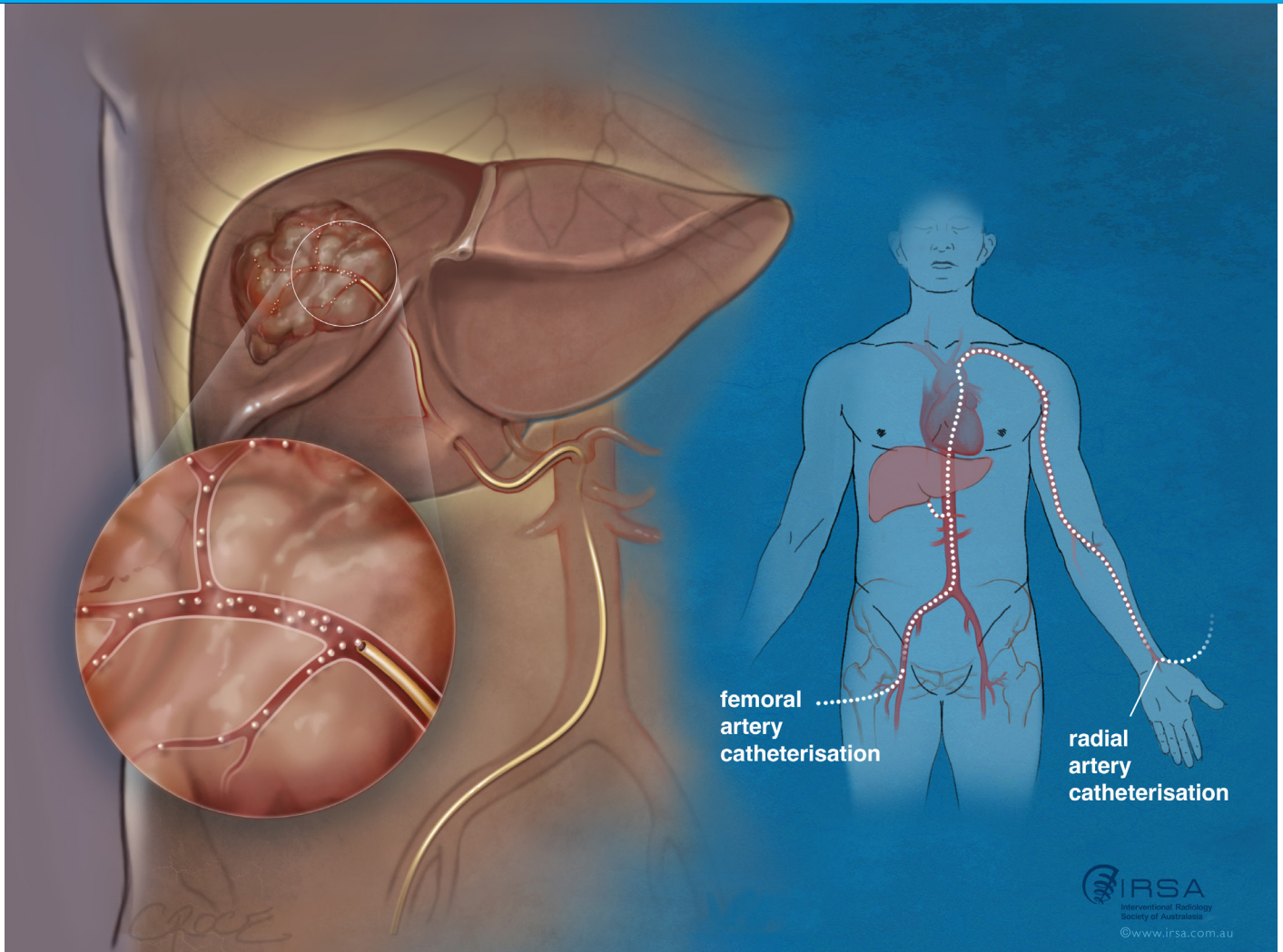


TRANSARTERIAL CHEMOEMBOLISATION FOR LIVER CANCER (TACE)



1. WHAT IS TRANSARTERIAL CHEMOEMBOLISATION FOR LIVER CANCER?

Transarterial Chemoembolisation is a form of chemotherapy delivered through the arteries that allows treatment to be targeted to liver tumours and minimises the amount of chemotherapy the rest of the body is subject to. The word "transarterial" indicates that the therapy is delivered through the arteries and the word "chemoembolisation" means that the tumour is targeted with both chemotherapy and that the blood vessel leading to the tumour is embolised/blocked. This blocking helps to reduce the blood supply to the tumour and keeps the chemotherapy in its desired location within the tumour.

2. WHY WOULD MY DOCTOR REFER ME TO HAVE THIS PROCEDURE?

TACE is one of many therapies directed at liver tumours and is normally chosen in patients whose disease is not removable surgically or treatable with ablation.

3. HOW DO I PREPARE FOR THE PROCEDURE?

Before TACE, you will be required to fast (no food or drink) for 6 hours. Several medications are given around the procedure to minimise the risk of infection, nausea, and pain. Sedation and analgesia (pain relief) are often given.

4. WHAT HAPPENS DURING THE PROCEDURE?

The TACE procedure is performed in a radiology x-ray suite. Local anaesthetic and twilight anaesthesia are typically administered. You can expect to feel a brief sting from local anaesthesia (similar to a blood test) and then commonly, patients do not feel any discomfort until chemotherapy is given. You will be awake and able to talk and ask questions. You may feel completely normal or slightly sleepy/relaxed due to the twilight medications.

The procedure is performed via a small tube normally via the artery in the right groin or the wrist. A thin plastic tube is guided via x-ray control through the arteries into the liver artery. A map of the blood vessels including the tumour is then taken using injections of iodine dye and the treatment planned. Then a smaller tube (<1mm) is directed closer to the liver tumour(s) and the chemotherapy is slowly dripped in to target the tumour. About 1/3 of patients feel a dull ache or nausea during the chemotherapy administration (if that is the case, medications will be given).

Following treatment, images of the blood vessels will be taken, and the tube removed from the groin. On average a treatment takes 2 – 3 hours.

5. WHAT IS THE RECOVERY NORMALLY LIKE?

If the groin was accessed, you will lay in bed for 4-6 hours after the procedure to minimise the risk of bruising/bleeding from the artery. An overnight stay in hospital will be needed so that you can be monitored and any medications that may be needed for nausea etc can be administered. Most patients can go home the following day.

You may feel lethargic or suffer from mild upper abdominal discomfort for a few days and may experience a low-grade fever and nausea as a response to the chemotherapy. These are generally related to treatment of the tumours and injury to the abnormal cells by the chemoembolisation.

6. WHAT ARE THE RISKS?

Major complications following TACE are relatively rare. These can include worsening of your liver function, liver infection or bleeding. A small number of patients may develop gall bladder infection or other complications from starved blood supply to areas other than the liver. Less than 1% of people have complications including cardiac (heart) issues or kidney impairment. Life-threatening complications are exceedingly rare (<1%).

7. WHAT ARE THE BENEFITS?

It is important to realise that TACE is not a treatment that cures liver cancers, but that it aims to keep the tumour “under control” by slowing growth of the targeted tumours. This means that patients with liver tumours treated with TACE can live significantly longer than those without the treatment. It can also be used to minimise the side effects of chemotherapy on the remainder of the body whilst still being able to treat liver cancers.

8. HOW LONG DOES IT TAKE TO RESPOND TO THE PROCEDURE?

At the end of the procedure, the doctor will have an idea of how successful the treatment was in terms of depositing the desired dose of chemotherapy into the tumour. The response of the tumour to the chemotherapy is assessed at a follow up CT scan, which is usually done one month after the treatment. Commonly, you can return for repeat TACE procedures if other tumours grow in the future or if there is a partial response of the treated tumour.