CONTINUOUS LOW-FLOW ASCITES-DRAINAGE THROUGH THE URINARY BLADDER VIA THE ALFA-PUMP (AP) CLOSED SYSTEM IN PALLIATIVE PATIENTS WITH MALIGNANT ASCITES (MA)

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Background & Aims: MA is a therapeutic dilemma significantly impairing patients’ quality of life (QoL). The Sequana Medical AP-System, a subcutaneous, externally rechargeable, implantable device, draining ascites via the urinary bladder, is established in liver cirrhosis, but not in MA. We evaluated the AP-system in cancer patients.

Methods: We performed a retrospective multicentre evaluation of all consecutive patients who received an AP for MA-palliation in 6 centres across 3 European countries. AP was evaluated for its ability to pump MA and cross correlated with survival, symptom and retrospective physician-reported QoL.

Results: Seventeen eligible patients, 70.6% being female, across 13 different tumour types, the most common being ovarian cancer (48%) were analysed; median patients’ age: 63 years (range:18-81). Median number of ascetic drainage prior to AP-implantation was 1.2/month (range: 0.1-4.1); median ascitic volume (AV) was 6.6L/month (range:1.8-12.4). Median duration of AP-implantation was 60 minutes (range:30-270) and median post-implantation LOS 4 days (range:2-24). 12 protocol-defined AE occurred in 8 patients: 4 renal failures, 4 pump-/catheter blockages, 3 infections/peritonitis and 1 wound dehiscence. Median AV pumped daily was 303.6ml/day (range:5.6-989.3) and median total AV drained was 28L (range:1-638.6). Median patient post-AP-survival: 100 days (range:10-715) and 16 patients had the pump in situ at death. 4 patients needed 1 single post-implant ascitic drainage. 11 patients received anticancer treatment after AP-implantation. In a physician-reported QoL-questionnaire, 71% experienced an improvement post AP-implantation of at least one of following QoL-parameters: tiredness, pain & bloating, sleeping, SOB, appetite and nutritional-status.

Conclusions: AP appears to be effective in palliating patients with MA and improving their QoL. Its broader implementation in oncology services should be explored.
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