TRANSARTERIAL CHEMO-EMBOLIZATION

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- NET arises from a diffused endocrine system
- It comprises a broad family of tumors, the most common of which is carcinoid and pancreatic neuroendocrine

- Pathological classification:
 - Well defferentiated(G1)
 - Intermediate defferentiated(G2)
 - Poorly defferentiated(G3)

- G1/G2 usually present with functional symptoms(flushing/diarrhea/hypoglyceamia)
- G3 usually does not present with functional symptoms
- G1/G2 Usually indolent
- Usually metastasis to the liver

LIVER METS Mx

- Observe
- Octreotide
- Surgical resection
- TACE/TAE/RFA/SIRT
- mTOR inhibitor
- TKI Sunitinib
- Interferon

TACE IN LIVER NET METS

- Indications: bulky disease/unresectable
 - G1/2
 - Down-staging
- Contra-indication: Portal vein thrombosi
 - Poor liver functions
 - Whipple procedure

 Chemo: Dacarbazine/Adriamycin/5-FU/ Cisplatin/

MD Anderson – reported 67% PR,

- 62% Survival rate, in a small study
 - No CR

TACE IN HEPATOMA

Indication: Unresectable

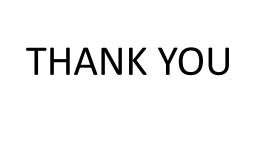
Child Pugh A/B cirrhosis

PS 0-1/2

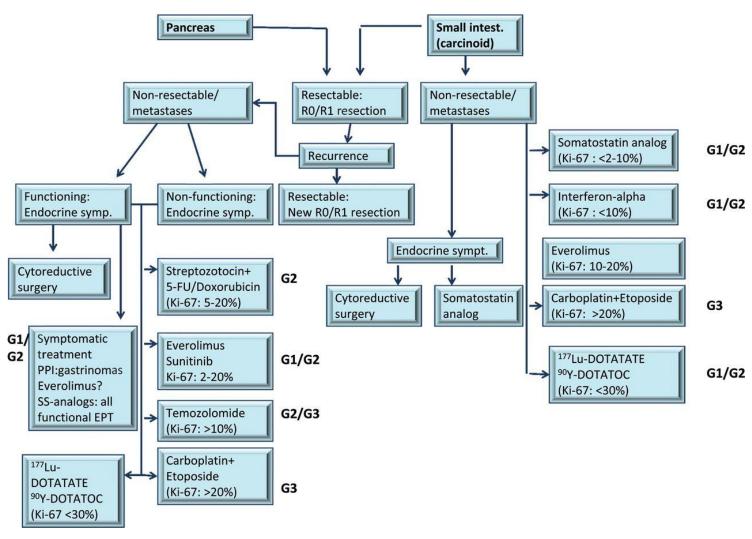
</=3 nodules

< 5 cm size

unilobar



Treatment algorithm.



Öberg K et al. Ann Oncol 2012;23:vii124-vii130

