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Purpose:
To establish the safety and efficacy of TACE with Irinotecan coated LC beads as a treatment modality for hepatic metastases from colorectal cancer

Materials:
Sixteen patients were treated with 26 TACE procedures using Irinotecan coated LC beads and followed for a period of 12 months from September 2008 to September 2009. Thirteen patients (81%) had colon cancer metastases; 3 patients (19%) had metastases from rectal cancer. Patient age range varied from 46-82 years, with 14 patients (88%) older than 50 years of age. Male to female ratio was 10:6. All patients underwent at least one TACE procedure, 7 had two, 2 had three and 1 patient had a total of four procedures. TACE was performed using 100-300 and 300-500 micron LC beads loaded with a total of 100mg of Irinotecan. Pre and one-month post procedure imaging with a contrast enhanced computed tomography scan or a magnetic resonance imaging scan was performed after each treatment to assess for response. Complete response was defined as tumor necrosis with no residual enhancement and no new lesions. Partial response was defined as tumor necrosis and decreased residual enhancement, compared to pretreatment scans. Progression was defined as interval development of new lesions. One month post procedure liver enzyme assays, Alfa fetoprotein (AFP) and Carcino embryonic Antigen (CEA) levels were also measured. Adverse effect profile was assessed based on patient symptoms following each procedure

Results:
The treatment was well tolerated by all patients with 50% patients showing a partial response. Disease progression was seen in 2 patients (12%), 3 patients (18%) were lost to follow up and 3 (18%) are deceased to date. Adverse effects included nausea in 6 patients (37%), abdominal pain in 5 (31%), vomiting in 2 (12%), and fatigue, loss of appetite and insomnia in 1 patient (6%) each. Data for CEA levels was available for 11 patients, out of which 5 showed a decrease

Conclusions:
TACE with Irinotecan coated LC beads is an effective palliative treatment of hepatic metastases from CRC, in patients who have failed systemic chemotherapy. It is well tolerated, has a low systemic toxicity profile, thereby offering a safe and feasible treatment option