

SIO Case Spotlight

Combination of Embolization and ablation of HCC

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Disclosures

- Karen T. Brown: None
- Achiude Bendet: None

Case

HISTORY OF PRESENT ILLNESS:

- 82 year old man with history of hemochromatosis, due to elevated AFP underwent liver MRI with 2 tumors in the RT liver. Aborted hepatectomy on 10/15/2017 due to new lesions, biopsies taken from all lesions.

PAST MEDICAL HISTORY:

- HTN
- Colon Cancer
- DJD

PAST SURGICAL HISTORY:

- S/P partial colectomy 2000
- Bil THR

FAMILY HISTORY:

- None

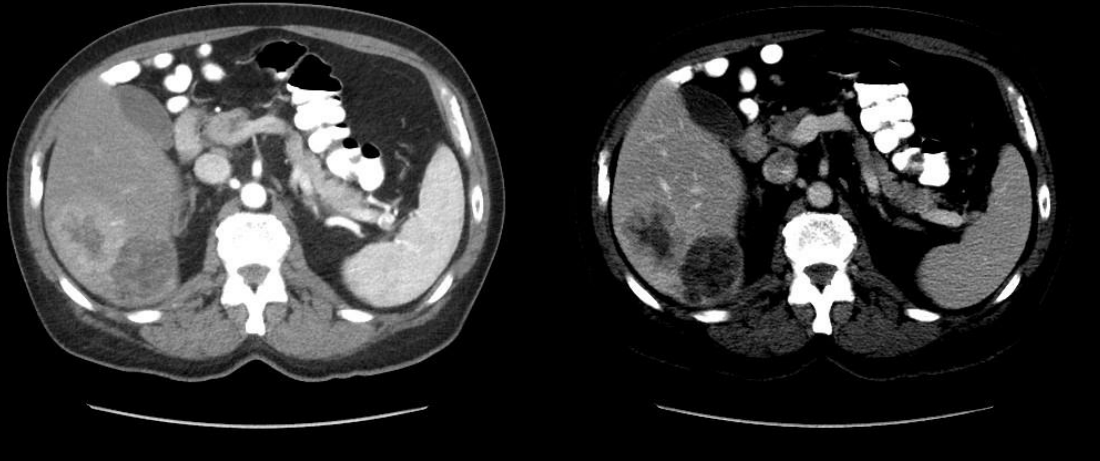
SOCIAL HISTORY:

- None

Physical Exam & Labs

- T 37 BP: 140/84, Pulse: 78bpm, RR: 18, SpO2: 97%
- Gen: No acute distress
- Cardiac: Regular rate and rhythm
- Lungs: Clear to auscultation bilaterally
- Abdomen: Soft, non tender, no hepatosplenomegaly, no ascites
- ECOG: 0
- Pertinent Labs : Albumin 3.6, T bili 0.4, PLT 272, INR 1.12, AFT 9.6
ALT 39, AST 32, ALK 35.

Imaging

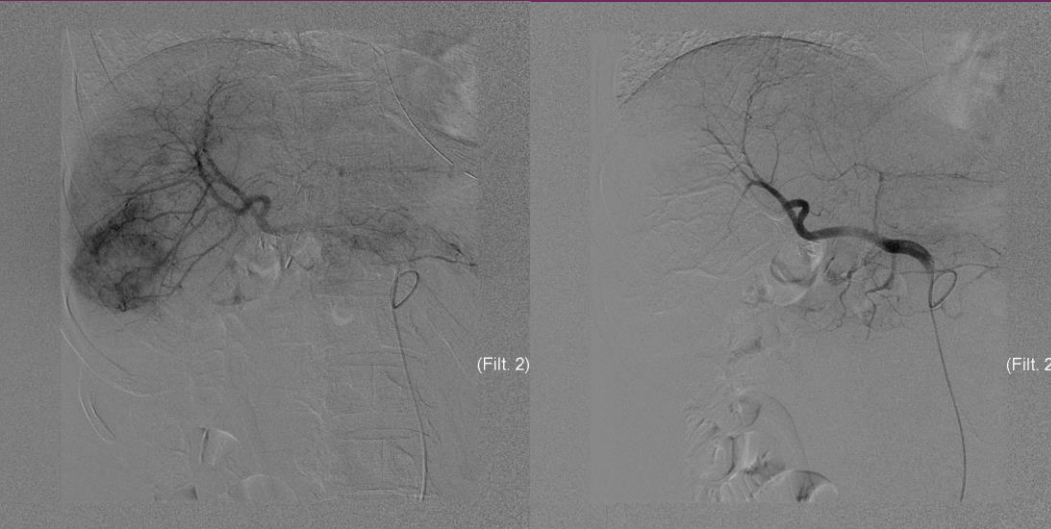


- CECT in the arterial and portal phases show 2 >5 cm lesions in the RT posterior liver, 1 hypervascular while the 2nd is not, both showing washout
- No cirrhotic features
- No PVT or ascites were noted

Clinical Discussion

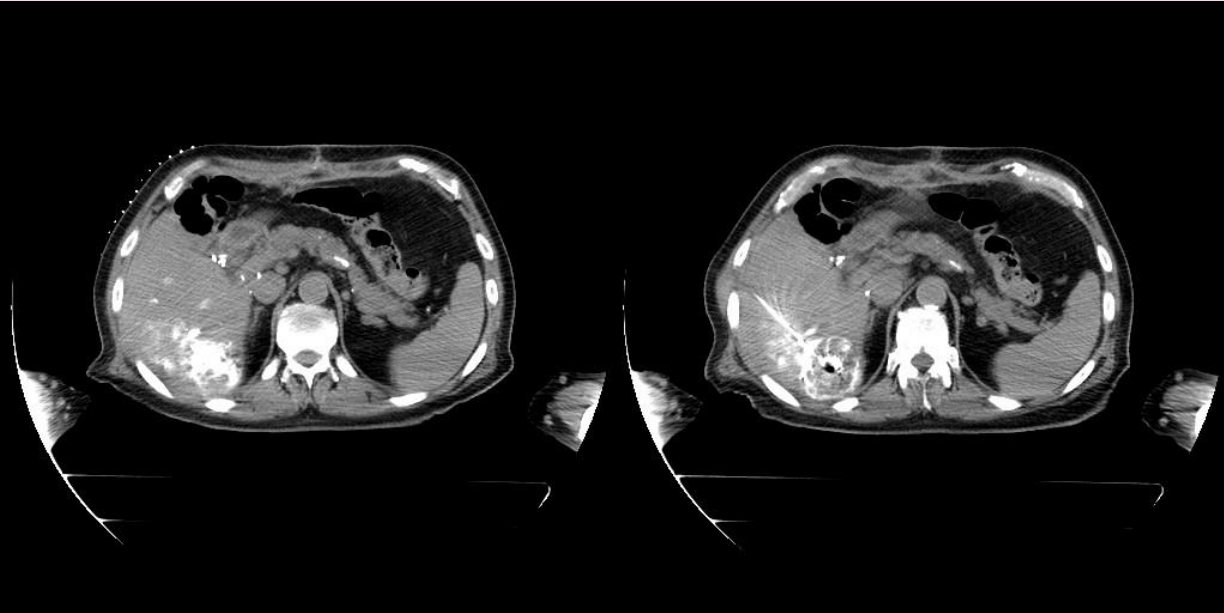
- Child Pugh class A
- BCLC stage B
- The patient was referred to locoregional treatment
- Due to large size of more than 5cm the preferred treatment modality was that of combined embolization/ablation

Procedure- Embolization



- Pre embolization DSA show tumor blush consistent with the known hypervascular lesion
- After administration of 6.6 cc of 40-120 micron Embospheres™ and 0.3 cc of 100 micron PVA stasis was achieved and no tumor blush evident

Procedure- Ablation

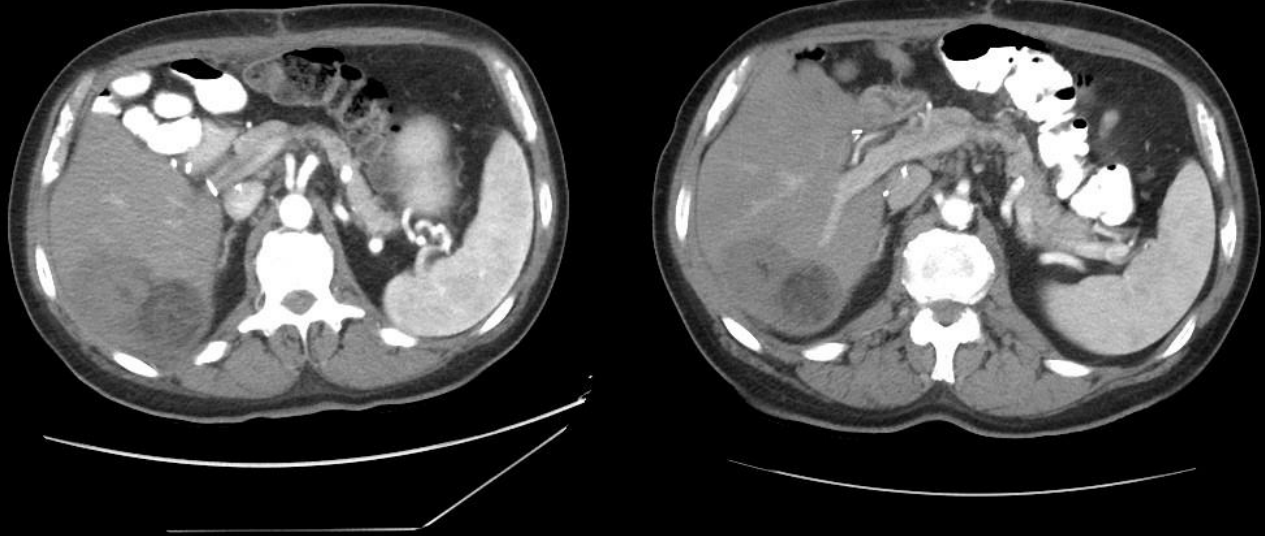


- Non contrast CT shows contrast retention in the tumors and supplying arteries, better in the medial tumor
- Intraprocedural CT shows MW Covidien Emprint antenna inside the lesions

Immediate Course

- There were no immediate complications
- The patient was discharged after an overnight watch with follow up clinic appointment

Follow-up Imaging



- First 5 weeks follow up show the 2 ablated tumors, no arterial enhancement or washout
- Last follow up 8 month after treatment show the treated tumors with no evidence for recurrence

Discussion

- ❑ Combination of embolization and RFA ablation has shown to have better OS and PFS in patients with HCC when compared to ablation alone, especially in intermediate and large tumors¹
- ❑ Data comparing combination therapy to embolization alone showed better tumor response and survival rates in intermediate stage HCC²
- ❑ There is also retrospective data suggesting similar overall survival between combination therapy and surgical resection in solitary HCC up to 7 cm in diameter³

¹Chen et *al.* Clin Res Hepatol Gastroenterol. June 2016

²Yang et *al.* Oncotarget January 2017

³Elnekave et *al.* Ann Surg Oncol September 2013