**SAFETY AND EFFICACY OF TRANSCATHETER ARTERIAL CHEMOEMBOLIZATION (TACE) IN UNRESECTABLE BILIARY CANCER**

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**Aim:** Many patients (pts) with biliary cancer present advanced and unresectable disease. TACE has been effective in prolonging survival of pts with hepatocellular carcinoma; the aim of this analysis is to assess its safety and efficacy in biliary cancer.

**Methods:** We retrospectively collected data on pts with histologically-proven unresectable biliary cancer consecutively treated with TACE at our Institution. TACE was performed with infusion of 2 ml of microspheres preloaded with doxorubicin (50 mg) into the tumor-supplying vessels. The treatment was repeated at a minimum of 4-weeks interval. Follow-up investigations after 4 weeks included contrast-enhanced multislice spiral CT and laboratory control.

**Results:** From January 2011 to December 2013 52 TACE (range 1-7 per pts) were performed in 23 pts with the following characteristics: M/F 10/13; median age 64 (range 32-78); intrahepatic cholangiocarcinoma: 18, extrahepatic cholangiocarcinoma: 3 and gallbladder cancer: 2; unifocal/multifocal disease 10/13; 14 pts presented a minimal extrahepatic disease. According to RECIST criteria, best hepatic response to treatment was complete response in 1 pts, partial response in 5 pts and stable disease in 17 pts. 2 pts became resectable and underwent liver resection after TACE. No hepatic progression was observed within 4 weeks after procedure, while 4 pts progressed in extrahepatic sites (17%). The treatment was well tolerated with no deaths and no acute liver failure. Only 1 pts had an hepatic abscess as major complication; all other pts experienced mild side effects as fever, nausea, general malaise, loss of appetite and abdominal pain (PES, Post Embolization Syndrome). This syndrome occurred in the first 72 hours after procedure and resolved with conservative therapy alone. At the time of analysis 12 pts are alive and 4 of them have not progressed yet. Data are still immature for survival analysis.

**Conclusions:** TACE is an effective and safe procedure with a high local disease control rate in unresectable biliary tract cancer and might be able to improve the outcome in this setting. Further studies are needed to confirm these preliminary data and to set the better timing for TACE integration with systemic chemotherapy.

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