DSM-TACE OF LIVER METASTASES FROM OVARIAN CANCER REFRACTORY AFTER STANDARD THERAPY

CASE REPORT

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Patient

- 64 year old female
- **Unresectable liver metastases from epithelial ovarian cancer**
- Progress after two lines of standard chemotherapy (epirubicin, cisplatin, capecitabine)
- Liver-only disease: multinodular, bilobar right hepatic disease (>5 lesions, <3 cm) | Fig 1a-c
- Lab parameters: **Hb** 12.7 g/dl | **PLT** 343x109/l | **Leukocyte** 6.5x109/l | **Creatinine** 0.9 mg/dl | **Prothrombin time** 13 sec | **INR** 1.1 | **APTT** 34 sec | **ALT** 45 IU/l | **Serum bilirubin** 0.8 mg/dl | **Serum albumin** 38 g/l, normal range
- Tumor board decision:
  - **DSM-TACE** with Oxaliplatin and oral Cyclophosphamide (50 mg daily) 3 days after first intraarterial procedure
  - **Bilobar treatment** (two treatments at 2-week interval; the first treatment was targeted to the lobe more involved by disease)

Figure 1: Pre-treatment CT scans show small right hepatic lesions (a-c)

DSM-TACE Procedure

- Intraprocedural continuous infusion of 20 mg Morphine/24h, 20 mg Ketorolac (NSAR)/24h, 500 mg Ciprofloxacin/once daily
- DSM-TACE procedure was performed in an angiographic suite, using patient monitoring and anesthesiological assistance under local anesthesia
- Anatomy of hepatic artery and possible branches to non-target structure confirmed by hepatic angiography
- Selective lobar catheterization was performed using 2.7 Fr microcatheter | Fig 2
- Under fluoroscopic guidance, a solution of **450 mg in 7.5 ml of microspheres type EmboCept® S*** mixed with **100 mg Oxaliplatin** and non-ionic contrast medium was slowly infused in two steps:
  - Drug uptake: 100 mg Oxaliplatin diluted in 20 ml of 5% glucose solution plus 3.5 ml EmboCept® S* plus 15 ml non-ionic contrast medium was injected
  - 4 ml of EmboCept® S* plus 6 ml non-ionic contrast medium was injected to obtain stop-flow.
- Endpoint for both steps was the delivery of the full planned dose with the achievement of an arterial stop-flow

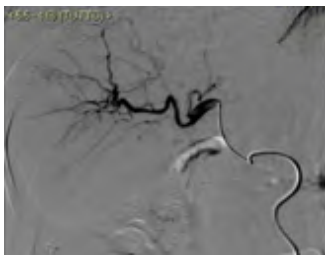

Figure 2: Angiogram shows lobar catherization of right hepatic artery, using a coaxial technique

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Outcome

- Patient experienced mild nausea and abdominal pain, controlled and solved within 6 hours after procedure with standard medical therapy
- Patient was regularly dismissed after 24 hours, without any pain or periprocedural complications
- 3-month CT follow-up showed an almost **complete response with necrosis of almost all multinodular hepatic lesions** | Fig 3a-c

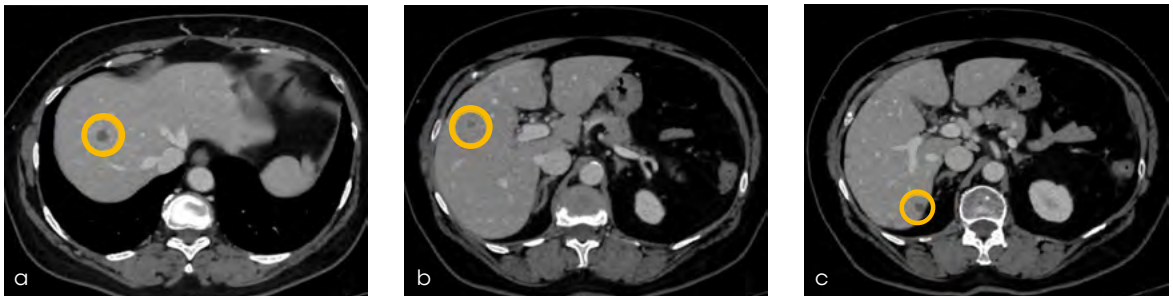

Figure 3: 3-month post-treatment CT scans show almost complete tumor necrosis (a-c)

Outlook

- Based on 3-month follow-up result, patient will receive 2 more DSM-TACE sessions

CONCLUSION

- DSM-TACE causes a temporary occlusion with a short ischemic period, allowing for an **optimal drug uptake with no post-embolic effects**, with a consequent optimal safety profile
- The use of DSM-TACE offers an **effective treatment** option for patients refractory to standard chemotherapy regimen, combining the locoregional treatment with a systemic chemotherapy, with low drug-related toxicities

* Patient treated with EmboCept® S, which is equivalent to the successor and available product EmboCept® S DSM 50 µm [data on file].

DSM Degradable Starch Microspheres
TACE Transarterial chemoembolization

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