

**OC1.7****Conventional Transarterial Chemoembolization in Single Hepatocellular Carcinoma Less than 5 Cm, Outcome and Overall Survival, Single Center Study****Mohamed Zaitoun, Hossam Kenawy***Zagazig University Hospitals, Zagazig, Egypt.  
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**Background:** Transarterial chemoembolization (TACE) can be the treatment of choice in patients with single hepatocellular carcinoma (HCC) who aren't candidates for liver transplantation (LT), local ablation or hepatic resection (HR). Our aim is to determine the efficacy and monitor clinical outcomes in patients with single HCC  $\leq 5$  cm treated with conventional TACE (cTACE). **Method(s):** From January 2015 till October 2018, 100 consecutive patients with single HCC  $\leq 5$  cm underwent cTACE as a first line of treatment. Mean age was 59 years, 56 (56%) were males. Follow up with triphasic CT and AFP was done after 1 month then every 3 months for 3 years. We determined the predictive factors for complete response (CR) and overall survival (OS). **Result(s):** Seventy-two patients (72%) showed complete response and 28 patients (28%) showed partial response. Superselective TACE and tumor size ( $< 4$  cm) were significant predictor factors for CR (p value  $< 0.05$ ). The 1- and 3-year overall survival (OS) rates were 90.2% and 70.6% respectively. Complete response (CR) and child class (a) were significant predictive factors for overall survival (OS). **Conclusion(s):** TACE is an effective treatment in patients with single HCC  $\leq 5$  cm who aren't candidate for curative therapy. Super selectivity of TACE and tumor size ( $< 4$  cm) are the predictive factors for complete response (CR). Child class (a) and CR are the predictive factors for overall survival (OS).

**OC1.8****Outcome of Retinoblastoma after Intra-Arterial Chemotherapy****Hossein Ghanaati, Kavous Firouznia<sup>1</sup>, Fariba Ghasemi<sup>2</sup>***Medical Imaging Center, <sup>1</sup>Advanced Diagnostic and Interventional Radiology Research Center, Imam Khomeini Hospital, <sup>2</sup>Farabi Hospital, Tehran, Iran.  
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**Background:** In this presentation we aim to report our results for intra-ophthalmic artery chemotherapy (IAC) in the treatment of refractory and advanced retinoblastoma. **Method(s):** Patients who had failed to previous treatments and six naive patients with advanced retinoblastoma were included in our study. The patients received 1-2 treatments of IAC given 4-8 weeks apart. Complete response was defined as regressed tumor and complete disappearance of seeding clinically. Partial response was defined as partial regression of the tumor with live parts of the tumor and/or lessening of seeds, but not completes disappearance of them clinically. **Result(s):** A total of 24 eyes of 24 patients were treated with IAC during the study period. The mean age at the time of IAC was 38.9 months (14-120 months), and the mean follow-

up was 16.8 months (3-36 months) after IAC. Tumor control was achieved in 14 eyes (58.3%). Type 3 (combined fleshy and calcified remnants) was the most common type of regression (37.5%). Complications included vitreous hemorrhage in nine eyes (37.5%), arterial occlusion in two (8.3%), cyclitic membrane possibly secondary to ischemia and tractional retinal detachment in one patient (4.2%), chorioretinal atrophy in three (12.5%) patients, and neovascular glaucoma in one eye (4.2%). In eight (33.3%) patients, no complication happened. Globe salvage was achieved in 62.5% of the cases. The success rate for naive patients was 84%. Sixty-seven percent of the cases received transpupillary thermotherapy and cryotherapy before IAC. **Conclusion(s):** Intra-ophthalmic artery melphalan is an effective treatment for advanced cases of retinoblastoma, with a reasonable level of success. In the short follow up period of this study, it appears that the primary cases showed better results in the control of tumor.

**OC1.9****Our Experience in Percutaneous Ablative Treatment of Renal T1a E T1b Lesions: Results from 90 Patients Treated with Microwave Ablation, Radiofrequency Ablation and Cryoablation****Santucci Domiziana, Faiella Eliodoro, Pacella Giuseppina, Grasso Rosario Francesco, Beomonte Zobel Bruno***Campus Bio-medico University, Rome, Italy.  
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**Background:** To evaluate efficacy and safety of ablation procedures for the treatment of kidney lesions  $< 7$  cm. **Method(s):** 90 patients with single T1a and T1b lesions of the kidney, susceptible to ablative procedure, were retrospectively analyzed: 30 treated with radiofrequency (RFA), 30 with cryoablation (CRA) and 30 with microwave (MWA). All lesions have been biopsied. Complications rate, local control in terms of disease free survival (DFS) and renal function, and survival in terms of cancer specific survival (CSS) and overall survival (OS), were evaluated. **Result(s):** Mean age of patients was 68.8 years (29-94 years); mean tumor size was 26.51 mm (6-102 mm). Eighty-two lesions (91%) were T1a and 8 (9%) T1b. In 19 cases artificial dissection was performed. The treatment was effective in 96% of cases, with peri-procedural complications in 6 patients (5 hemorrhages and 1 hydro-ureteronephrosis). Seven patients (7.78%) reported a recurrence of disease (9 T1a and 1 T1b) (p  $> 0.05$ ) in a mean time of 3 months: 4 underwent MWA, 2 RFA and 1 CRA (p  $< 0.05$ ). One case of renal failure in mono-kidney patient was observed. The only significant predictor of DFS in the multivariate analysis, was the histotype, with a higher recurrence rate in RCC (p  $< 0.05$ ). Overall, 9 (10%) patients died for other causes. **Conclusion(s):** The safety and efficacy in short and long-term control of the three procedures are comparable. However, long-term surveillance is required, especially after MWA. Patient selection, based on tumor characteristics (size and location), and patient comorbidities remain crucial.