

NOTES

P95 Chemoembolization (TACE) of Unresectable Intrahepatic Cholangiocarcinoma with Slow-Release Doxorubicin-Eluting Beads

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PURPOSE: To evaluate safety and efficacy of TACE with microspheres preloaded with Doxorubicin in unresectable intrahepatic cholangiocarcinoma (UCH).

MATERIALS AND METHODS: 20 patients with UCH were observed, 9 refused treatment, preferring other palliative care or chemotherapy, and 11 accepted treatment to be treated with one or more cycles of DC beads loaded with Doxorubicin (75–150 mgr) TACE procedure between February 2006 and February 2008. A total of 32 individual TACE procedures were performed.

Follow-up imaging was performed on all patients before, immediately after and 4 weeks after each TACE procedure to evaluate response and need for further treatment. Each patient received i.v. hydration, antibiotics and medications to prevent against nausea and pain before the TACE procedure. Survival rate was calculated using Kaplan-Meier survival curve.

RESULTS: Response rate of 100% followed RECIST criteria. Six out of eleven patients are alive with a median survival of 16.3 months. TACE was well-tolerated by all patients. One patient developed an hepatic abscess requiring antibiotic therapy. No evidence of marrow toxicity has been reported. Nine out nine patients treated with chemotherapy or palliative care is are dead (with a median survival of 8.2 months in this group of patient).

CONCLUSIONS: We suggest that Doxorubicin-eluting beads-TACE is a feasible and effective treatment in patients with UCH. Survival seems clearly prolonged in the treated group with respect to the palliative group. We consider that Doxorubicin-eluting beads-TACE of 75–150 mgr may be an appropriate palliative therapy for these patients. Further studies are warranted to confirm these interesting preliminary data.