bretcha-Boix [i], J. Farré-Alegre [i], S. González-Moreno [j], J. Gil [a]

Surgical Oncology 25 (2016) 164–170

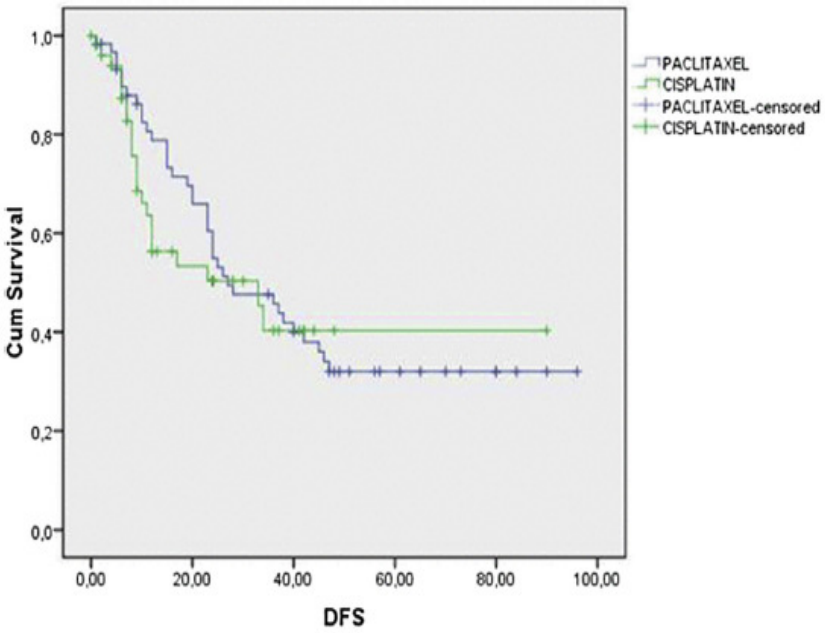
Contents lists available at ScienceDirect

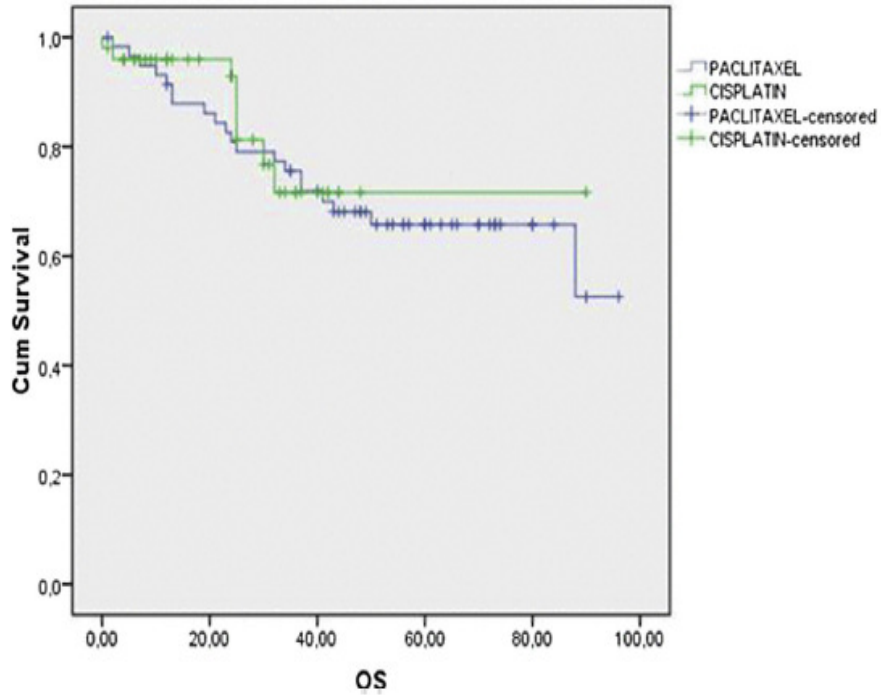
Surgical Oncology

journal homepage: www.elsevier.com/locate/suronc

Hyperthermic intraperitoneal chemotherapy with paclitaxel or cisplatin in patients with stage III-C/IV ovarian cancer. Is there any difference?

P. Cascales-Campos [a, d, *], V. López-López [a, d], J. Gil [a, d], J. Arévalo-Pérez [b, d], A. Nieto [c, d], F. Barceló [c, d], E. Gil [a, d], P. Parrilla [a, d]





- ¿DE VERDAD ESTÁ SIRVIENDO HIPEC DE ALGO?

ClinicalTrials.gov PRS DRAFT Receipt (Working Version)
Last Update: 12/29/2014 03:43

Cytoreduction With or Without Intraoperative Intraperitoneal Hyperthermic Chemotherapy (HIPEC) in Patients With Peritoneal Carcinomatosis From Ovarian Cancer, Fallopian Tube or Primary Peritoneal Carcinoma (CARCINOHIPEC)

This study is currently recruiting participants.
Verified by Fundacion para la Formacion e Investigacion Sanitarias de la Region de Murcia, December 2014

Sponsor:	Fundacion para la Formacion e Investigacion Sanitarias de la Region de Murcia
Collaborators:	
Information provided by (Responsible Party):	Fundacion para la Formacion e Investigacion Sanitarias de la Region de Murcia
ClinicalTrials.gov Identifier:	NCT02328716

Condition	Intervention	Phase
Peritoneal Carcinomatosis From Ovarian Cancer Fallopian Tube Carcinoma Primary Peritoneal Carcinoma	Procedure/Surgery: Cytoreduction Drug: Hipec with Cisplatin	Phase 3

GINECOLOGÍA ONCOLÓGICA
Aníbal Nieto
Francisco Barceló
Benjamina
Raquel
J

UNIDAD DE CIRUGÍA DE LA CP
JOSÉ GIL
Pedro Cascales
Elena Gil

ONCOLOGÍA MÉDICA
Jose Luis Alonso
Jerónimo Martínez
Ana Puertas
Asun Soto

RADIOLOGÍA
Matilde Fuster

RESIDENTES
Alida González
Álvaro Gómez

ENFERMERÍA DE QUIRÓFANO

ANATOMÍA PATOLÓGICA
Amparo Torroba
Enmma Iborra

PERFUSIONISTAS
Alicia-Toñi-Angel-Juan

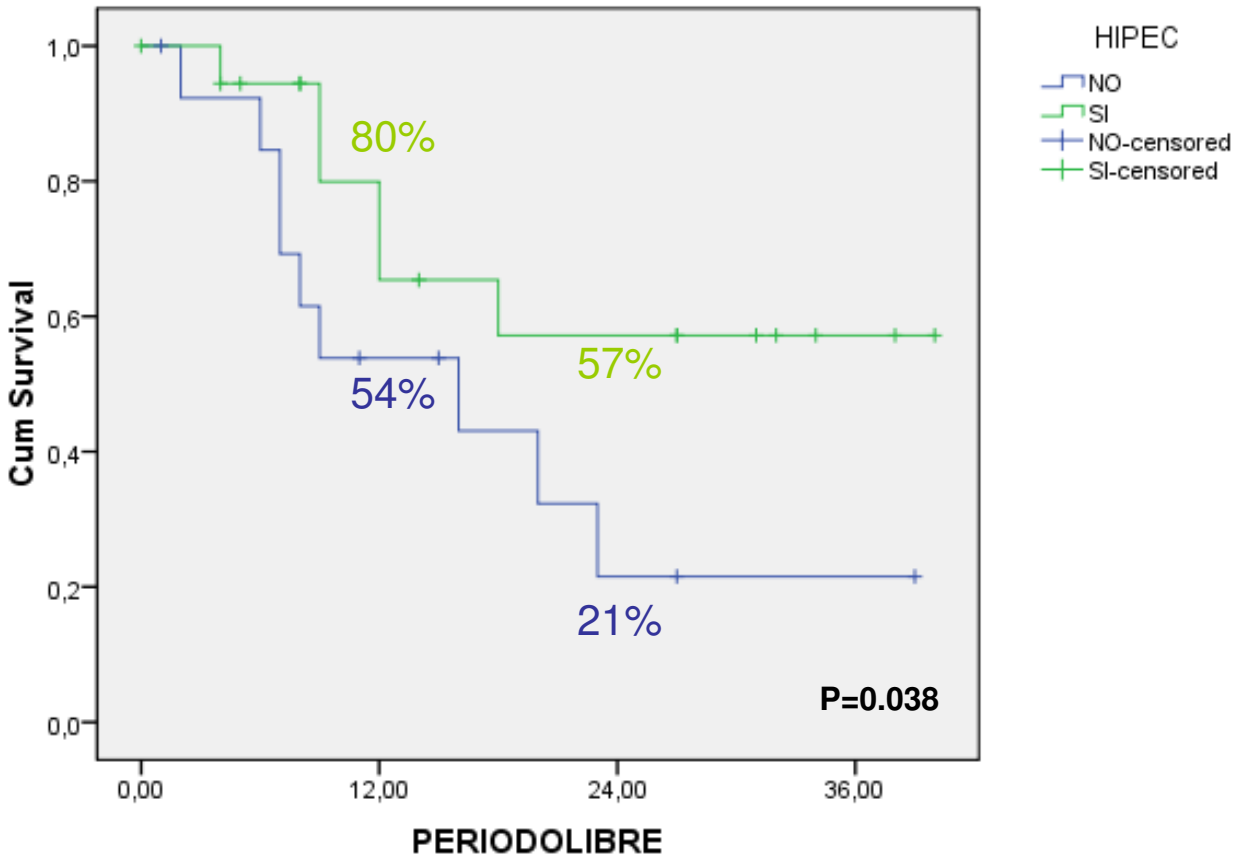
FARMACIA
Sacra

IMIB
Pablo Pelgrín

ClinicalTrials.gov PRS
Protocol Registration and Results System

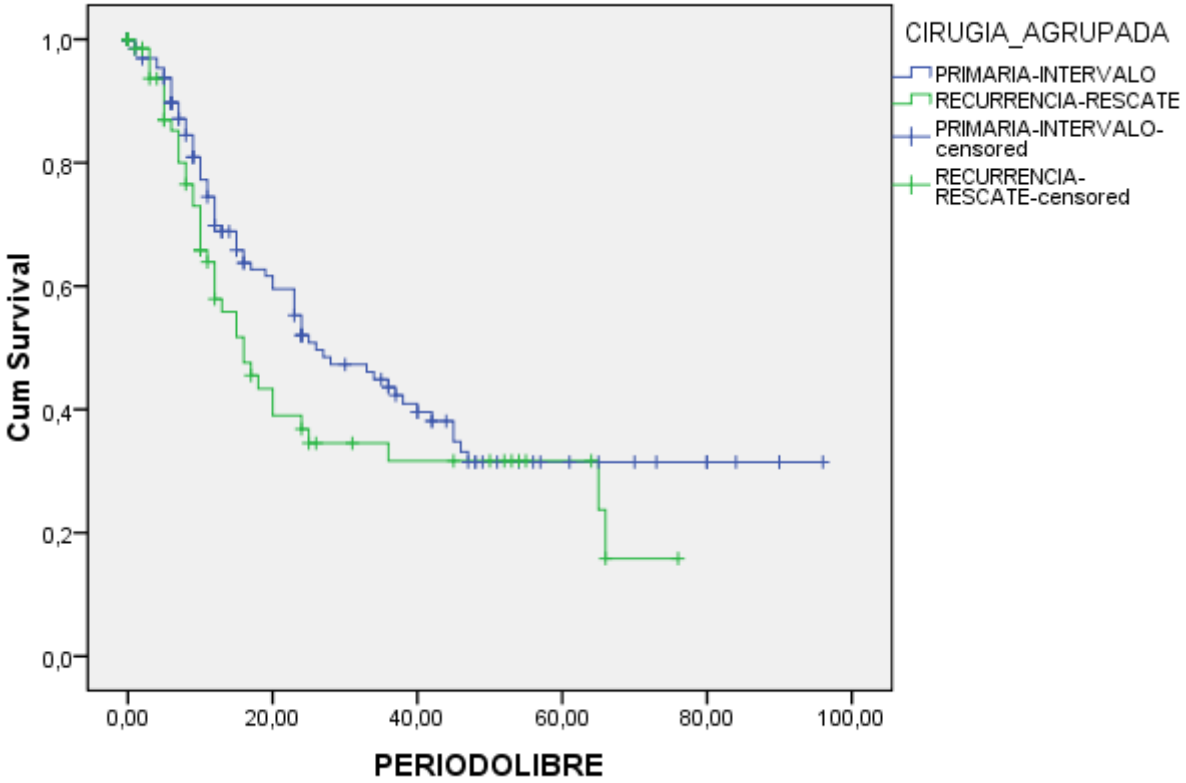
ClinicalTrials.gov PRS DRAFT Receipt (Working Version)
Last Update: 12/29/2014 03:43

Cytoreduction With or Without Intraoperative Intraperitoneal Hyperthermic Chemotherapy (HIPEC) in Patients With Peritoneal Carcinomatosis From Ovarian Cancer, Fallopian Tube or Primary Peritoneal Carcinoma (CARCINOHIPEC)



NOVIEMBRE 2017

EXPERIENCIA H.C.U.V.A

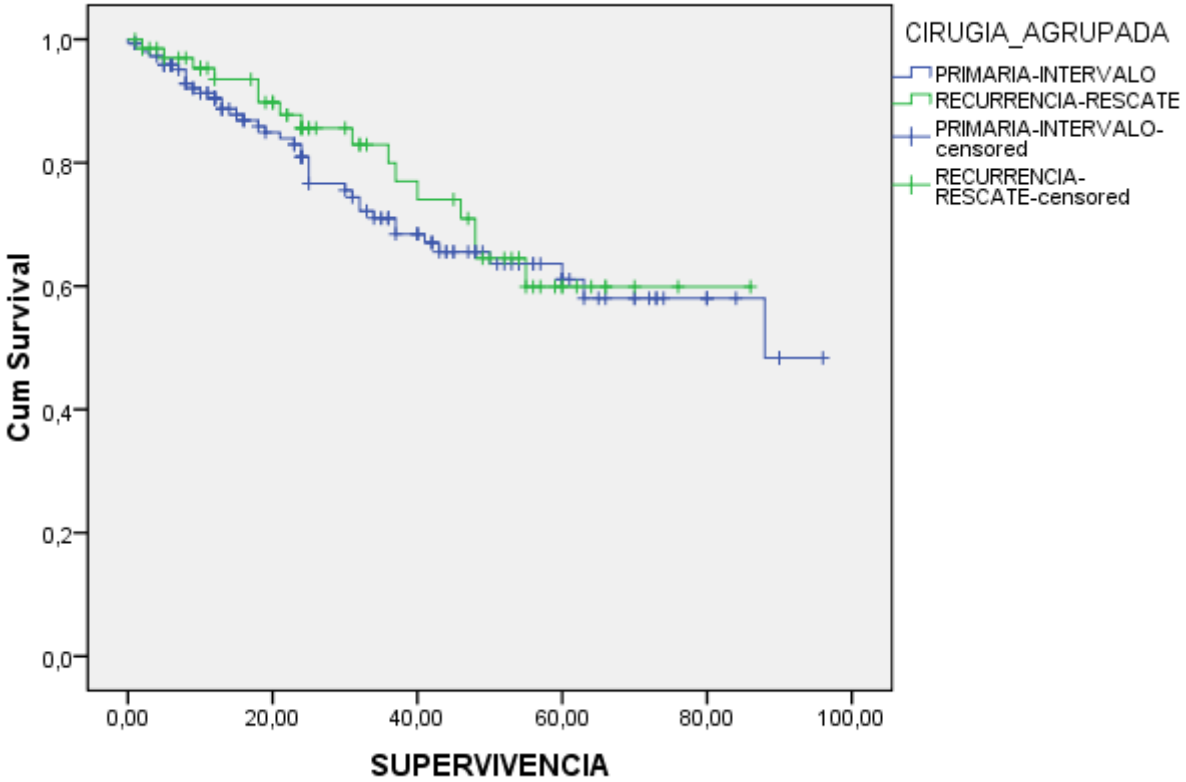


Means and Medians for Survival Time

CIRUGIA_AGRUPADA	Mean[a]				Median			
			95% Confidence Interval				95% Confidence Interval	
	Estimate	Std. Error	Lower Bound	Upper Bound	Estimate	Std. Error	Lower Bound	Upper Bound
PRIMARIA-INTERVALO	43,778	3,863	36,207	51,349	26,000	5,259	15,692	36,308
RECURRENCIA-RESCATE	30,895	4,010	23,036	38,754	16,000	2,745	10,619	21,381
Overall	40,755	3,151	34,579	46,932	23,000	2,559	17,983	28,017

a. Estimation is limited to the largest survival time if it is censored.

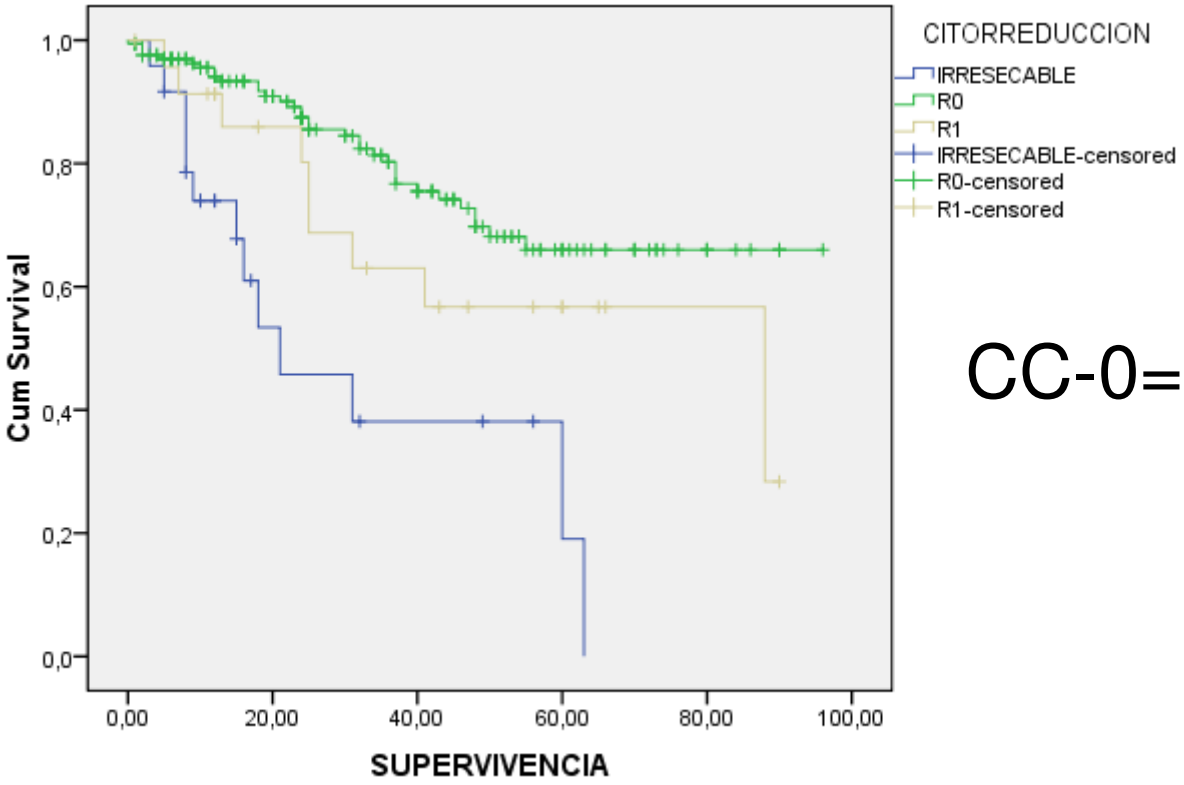
EXPERIENCIA H.C.U.V.A



Means and Medians for Survival Time

CIRUGIA_AGRUPADA	Mean[a]				Median			
			95% Confidence Interval				95% Confidence Interval	
	Estimate	Std. Error	Lower Bound	Upper Bound	Estimate	Std. Error	Lower Bound	Upper Bound
PRIMARIA-INTERVALO	66,763	3,681	59,549	73,977	88,000	.	.	.
RECURRENCIA-RESCATE	64,825	4,303	56,391	73,260	.	.	.	.
Overall	67,585	3,043	61,620	73,550	88,000	.	.	.

a. Estimation is limited to the largest survival time if it is censored.



CC-0=~70%/5y

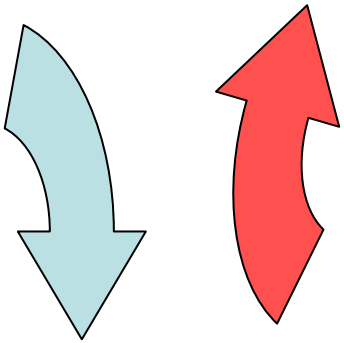
Means and Medians for Survival Time

CITORREDUCCION	Mean[a]				Median			
			95% Confidence Interval				95% Confidence Interval	
	Estimate	Std. Error	Lower Bound	Upper Bound	Estimate	Std. Error	Lower Bound	Upper Bound
IRRESECABLE	32,594	6,045	20,747	44,441	21,000	8,257	4,816	37,184
R0	73,727	3,230	67,396	80,059	.	.	.	.
R1	60,296	7,841	44,929	75,664	88,000	34,639	20,107	155,893
Overall	67,518	3,047	61,545	73,490	88,000	.	.	.

a. Estimation is limited to the largest survival time if it is censored.

TAMBIÉN UNA VISIÓN TRASLACIONAL

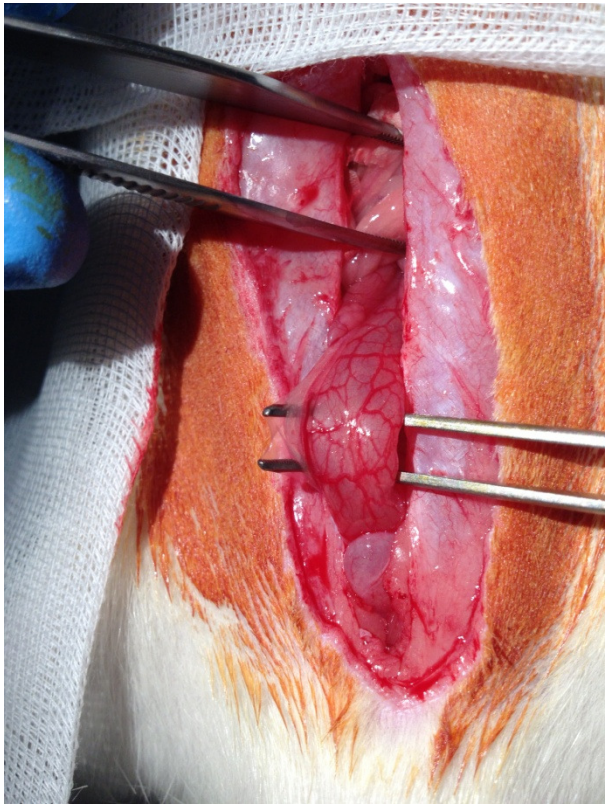
PROBLEMA CLÍNICO

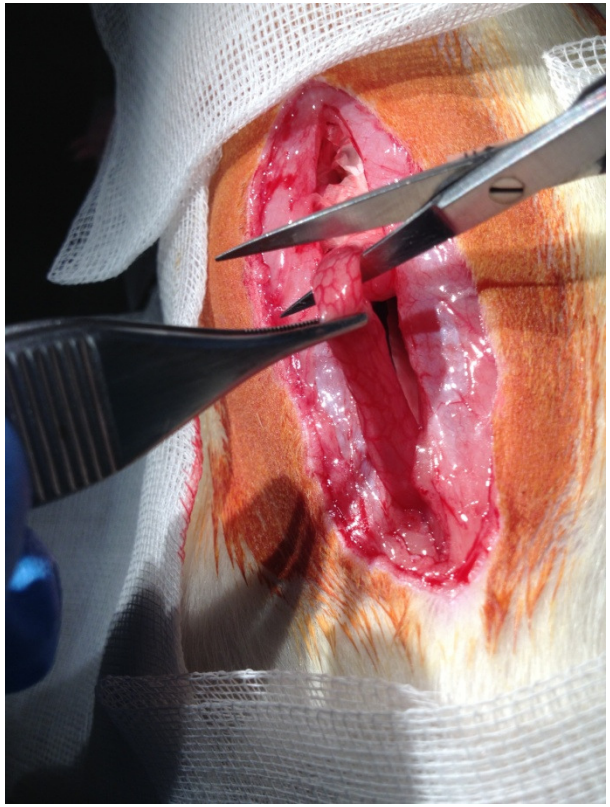


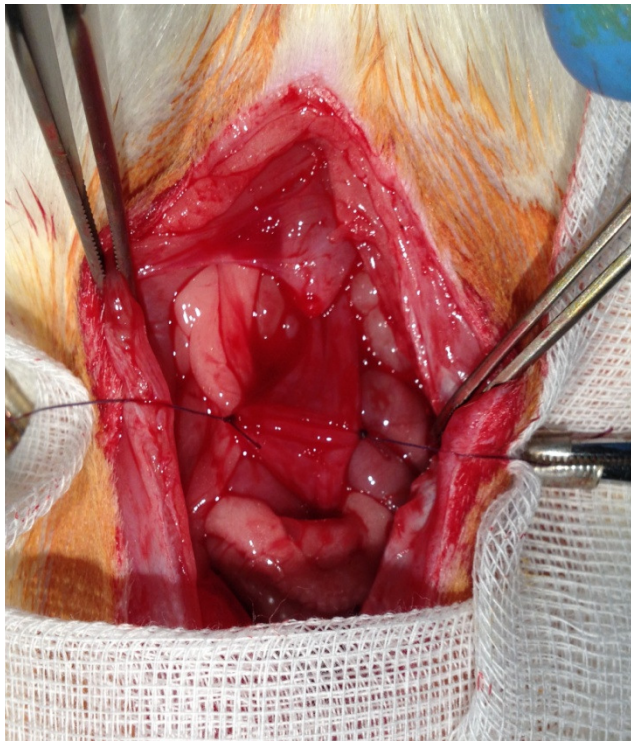
LABORATORIO

COLORATA 1

PROCEDIMIENTO







COLORATA 1

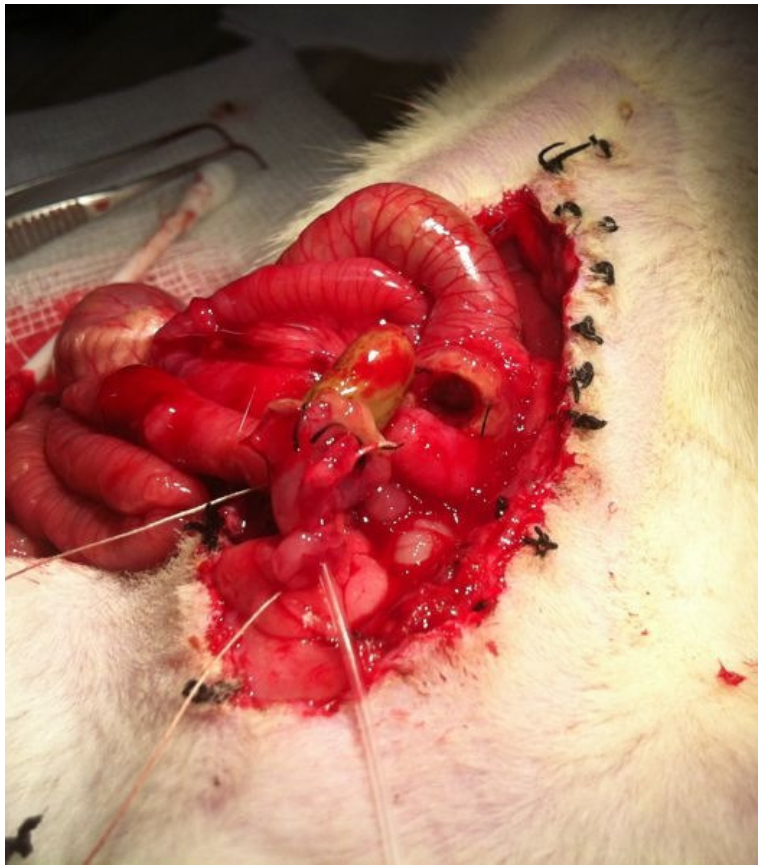
PROCEDIMIENTO

COLORATA 1

COMBAT MEDICAL
COMBAT BRS
Recirculacion HIVEC
Calentando
Set (ºC)
37,0
Fluido (ºC)
37,2 ºC
Tratamiento (min)
60
Restante
53:14
Bomba: OFF
ON
Temperatura
Tiempo
Guardar
Salir

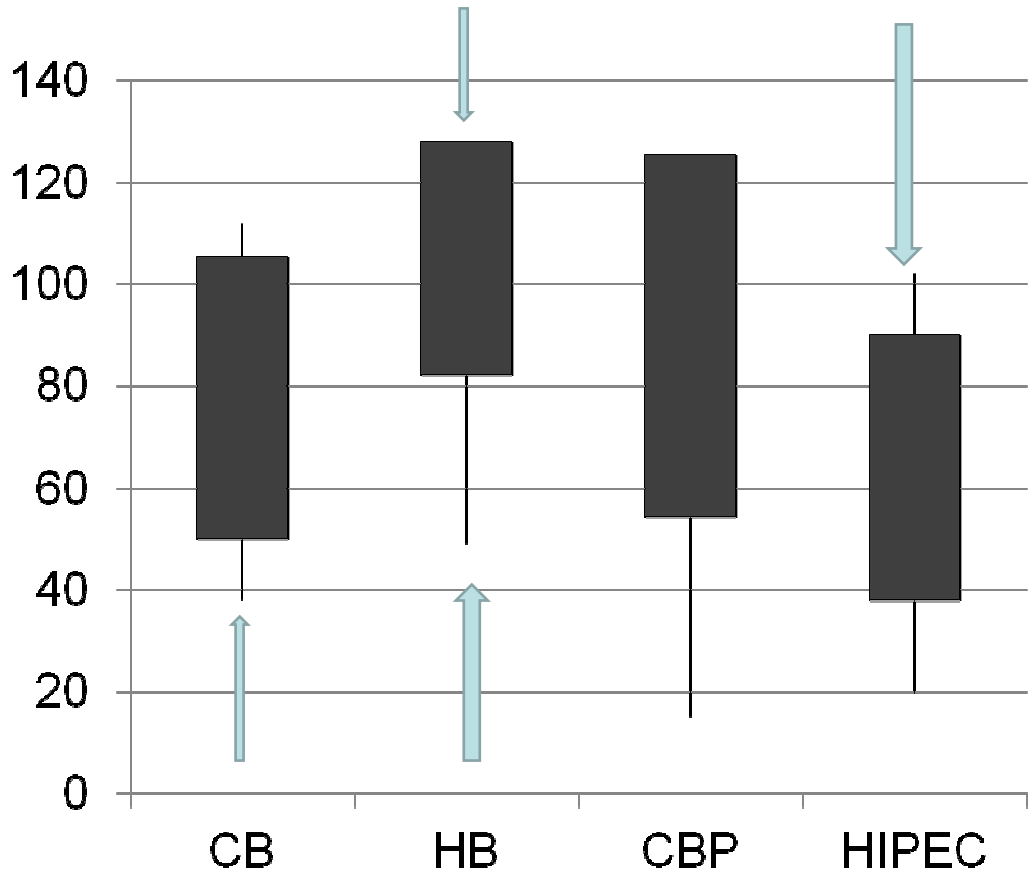
COLORATA 1

EVALUACIÓN



COLORATA 1

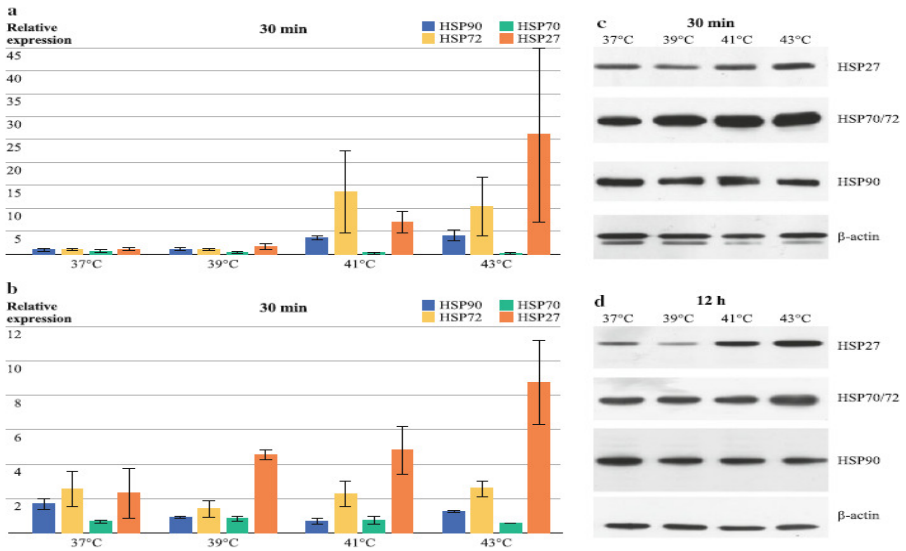
PRESIONES DE ROTURA

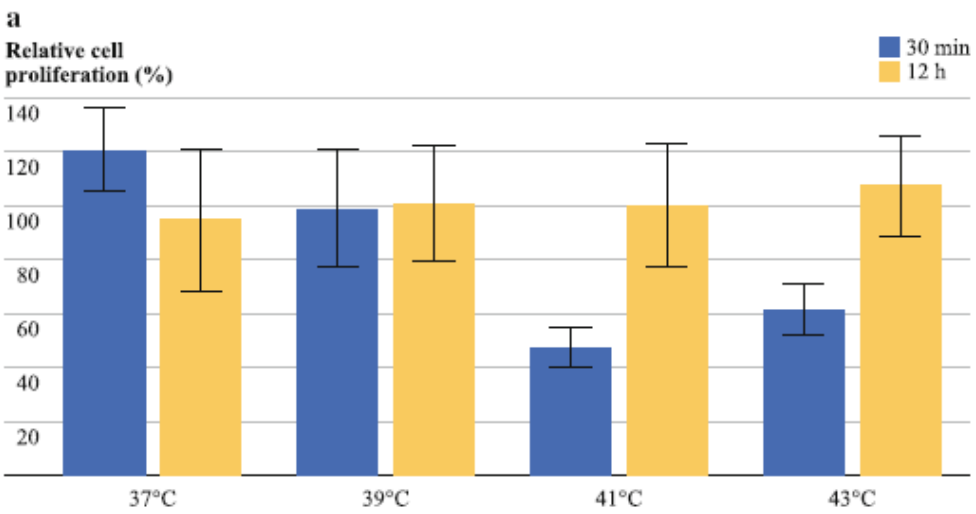


COLORATA 1

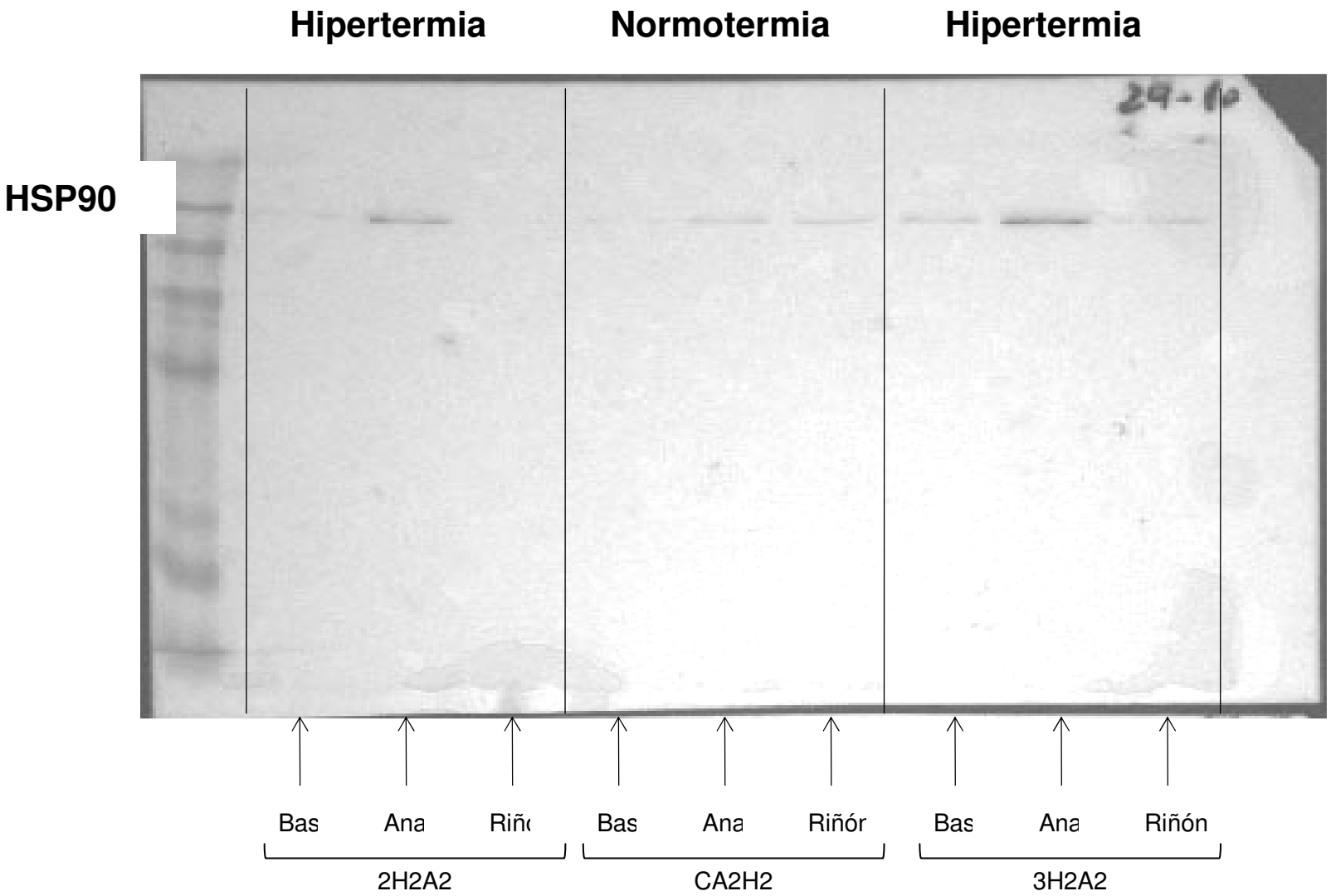
Dependent Variable	(I) GRUPO	(J) GRUPO	Mean Difference (I-J)	Std. Error	Sig.
Presiones	CB	HB	-27,222	13,394	,050
		CBP	-12,000	13,394	,377
		HBP	13,889	13,394	,308
	HB	CB	27,222	13,394	,050
		CBP	15,222	13,394	,264
		HBP	41,111*	13,394	,004
	CBP	CB	12,000	13,394	,377
		HB	-15,222	13,394	,264
		HBP	25,889	13,394	,062
	HBP	CB	-13,889	13,394	,308
		HB	-41,111*	13,394	,004
		CBP	-25,889	13,394	,062
PERDIDA_PESO	CB	HB	-28,792	19,222	,145
		CBP	2,319	17,295	,894
		HBP	5,431	17,295	,756
	HB	CB	28,792	19,222	,145
		CBP	31,111	18,759	,108
		HBP	34,222	18,759	,079
	CBP	CB	-2,319	17,295	,894
		HB	-31,111	18,759	,108
		HBP	3,111	16,778	,854
	HBP	CB	-5,431	17,295	,756
		HB	-34,222	18,759	,079
		CBP	-3,111	16,778	,854

COLORATA 2


a
Relative expression
30 min
HSP90
HSP72
HSP70
HSP27
45
40
35
30
25
20
15
10
5
37°C
39°C
41°C
43°C
b
Relative expression
30 min
HSP90
HSP72
HSP70
HSP27
12
10
8
6
4
2
37°C
39°C
41°C
43°C
c
30 min
37°C
39°C
41°C
43°C
HSP27
HSP70/72
HSP90
β-actin
d
12 h
37°C
39°C
41°C
43°C
HSP27
HSP70/72
HSP90
β-actin

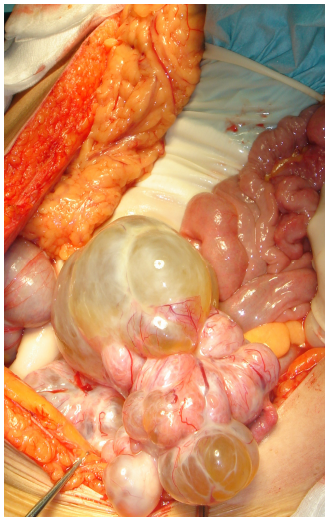

a
Relative cell proliferation (%)
30 min
12 h
140
120
100
80
60
40
20
37°C
39°C
41°C
43°C

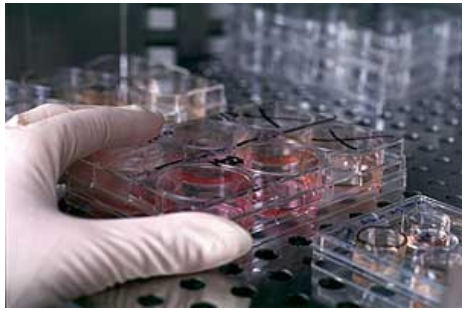
COLORATA 2

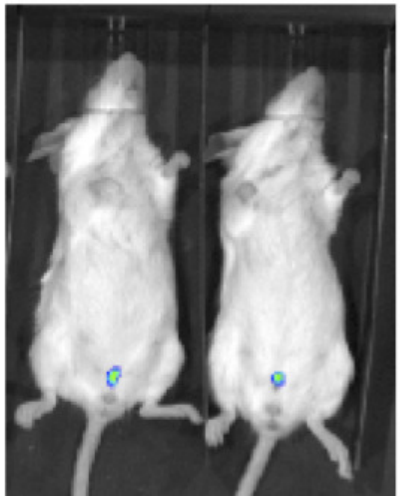

Hipertermia
Normotermia
Hipertermia
HSP90
Bas
Ana
Riñ
Bas
Ana
Riñór
Bas
Ana
Riñón
2H2A2
CA2H2
3H2A2

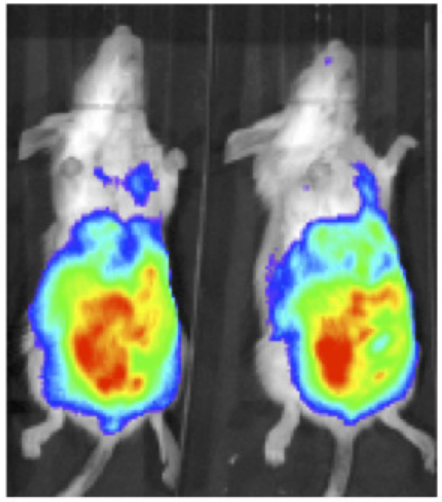
COLORATA 3

"JIM AND I KEPT
IN TOUCH AFTER
ALIENS, SO
WE PICKED UP
RIGHT WHERE
WE LEFT OFF."
SIGOURNEY WEAVER



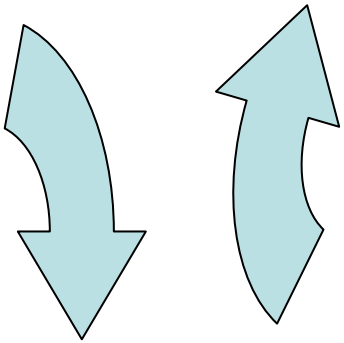






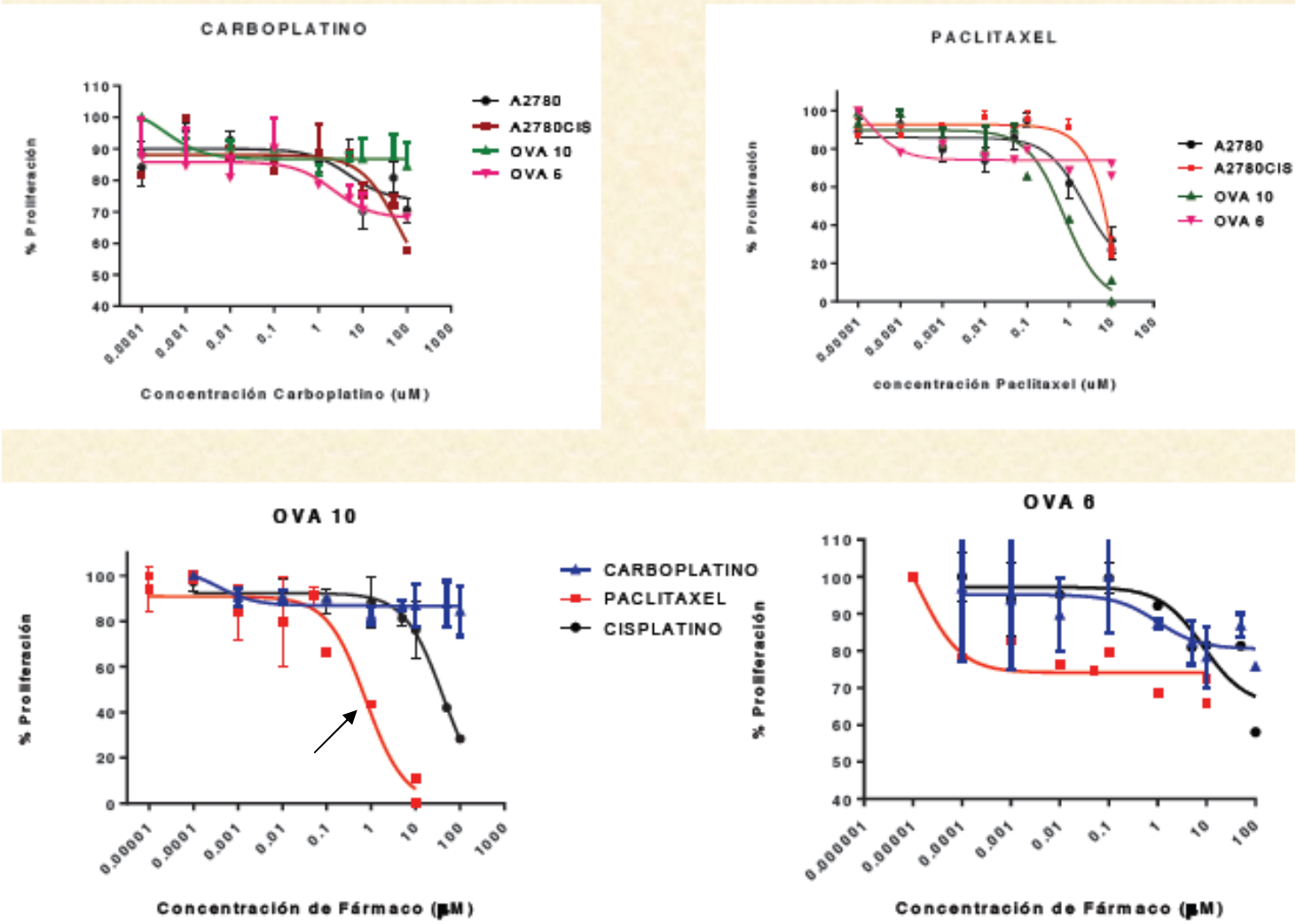
VISIÓN TRASLACIONAL

¿MODIFICAR LA PAUTA DE QT?



PANEL

RENO project –Mx ONCOLOGY PROJECT
FIS-PI13/02297 project



CONCLUSIONES

1. CA OVARIO ES CIRUGÍA-DEPENDIENTE

2. LOS CENTROS DE REFERENCIA DEBEN SER VISTOS COMO UNA HERRAMIENTA QUE PUEDE OFRECER UN MEJOR PRONÓSTICO PARA LAS PACIENTES

3. VANGUARDIA QUIRÚRGICA, MEDICA Y EN INVESTIGACIÓN

MUCHAS GRACIAS POR SU ATENCIÓN