

1) TOTAL PELVIC EXENTERATION: OUTCOME RESULTS.

Autora: Marcy Junqueira Piedade.

Coautores: Janina Ferreira Loureiro Huguenin; Jorge Soares Lyra.

Instituição: Instituto Nacional do Câncer – INCA.

Background and Aim: Resection of locally advanced or recurrent pelvic cancer often requires total pelvic exenteration (TPE). This procedure is complex, rare and should be performed in specialized centers. Consequently, there are few published data on outcome from unique institution. The purpose of this study is to evaluate the operative and oncologic outcomes of TPE for treatment of pelvic tumors at a single institution. Methods: Charts of patient identified from a prospective database and underwent TPE or its technical variations, between January 1986 to December 2012, were reviewed. The overall survival and disease free survival was analyzed by Kaplan-Meier method. Results: TPE was performed in 65 patients: male 50; mean age = 54 ($\pm 11,6$ years); pathologic type: rectal adenocarcinoma = 86% (56 patients) . The median hospital stay was 21 days (95% CI :16-25). Operative morbidity and mortality were 66,7% and 15,2%, respectively. The overall survival time was 29 months (IC95% :17-117) and disease free survival was 37 months (95% CI : 23-52). It was also observed an statistically significant difference between R0 and non-R0 surgery in relation to overall survival ($p=0,003$). Conclusion: Despite the high morbidity and mortality, TPE is justifiable in cases of locally advanced primary and recurrent pelvic malignancies. Our results show that this procedure improves overall survival and disease free survival, specially when it is performed in R0 surgical scenario.