

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

Authors: Christina Fotopoulou<sup>1</sup>, Thomas Berg<sup>2</sup>, Annekristin Hausen<sup>3</sup>, René Hennig<sup>4</sup>, Stewart Macdonald<sup>5</sup>, Rajiv Jalan<sup>5</sup>, Massimo Malago<sup>5</sup>, Jeroen Capel<sup>6</sup>, Andrea De Gottardi<sup>7</sup>, Guido Stirnimann<sup>7</sup>

Authors affiliations: Imperial College London, Gynaecologic Clinic, Hammersmith Hospital, London, UK<sup>1</sup>; Universitätsklinikum Leipzig, Sektion Hepatologie, Leipzig, Germany<sup>2</sup>; Universitätsklinikum Bonn, Medizinische Klinik und Poliklinik I - Innere Medizin und Gastroenterologie, Bonn, Germany<sup>3</sup>; Klinikum Stuttgart – Bad Cannstatt, Allgemein- und Viszeralchirurgie, Stuttgart, Germany<sup>4</sup>; Royal Free Hospital, Institute for Liver and Digestive Health, University College London, London, UK<sup>5</sup>; Sequana Medical, Zürich, Switzerland<sup>6</sup>, Inselspital, Hepatology Department, Bern, Switzerland<sup>7</sup>

andrea.degottardi@insel.ch

Presenting author:

Christina Fotopoulou MD, PhD

Imperial College London

Du Cane Road, W12 0HS London. UK

Email: chfotopoulou@gmail.com

Phone: +442033133274

**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: 63years (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.

Disclosures: Work was funded by Sequana