Hepatic Artery Embolization (HAE) In Hepatocellular and Gastroenteropancreatic Neuroendocrine Tumors at Instituto Oncologico Nacional. Panama.

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**Background:** Patients with advanced hepatocellular carcinoma (HCC) and hepatic metastases from neuroendocrine tumors (NET) have few treatment options. Several reviews have suggested that HAE, with or without intraarterial chemotherapy, can be used for local control with improvement in overall survival. We conducted a study, to analyze the characteristics of patients treated with HAE in our institute.

**Methods:** A retrospective review of patients treated with HAE between 2011 and 2015 was performed. Demographic, clinical, therapeutic and prognostic variable were studied. Progression and overall survival from first time embolization were evaluated using Kaplan Meier method.

**Results:** We analyzed 45 patients, 26 men and 19 women. Median age 64 years. 21 patients (46.7%) with hepatocellular carcinoma, 16 (35.6%) neuroendocrine tumor (NET), 1 (2.2%) colangiocarcinoma, 4 (8.9%) other. 19 patients had multiple liver lesions and 11 patients extrhepatic disease. Median tumor size 12 cm. 6 patients had carcinoid syndrome (37.5%). Median embolization procedures 2 (1-6).

9 patients with HCC received Sorafenib, and 8 patients with NET received Octreotide. Median time pre HAE was 2.2 months.

**Response rate in evaluated patients**

97% partial response
26.5% Stable disease
12.5% Disease progression

**Conclusions:** HAE is an effective treatment for unresectable HCC or NET. Our results are consistent with the reported in literature.