METASTASI EPATICHE DA NET
TERMOABLAZIONE PERCUTANEA

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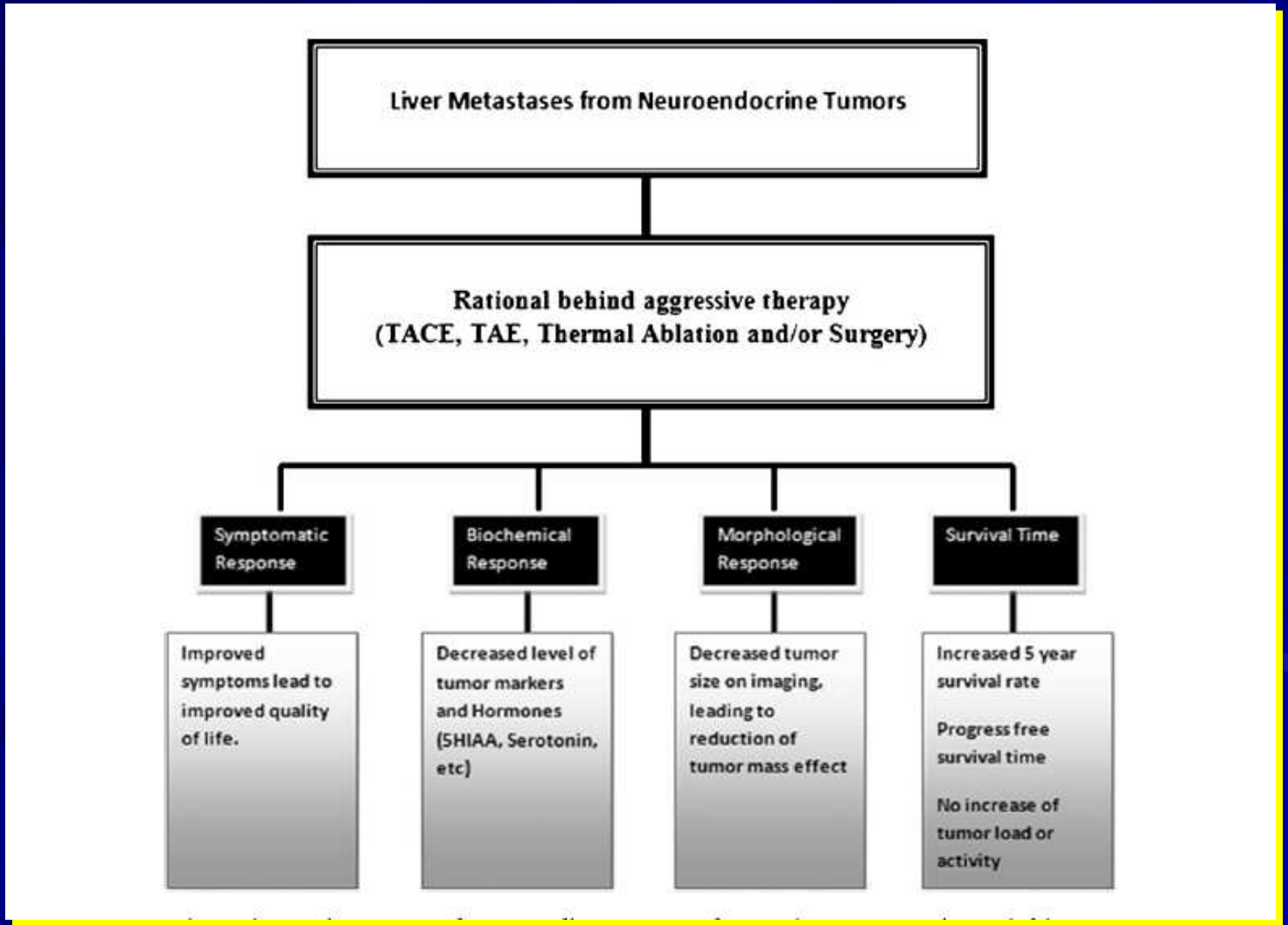
METASTASI EPATICHE DA NET
Razionale per citoriduzione aggressiva



METASTASI EPATICHE DA NET
Razionale per citoriduzione aggressiva

- ✓ *Decorso indolente (buone prospettive di controllo a medio/lungo termine)*
- ✓ *Frequente sindrome da produzione ormonale (controllo sintomatico)*
- ✓ *Terapia medica spesso poco efficace su debulking*

Obiettivo: ≥90% massa tumorale

METASTASI EPATICHE DA NET
Razionale per citoriduzione aggressiva

Name	No. of patients	Treatment	Number	Time	Percentage
Carrasco et al.	25	TAE	15L/8D	16 months, 1–50 (Death)5 d to 22 months	
Brown et al.	35	TAE		5 yrs	54%
Eriksson et al.	29	TAE		5 yrs	40%
	12 pancreas	TAE		20 months, 5 yrs	0
Loewe et al.	23	TAE		5 yrs, 68 months	65.4%
Perry et al.	30	TACE		median 24 months	
Diaco et al.	10	TACE		40 months 12–65	
Therasse et al.	24	TACE		median 24 months	
Drougas et al.	15	TACE		16 median 1–77	
Kim et al.	30	TACE		15 median 2–67	
Stokes et al.	20	TACE	17	6–2 months	
Fiorentini et al.	10	TACE		mean 22 months	
Clouse et al.	20	TACE		24 months	
Roche et al.	14	TACE		10 yrs, 5 yrs	56%, 83%
Kress et al.	26	TACE		5 yrs	48%
Touzios et al.	23	Non agressive		20 months, 5 yrs	25%
	19	Sx ± RFA		96 months, 5 yr	72%
	18	TACE ± abl, sx		50 months, 5 yrs	50%
Gupta et al.	69 carcinoid tumors	TAE/TACE		Median 33.8 months	95.3%, 68.6%, 28.6
	54 islet cell tumor	TAE/TACE		Median 23.2 months	68.8%, 48.7%, 13.7

Non-interventional medical therapy has the poorest rates between 0% and 25%
(Vogl, Eur J Radiol 2009)


TACE
TERMOABLAZIONE PERCUTANEA
CITORIDUZIONE AGGRESSIVA
80-90% pz non eligibili
Recidive frequenti (80-85% a 5 aa)
Chirurgia prima scelta

Termoablazione – Vantaggi

- ✓ *Scarsamente invasiva*
- ✓ *Bassa morbidità/mortalità*
- ✓ *Risparmia il parenchima sano*
- ✓ *Teoricamente ripetibili all'infinito*
- ✓ *Associabile ad altri trattamenti citoriduttivi (resezione, TACE)*

Se mets da NET il numero di lesioni perde di importanza (debulking!)

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the Journal of Cancer Surgery

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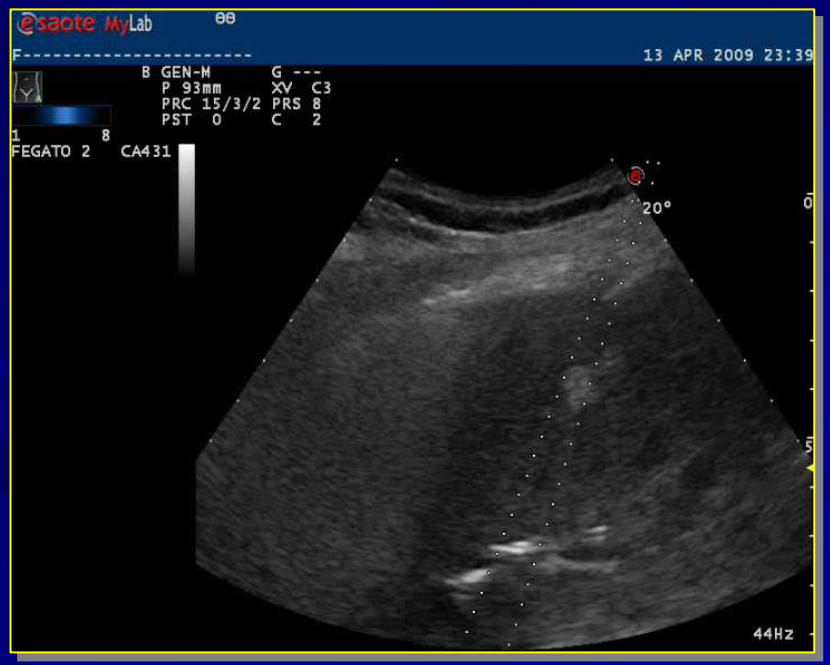
www.ejso.com

Combined liver surgery and RFA for patients with gastroenteropancreatic endocrine tumors presenting with more than 15 metastases to the liver

D. Elias [a,b,*], D. Goéré [a,b], G. Leroux [a,b], C. Dromain [a,c], S. Leboulleux [a,d], Th. de Baere [a,c], M. Ducreux [a,e], E. Baudin [a,d]

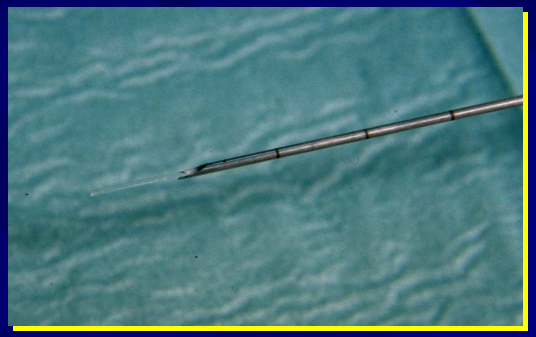
Termoablazione: quale metodica?

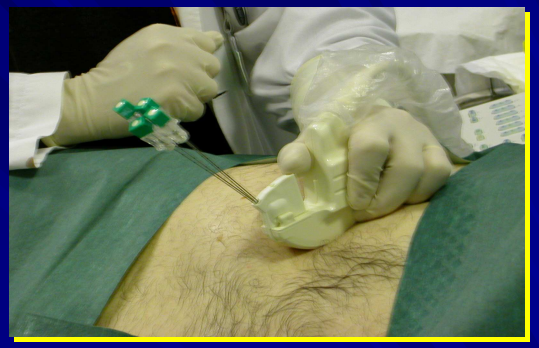
RF

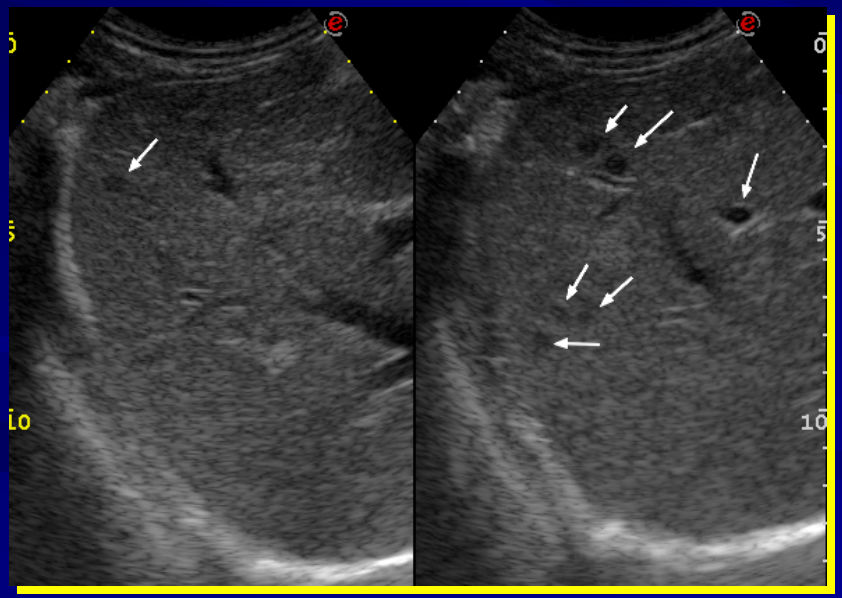


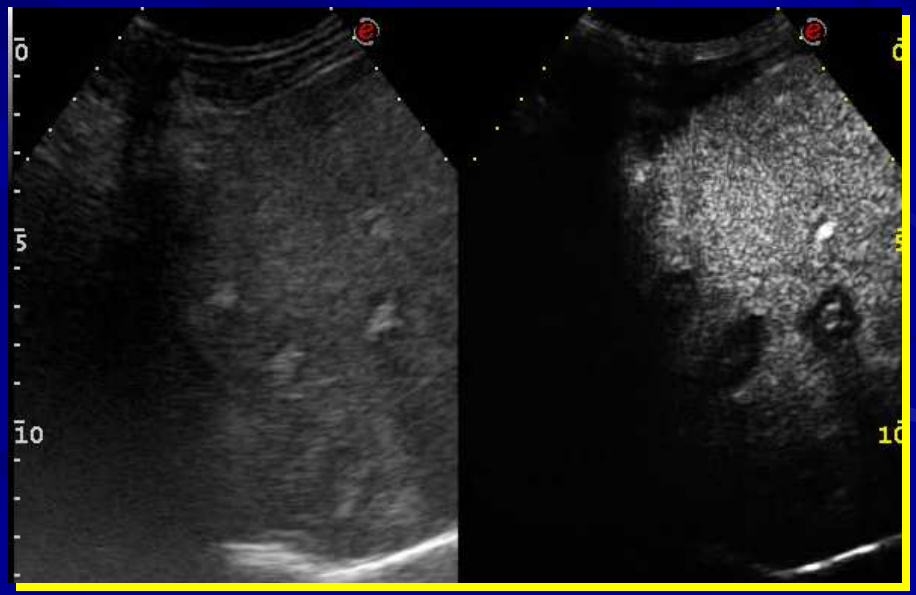
Termoablazione: quale metodica?

Laser



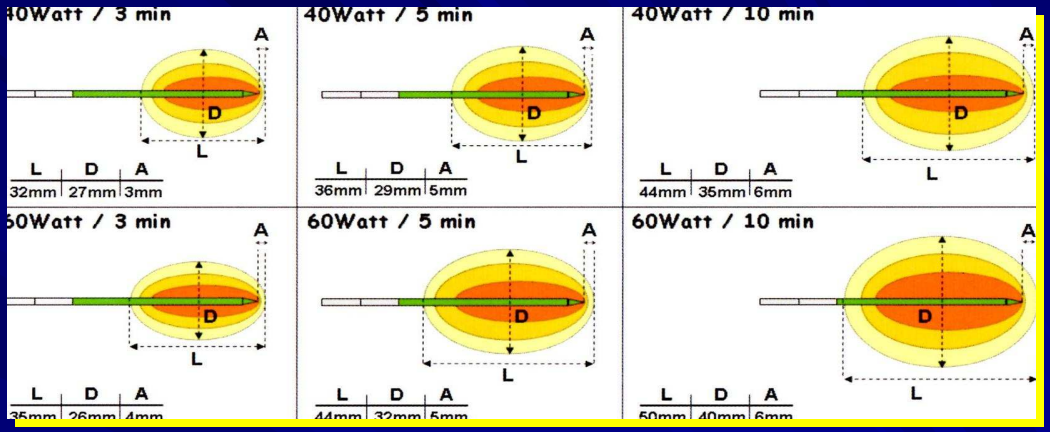


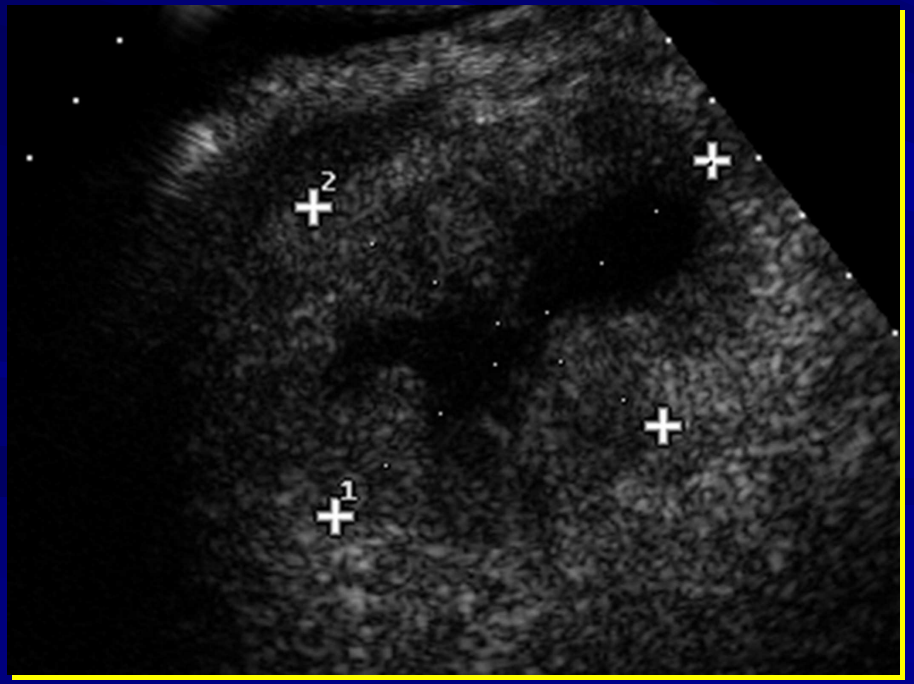


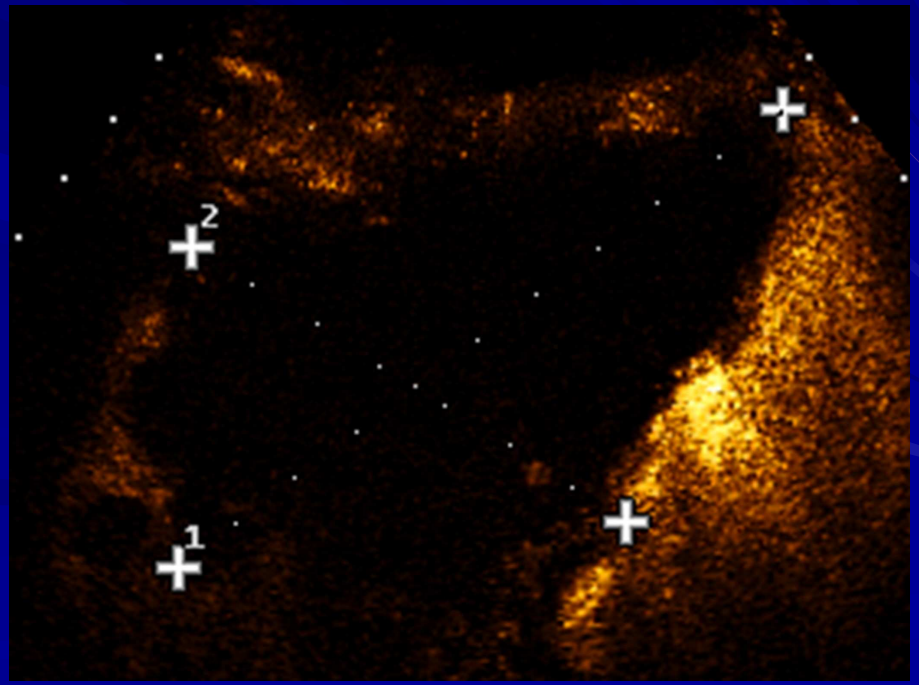


Termoablazione: quale metodica?

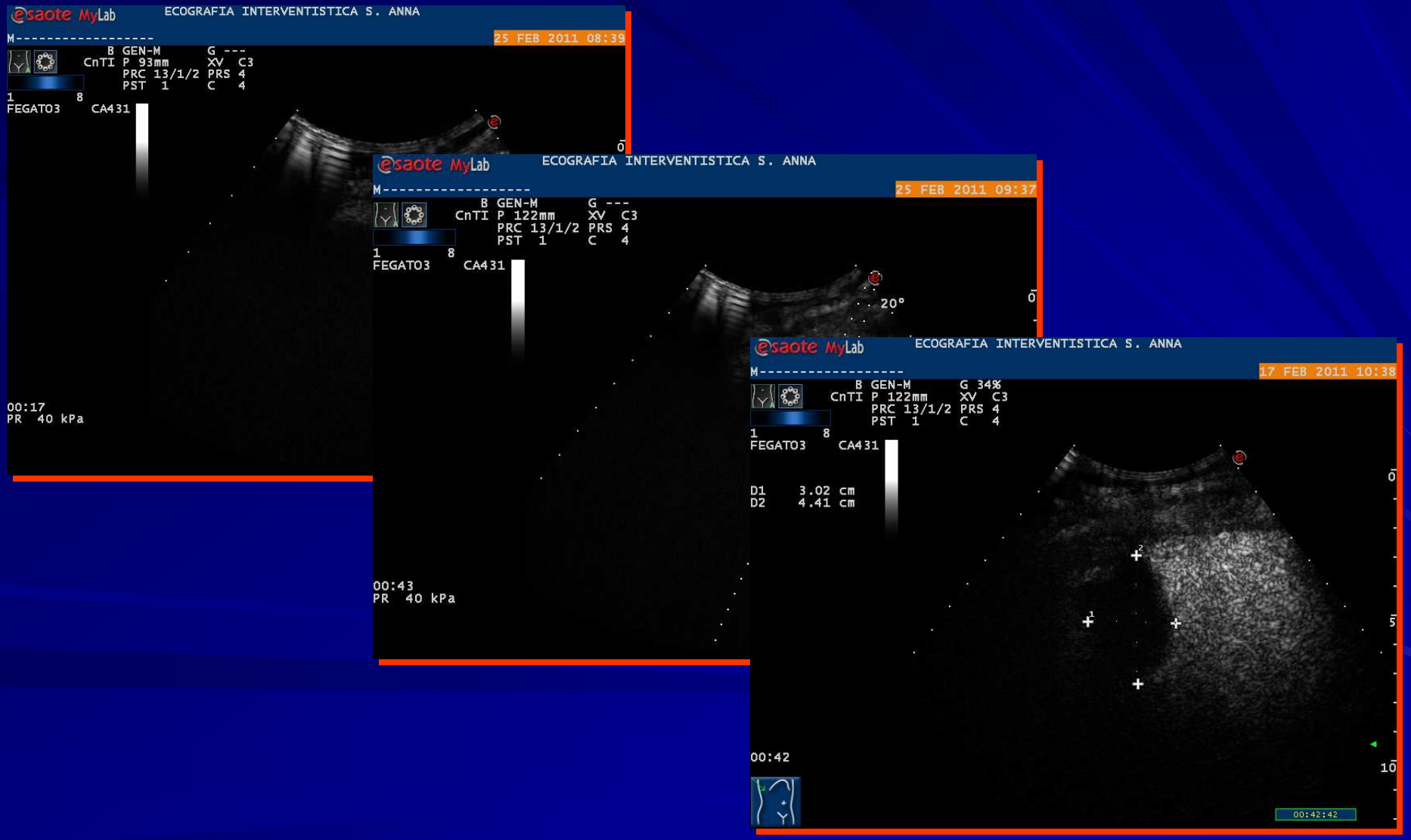
Microonde







Retreatment se necrosi incompleta o recidiva locale

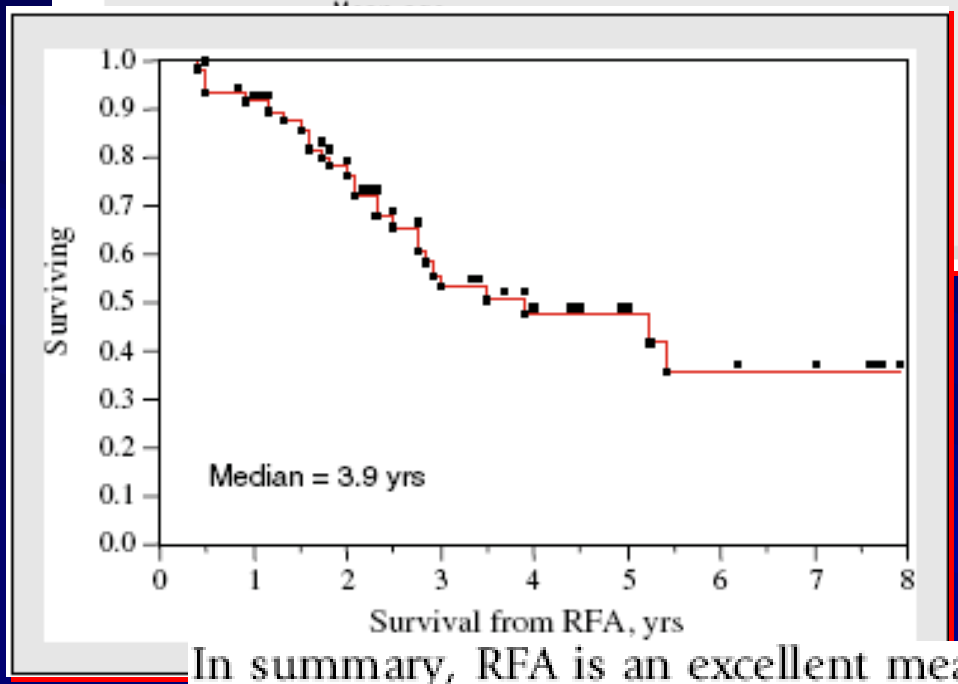


ESPERIENZA PERSONALE

- ✓ *11 pazienti*
- ✓ *81 metastasi (range 1 – 22)*
- ✓ *Dimensioni 5 – 30 mm*
- ✓ *1 – 4 sessioni termoablative*
- ✓ *Complicanze maggiori: 0*
- ✓ *5 deceduti (18 - 51 mesi dopo PAT, 2 P epatica, 1 P sistemica, 2 altre cause)*
- ✓ *6 viventi (FU 2 – 26 mesi, 1 P epatica, 5 liberi da malattia epatica)*

Table 1. Patient characteristics

Number of patients	63
Gender	M 41: F 22
	54.5 ± 1.5 years (34–77)
	6 ± 0.5 (1–16)
	2.3 ± 0.1 (0.5–10)
	1 : 49 patients
	2 : 11 patients
	3 : 3 patients
	1.6 ± 0.3 years (0–9)



In summary, RFA is an excellent means for treating neuroendocrine liver metastases that are considered unresectable. The rates of local recurrence are under 10%, achievement of symptom control is better than 90%, and 5 year survival is close to 50%, for a disease that if left untreated has a 5 year survival of 25–38%. Patients tolerate the pro-

CONCLUDENDO…

Chirurgia + HAE/TACE + Termoablazione…

TAILORED MULTIMODALITY TREATMENT!!!