

Radiology procedure may help increase long-term survival in patients with severe liver cancer

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In patients with unresectable (unable to be removed by surgery) liver cancer, an interventional radiology procedure called triple-drug transcatheter arterial chemoembolization (TACE) followed by a liver transplant may significantly increase a patient's chance of long-term survival, according to a study published in the December issue of the *American Journal of Roentgenology*.

Liver cancer is the fourth most common cancer in the world and is responsible for more than 500,000 deaths worldwide annually. During triple-drug TACE, anti-cancer drugs are injected directly into the blood vessel feeding a cancerous tumor. An embolic agent is placed inside the [blood vessels](#) that supply blood to the tumor, in effect trapping the [chemotherapy](#) in the tumor.

The study, performed at the David Geffen UCLA School of Medicine in Los Angeles, included 124 patients with unresectable liver cancer. Twenty-eight patients underwent triple-drug TACE followed by a liver transplantation; 96 patients underwent triple-drug TACE only. "In our study, patients who underwent triple-drug TACE followed by liver transplantation showed the longest survival," said Antoinette S. Gomes, M.D., lead author of the study. The median survival in the transplant recipient group was 112.80 months. In the no-transplant group, the median survival was 15.75 months.

"Until recently, there has been considerable controversy regarding the benefits of embolization therapy in patients with unresectable [liver cancer](#)," said Gomes.

"In our series, survival after TACE was best in patients who ultimately underwent liver transplantation. However triple-drug TACE alone still improved survival in patients who did not undergo a [liver transplantation](#)," she said.

This study appears in the December issue of the *American Journal of Roentgenology*.

Source: American College of Radiology

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