

Sequential TACE and cryosurgery can improve survival times for patients with HCC?

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Hepatocellular carcinoma (HCC)--a liver cancer--is recognized as one of the most common cancers in the world that disproportionately affects Southeast Asians and Africans. While there are therapies that possibly provide a cure, surgical removal and liver transplantation are invasive and radical options. However, even these approaches only benefit a small proportion of the total number HCC patients. Cryosurgery is a minimally invasive technique of using extreme low temperatures to freeze and kill tumors, improve patient' survival times, and reduce surgical complications.

Cryosurgery can be potentially applied to any [surgery](#) for solid organ cancers where conventional surgery would otherwise be used to remove undesirable tissue. It is anticipated that in the near future, cryosurgery will increasingly replace the use of traditional techniques of ablation.

A research article discussed will be published on August 7, 2009 in the *World Journal of Gastroenterology*. This article will address the best method to treat HCC which can not be removed by operation. The findings of this study are significant to the procedures that are performed daily at Fuda Cancer Hospital Guangzhou, and will hopefully change the practices at other cancer centers as well.

TACE is based on the fact that normal liver gets its [blood supply](#) from two sources: the portal vein (about 70%) and the hepatic artery (30%).

HCC gets its blood exclusively from the hepatic artery. TACE works by sending a catheter up the hepatic artery and its branch, and then injecting embolic material. Embolization blocks the tumor-feeding vessels and leads to cancer [cell death](#) and tumor shrinkage. Without this procedure, the hepatic artery and branches would continue to feed the liver tumor and allowing it to continue growing.

TACE performed prior to cryoablation may be expected to increase the efficacy of the cryoablation for HCC, to decrease local recurrence at the ablation area, improve survival times, and reduce bleeding complications. Cryosurgery combined with TACE, allows a broader group patients with HCC to be treated. Previously, only a small portion of HCC patients could be treated with conventional methods; even then, only those with small tumors. If TACE is performed prior to cryosurgery, more patients can be treated, even those with larger tumors.

More information: Xu KC, Niu LZ, Zhou Q, Hu YZ, Guo DH, Liu ZP, Lan B, Mu F, Li YF, Zuo JS. Sequential use of transarterial chemoembolization and percutaneous cryosurgery for hepatocellular carcinoma. World J Gastroenterol 2009; 15(29): 3664-3669; www.wjgnet.com/1007-9327/15/3664.asp

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