embolization, targets increase success rates and access to targets. We described our experience of radial access interventional oncology. **Methods:** We have performed over twenty cases of radial access vascular oncological procedures including Y90 treatment, bland liver embolization, TACE, drug-eluting bead (DEB)-TACE, and pelvic tumor embolization. **Results:** We have had no acute complications at the site of puncture or peripheral limb ischemia. We have had two procedure failures due to inability to cannulate the coeliac axis. However, in both of these cases, a second attempt via femoral approach was performed which also failed. One patient experienced radial artery spasm which we relived with local glyceryl trinitrate infiltration and intravenous sedation administration. **Conclusion:** Radial access vascular intervention is an innovative method of delivering intra-arterial therapy. In the oncology setting, it allows improved patient turnaround and reduced hospital stay. Successful hemostasis is also improved due to the relatively peripheral location of the target vessel and adjacent bone to allow adequate compression. We have experienced no significant complications and reduction in hospital stay. In addition, there has been excellent patient feedback focusing on the improved patient mobility postprocedure.

OC304

Combined Transarterial Chemoembolization and Percutaneous Ablation: A Single-Center Experience

**Ibrahim Abulaziz Alghamdi,
Zia Zergham, Mohammed Haytham Mawardi,
Salah Saleh Kary, Majed Ahmed Ashour**

King Faisal Specialist Hospital and Research Center, Jeddah, Saudi Arabia.

E-mail: ibrahim.a.gh@hotmail.com

Background: Hepatocellular carcinoma (HCC) is a significant health concern in the Middle-East countries. Various management options are implemented to increase the survival rate in liver cancer patients with variable success rates. In this study, we aimed to evaluate the impact of combined transarterial chemoembolization (TACE) and percutaneous thermal ablation with either radiofrequency ablation (RFA) or microwave ablation (MWA) on the survival rate of patients with 2–5 cm HCC managed at King Faisal Specialist Hospital and Research Center, Jeddah, Saudi Arabia. **Methods:** We retrospectively evaluated 17 patients; 12 males (70%) and five females (30%), with a median age of 74 years. Ten patients (59%) had Child–Pugh A score, while seven (31%) had Child–Pugh B score. The HCC sizes ranged from 2 to 5 cm on the widest dimension. Six lesions (35%) were treated with lipiodol-TACE and 11 lesions (65%) were managed with drug-eluting bead-TACE. RFA was used in ablating 13 lesions (76%) and four lesions (24%) were treated with MWA. We followed those patients by computed tomography/magnetic resonance imaging for local recurrence in 3, 6, 12, and 24 months. The survival rate was assessed in 6, 12, and 24 months. **Results:** After successful combined TACE and imaging-guided percutaneous ablation, no recurrence was noted over 3 and 6 months. However, the recurrence rate was 28% and 50% at 12 and 24 months, respectively. Hundred percent survival rate was accomplished in 6 and 12 months, while we achieved 86% in 24 months, which is similar to a large-scale meta-analysis. However, seven patients have been lost during follow-up. **Conclusion:** A meta-analysis

of combined TACE and percutaneous ablation demonstrates the superiority of this method for decreasing local recurrence and increasing survival rate in patients with HCC measuring 3–5 cm. Our experience supports the recommendations of using combined embolic and ablative therapy in this group of patients.

OC305

Correlation between 30-Day Mortality and Albumin-Bilirubin and Platelet-Albumin-Bilirubin Score Grades Following Transarterial Embolization for Ruptured Hepatocellular Carcinoma: A Retrospective Single-Center Study

**Omar Bashir, Mohammad Arabi,
Refaat Salman, Shahbaz Qazi,
Abdulrahman Alvi, Yousof Al Zahrani**

King Abdulaziz Medical City, Riyadh, Saudi Arabia.

E-mail: drobashir@gmail.com

Background: Although uncommon, hepatocellular carcinoma (HCC) presenting as acute rupture has a mortality rate reported to be high as 25%–75%. Management strategies include conservative treatment, surgical resection, as well as transarterial embolization (TAE). TAE can be an effective option to achieve hemodynamic stability in the acute phase though the overall 30-day mortality remains high. The recently developed Albumin-Bilirubin (ALBI) and Platelet-Albumin-Bilirubin (PALBI) grades have been shown to be accurate indicators of hepatic reserve in HCC patients. The purpose of our retrospective study was to assess the technical success and 30-day mortality of bland TAE for ruptured HCC. We also sought to correlate ALBI and PALBI grades with 30-day mortality rate. **Methods:** Data from electronic medical records and Radiology reporting system for all TAE procedures for patients diagnosed with ruptured HCC between 2012 and 2017 were retrospectively reviewed. We analyzed demographics, medical history, laboratory findings, and corresponding ALBI and PALBI grades, imaging findings, technical details, and clinical outcome. **Results:** A total of 24 TAE procedures were performed on 22 patients (16 males and 6 females) presenting with ruptured HCC between 2012 and 2017. Mean age at first presentation was 69.4 years (range: 24–103 years). Majority of the cases presented with abdominal pain and/or distention ($n = 22$) and were diagnosed on computed tomography ($n = 21$). Seven patients had solitary lesion, whereas 15 patients had either two ($n = 2$) or more ($n = 13$) lesions. Of the 22 patients, 20 patients had liver cirrhosis and 15 patients were known to have a diagnosis of HCC prior to rupture. The mean ruptured lesion size was 8.9 cm (range: 2.6–22 cm). Baseline ALBI grade at presentation was 2 ($n = 10$) and 3 ($n = 13$), while PALBI grade was calculated at 1 ($n = 22$) and 2 ($n = 1$). Gelfoam was the embolic agent in 12 (50%) and polyvinyl alcohol in 10 (42%) cases. Active contrast extravasation was noted in only 6 (25%) TAE procedures. All cases were technically successful (defined as satisfactory occlusion of artery feeding the ruptured tumor). Clinical success (defined as stabilization of hemoglobin levels 48 h post-TAE without need for re-intervention) was achieved in all but two interventions (one patient died within 48 h postintervention and another required a repeat embolization on the next day). 30-day mortality rate (27%) was calculated for 22 interventions (one patient lost to follow-up after being discharged on day 6). There was no correlation between 30-day mortality and ALBI grade ($P = 0.8$), PALBI grade ($P = 1$), and largest ruptured lesion diameter ($P = 0.7$). **Conclusion:** Despite