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Summary

Radiological approach in unresectable disease

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UEG Week Berlin 2025 | Presentation

Digestive Oncology | Hepatobiliary | Mechanisms & Personalised Medicine | Radiology & Imaging

October 6, 2025

Interventional radiology offers a portfolio of local and locoregional therapies for unresectable HCC, including percutaneous ablation and intra-arterial treatments, with evolving indications particularly for ablative radioembolization in early-stage disease.

KEY POINTS

- Microwave ablation has become the preferred percutaneous technique, with the speaker reporting pooled mortality below 1% and major complications under 5% in a large meta-analysis, and patients often discharged the next day
- The speaker's center shifted entirely to drug-eluting bead TACE because conventional TACE with Lipiodol is more painful and causes more toxicities and longer hospital stays, although overall survival and progression-free survival are comparable between the two methods
- Ablative radioembolization or radial segmentectomy delivers one-time doses exceeding 100 Gy to targeted tumors as an outpatient procedure and is increasingly used for localized disease in the speaker's practice
- LI-RADS treatment response criteria should be used for follow-up assessment rather than RECIST 1.1, according to the speaker, including the category of treated non-progressing for radiation-based therapies
- In the Q&A, the speaker stated that for HCC with portal vein invasion, their center now prefers systemic therapies over TARE given newer treatment options, though TARE was previously chosen over TACE due to less embolic effect

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