

**Survival and quality of life after isolated upper abdominal perfusion with chemofiltration (UAP-F) for stage III and IV pancreatic cancer.**

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**Background:** In order to increase response and survival rates of advanced pancreatic cancer at good quality of life, UAP-F was clinically tested. We report on feasibility, safety, overall survival and quality of life of 79 patients in stage III and 142 patients in stage IV submitted to UAP with subsequent chemofiltration for lowering of systemic drug exposure. **Methods:** This technique is achieved with stop-flow balloon catheters introduced via the femoral artery and vein. The arterial balloon is placed below the celiac axis and proceeded beneath the diaphragm after injection of a three-drug combination consisting of cisplatin (CDDP), adriamycin (ADM) and mitomycin (MMC). Because of tenfold increased cytotoxicity of ADM and MMC, the perfusion is performed under hypoxic condition. Perfusion time is 15 minutes followed by 30 - 45 minutes of chemofiltration. **Results:** Median survival was 12.1 months and 8.7 months in stage III and IV respectively. One-year survival was 49.4 % and 37 % for stage III and IV, and 3-years survival 21.7 % and 7.7 % for stage III and IV respectively. Cisplatin levels in the arterial circuit amounted to 60.000 ng/ml and 6.000 ng/ml in the venous line. Resolution of ascites was achieved within two therapies in 33/36 cases with UAP-F. Toxicity was generally mild, not exceeding WHO grade II and amounted to grade III or IV only in patients after prior severe systemic chemotherapy. **Conclusions:** Upper abdominal perfusion with chemofiltration is a safe technique for advanced cancers of the pancreas, increasing survival time and maintaining quality of life. Research Sponsor: None.