

# Drug Eluting Bead Transarterial Chemoembolisation (DEB-TACE)



# What is Drug Eluting Bead Transarterial Chemoembolisation (DEB-TACE)?

Conventional TACE has been used to treat liver cancer for nearly 25 years. Drug eluting bead (DEB) is a drug delivery embolisation system for use in TACE, intended to be loaded with an anti-cancer drug for the purpose of treating primary liver cancer and liver metastases from colorectal and neuroendocrine cancers. DEB-TACE is a minimally invasive (non-surgical) procedure performed by an interventional radiologist.

DEB-TACE is an improved version of conventional TACE.



## Who are the candidates for DEB-TACE?

Patients who have liver tumours which are not suitable for surgery or ablation, and that systemic oral or IV chemotherapy alone might not be effective.

## Who is not suitable for DEB-TACE?

DEB-TACE is usually not used if a patient has more than 75% liver involvement, liver failure, liver cirrhosis, extensive metastases outside liver, bone marrow suppression, significant heart, lung and kidney disease.

## Why DEB-TACE?

Drug-eluting beads delay the progression of liver cancer. With continuing DEB-TACE, the life span for patients with unresectable liver cancer could reasonably be extended by 1-2 years.

## ADVANTAGES of DEB-TACE OVER CONVENTIONAL TACE

- Better tumor response and disease control.
- Longer duration of disease progression.
- Lower risk of serious adverse events and adverse events.
- Significant advantage in the reduction of side effects associated with anti-cancer drugs in all patients.
- Marked reduction in serious liver toxicity in DEB-TACE.
- Significant advantage of DEB-TACE for more advanced patients with compromised liver function, poorer performance status, bilobar disease and recurrent disease DEB-TACE offers greater response, greater disease control and improved safety.

## How should I prepare for this treatment?

Prior to your procedure, you will have to go for a blood test to determine how well your liver & kidneys are functioning and whether your blood clots normally.

You should report to your doctor all medications that you are taking, including herbal supplements, and if you have any allergies, especially to local anesthetic medications, general anesthesia or to contrast materials (also known as “dye” or “x-ray dye”). Your physician may advise you to stop taking aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs) or a blood thinner for a specified period of time before your procedure.

Women should always inform their physician and x-ray technologist if there is any possibility that they are pregnant. Many imaging tests are not performed during pregnancy so as not to expose the fetus to radiation.

You will receive specific instructions on how to prepare, including any changes that need to be made to your regular medication schedule by your physician or radiologist.

If you are going to be given a sedative during the procedure, you may be asked to refrain from eating or drinking anything for 6 hours before your procedure. You will be required to stay overnight in the hospital for at least 1 day after the procedure.

## How does DEB-TACE work?

Drug eluting beads occlude the blood flow to the tumour and simultaneously deliver a local and sustained dose of drug direct to the tumour.

The procedure is performed in the angiography suite (also called cath-lab). The interventional radiologist will place a catheter (small tube) into the artery in the groin, under sedation and local anaesthesia. This catheter will be advanced inside the artery into the liver. Detailed angiograms (road-maps) of the liver are obtained. Non-target arteries branching towards the stomach and duodenum may have to be blocked with tiny metallic coils. This is to prevent collateral damage to the stomach and duodenum. The drug eluting beads are then injected into the liver artery.

When the catheter is removed from your groin, firm pressure will be applied for approximately 10 minutes. For 6 hours, you will be asked to lie flat to avoid bleeding from the groin.

## What are the side effects of DEB-TACE?

All patients will have some degree of post-embolisation syndrome that consists of abdominal pain, low-grade fever, nausea and vomiting. The symptoms are usually worst in the first 24-48 hours and gradually subside over the first week. Medications including a PCA (Patient Controlled Analgesia) pump will be provided. The patients usually live a normal life in between treatments.

Serious complications from DEB-TACE are rare. Liver abscess, bile duct injuries, cholecystitis and pancreatitis are potential complications.

I confirm that I understand the information herein about Drug Eluting Bead Transarterial Chemoembolisation (DEB-TACE) as it has been read by me and / or explained to me.

Name: \_\_\_\_\_

\*Passport/NRIC No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confirmation given before (Staff's name): \_\_\_\_\_

Staff's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please delete as applicable



#### **SERVICE IS AVAILABLE AT:**

##### **Radiology Department, Gleneagles Hospital**

6A Napier Road

Singapore 258500

Tel: (65) 6388 4333 Fax: (65) 6470 5749

##### **Radiologic Department, Mount Elizabeth Hospital**

3 Mount Elizabeth, Level 2

Singapore 228510

Tel: (65) 6388 4333 Fax: (65) 6732 3368

##### **Radiologic Department, Mount Elizabeth Novena Hospital**

38 Irrawaddy Road, Level 2, Singapore 329563

Tel: (65) 6388 4333 Fax: (65) 6933 0526

**[www.parkwayradiology.com](http://www.parkwayradiology.com)**

*BUSINESS REG NO. 32871800M*