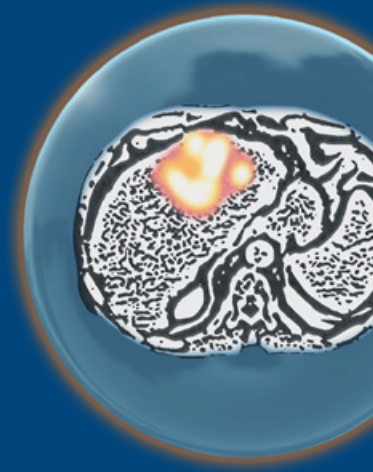


HIGHLIGHTS *from*

BOSTON SCIENTIFIC SYMPOSIUM

Y-90: A Step Towards Curative Therapies for HCC



Dr. Talia Baker | Transplant Surgeon | University of Chicago | USA

What outcomes for patients who undergo Liver Transplant after bridging/downstaging with SIRT?

- A 12.5-year OS (207 patients; 15-year period), with median time to LT of 7.5 months (IQR: 4.40-10.3) led Dr. Baker to adopt 90Y SIRT as treatment in the setting of bridging/downstaging to LT.¹
- The degree of tumor necrosis achieved and tumor stage before LT affects recurrence related outcomes.¹



Dr. Julien Edeline | Medical Oncologist | Centre Eugene Marquis | Rennes | France

Personalized dosimetry: What impact for the patient?

- Multicenter prospective RCT demonstrates a 16-month increase in OS, compared to standard 90Y method (60 patients, HR=0.421 [95 % CI:0.215 -0.826], p=0.0119).⁵
- Accumulating evidence for a positioning of SIRT in curative multimodality approaches: Bridging to transplantation & Downstaging to surgery
- Potential curative option of radiation segmentectomy.^{2,3}



Dr. Peter Littler | Interventional Radiologist | Freeman Hospital | UK

How can SIRT impact bridging and curative surgery in selected palliative HCC patients?

- 18/38 patients (47%) beyond Milan criteria were downstaged to T2 with 90Y before LT, in a 15-year experience published on 207-patient cohort.¹
- Median ratio of contralateral to total functional liver volume increasing from 48.5 to 64.9% after 90Y / p < 0.001 (724 mL [IQR = 541] to 920 mL [IQR = 530] / p < 0.001).⁶
- Growth in the FLR makes resection possible.^{1,6}

LT: Liver transplant ; OS: Overall Survival ; RR: Response Rate ; RCT: Randomised Controlled Trial ; FLR: Future Liver Remnant ; IQR: Interquartile Range ; CI: confidence interval

1. Gabr, A., Kulik, L., Mouli, S., et al. Liver Transplantation Following Yttrium-90 Radioembolization: 15-year Experience in 207-Patient Cohort. *Hepatology* 2020 May 16. doi.org/10.1002/hep.31318.
2. Kulik L, Vouche M, Koppe S, Lewandowski RJ, Mulcahy MF, Ganger D, Habib A, Karp J, Al-Saden P, Lacouture M, Cotliar J, Abecassis M, Baker T, et al. Prospective randomized pilot study of Y90 +/- Sorafenib as bridge to transplantation in hepatocellular carcinoma. *J Hepatol.* 2014;61:309-317.
3. Lewandowski R.J, Gabr A, Abouchaleh N, Ali R, Al Asadi A, Mora R.A, Kulik L, Ganger D, Desai K, Thornburg B, Mouli S, Hickey R, Caicedo J.C, Abecassis M, Riaz A, Salem R. Radiation segmentectomy: Potential curative therapy for early hepatocellular carcinoma. *Radiology.* 2018;287(3):1050-1058.
4. Garin E., Rolland Y., Edeline J., Icard N., Lenoir L., Laffont S., Mesbah H., Breton M., Sulpice L., Boudjema K., et al. Personalized dosimetry with intensification using 90Y-loaded glass microsphere radioembolization induces prolonged overall survival in hepatocellular carcinoma patients with portal vein thrombosis. *J. Nucl. Med.* 2015;56:339-346.
5. Garin et al. *J Clin Oncol* 38, 2020 (suppl 4; abstract 516).
6. Edeline J., Lenoir L., Boudjema K., Rolland Y., Boulic A., Le Du F. Volumetric changes after (90)Y radioembolization for hepatocellular carcinoma in cirrhosis: an option to portal vein embolization in a preoperative setting? *Ann Surg Oncol.* 2013;20(8):2518-2525.

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