



ISOLATED LIMB PERFUSION IS STILL A CHOICE?



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BACKGROUND

In transit metastases (ITM) of melanoma and local recurrence (LR) need a multidisciplinary approach, in particular after the introduction of new and modern systemic treatment, such as target therapies and immunotherapy. Electrochemotherapy (ECT) and isolated limb perfusion (ILP) are acceptable, safe and reasonable palliative treatment.

Nowadays, the choice of treatment is based also by take on consideration the cost-effectiveness of therapies; in particular ILP has higher costs (approximately €18.500,00) then ECT (approximately €1.400,00) due to the combining perfusion of antitumoral drug (Alkeran or TNF- α), prolonged operating room occupation, and prolonged hospitalization (minimum 7 days).

METHODS

A series of 313 patients with ITM or LR treated with ILP or ECT at the Melanoma Surgical Unit of National Cancer Institute of Milan Italy from 2000 to 2022 was retrospectively reviewed (Table 1. Population of the study).

The aim of the study is to acknowledge the annual trend of ILP and ECT and to understand when ILP should be considered an effective treatment option in our era.

RESULTS

A total of 103 ILP and 210 ECT were performed for ITM or local recurrence (ILP 32,91%; ECT 67,09%). From the introduction of ECT, ILP has been less and less the choice, last year ILP was performed in 11% of cases (Figure 1. Annual Trend of ILP and ECT).

	ILP	ECT
Total	103	210
1 volta	96	149
> 1 volta	7	61
Sex		
M	30	90
F	66	59
Body Location		
Inferior Limb	91	83
Upper Limb	3	7
Trunk/Back	0	33
Head/Face	0	21
Genital Mucosa	0	1
Unknow Location	2	4
Stage		
IIIa	2	3
IIIb	11	23
IIIc	59	89
IIId	4	11
IV	0	1
ND	20	22
Last Follow Up		
Alive with disease	6	43
No evidence of disease	19	38
Dead with disease	64	61
Dead of disease	7	7

Table 1. Patients characteristics

CONCLUSIONS

The progressive development of systemic and loco-regional therapies has given the possibility of wide combinations of approaches that can achieve a synergistic effect limiting progression, reducing morbidity and improving survival.

In our era, the challenge is to be able to select and tailor the appropriate therapy for the individual patients; ILP remains an acceptable, safe, effective and reasonable palliative treatment in case of failure of other effective treatment, when ECT is not indicated and to avoid limb amputation.

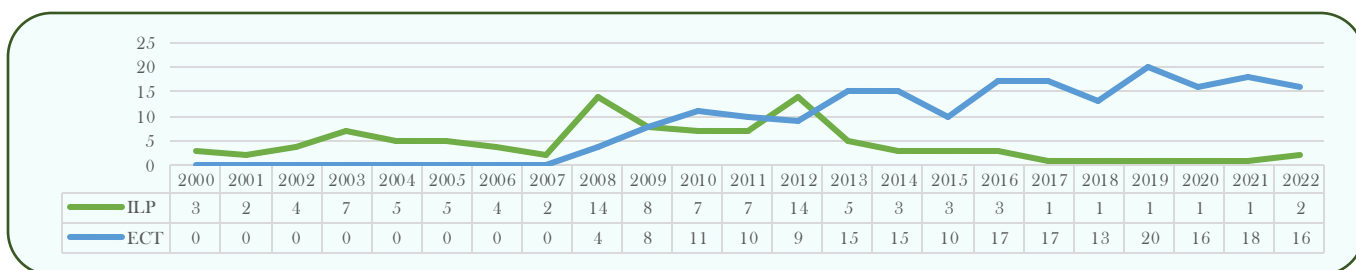


Figure 1. Annual trend of ILP and ECT

