

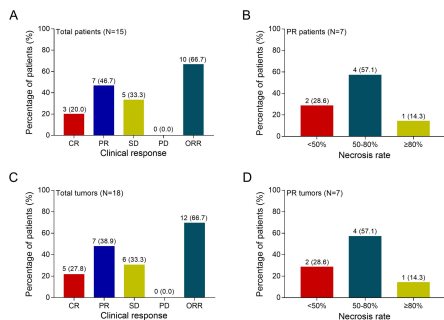
Callispheres® drug-eluting beads transarterial chemoembolization might be an efficient and safety down-staging therapy in unresectable liver cancer patients

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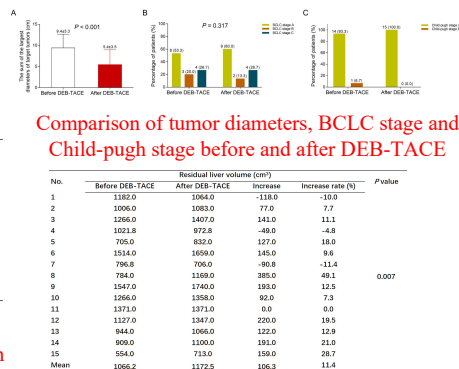
Abstract

We used the DEB-TACE method to treat 15 patients with HCC or cholangiocarcinoma. The embolization material used was Callispheres® Microspheres (CSM) (Jiangsu Hengrui Medicine Co. L td., Jiangsu, China), and the chemotherapy drug was pirarubicin. After the number of DEB-TACE treatments, all patients received curative resection or palliative resection. The results showed that although DEB-TACE is related to promising efficacy and low toxicity in unresectable liver cancer patients, which could effectively delay tumor progression or prevent recurrence during short-term (within 6 months), it is still less effective over longer periods, and could not achieve response rates and cure the tumor comparable to curative therapy. There is therefore a requirement with additional and effective treatment strategies for unresectable liver cancer patients, including the optimization of DEB-TACE and its combination with other treatment modalities. More importantly, we discovered that 15 (100%) patients could receive resection after DEB-TACE, suggesting that after DEB-TACE, the rate for unresectable patients received resection was 100%.

Results



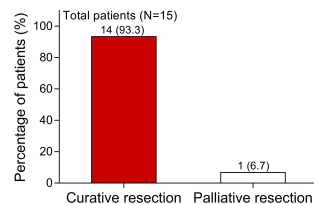
Treatment response after DEB-TACE at one month



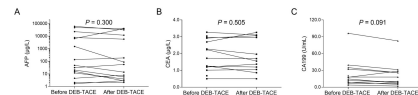
The residual liver volume before and after DEB-TACE

Liver indexes	Before DEB-TACE	After DEB-TACE	P-value
ALB (g/L)	42.4 (38.2-44.7)	39.8 (37.0-42.3)	0.334
TP (g/L)	70.5 (63.2-76.0)	72.0 (63.8-79.0)	0.256
TBL (μmol/L)	8.7 (7.3-10.9)	10.2 (7.0-13.0)	0.733
TBA (μmol/L)	7.3 (2.9-15.9)	6.2 (3.4-13.9)	0.513
ALT (U/L)	50.0 (22.0-59.0)	30.0 (24.0-46.0)	0.609
AST (U/L)	33.0 (26.0-59.0)	30.0 (26.0-37.0)	0.593
ALP (U/L)	109.0 (91.0-130.0)	120.0 (94.0-158.0)	0.050

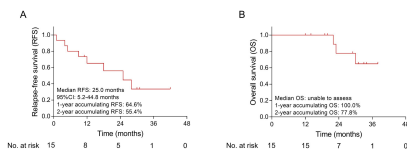
The level of liver function indexes before and after DEB-TACE



In total patients, there were 14 (93.3%) patients received with curative resection, and 1 (6.7%) patient received palliative resection



Comparison of tumor markers before and after DEB-TACE



The median value of RFS was 25.0 months (95%CI: 5.2-44.8 months), and the percentage of 1-year accumulating RFS was 64.6% as well as 2-year accumulating RFS was 55.4%. As to OS, although its median value was unable to assess, the percentage of 1-year accumulating OS was 100.0% as well as 2-year accumulating OS was 77.8%

Summary

1. DEB-TACE decreases tumor diameter and promotes the growth of residual liver volume in unresectable liver cancer patients.
 2. After DEB-TACE treatment, 100% of patients could receive surgery.
- These data suggest that DEB-TACE might be effective and safety as a down-staging therapy in unresectable liver cancer patients.