

complications, and resection rate were assessed. Degree of hypertrophy of the FLR and KGR were assessed by computed tomography (CT) volumetry performed before and 3–6 weeks after PVE. **Results:** Twenty-six patients (male, 17; mean age, 58.7 years, range 32–79) submitted to PVE with EVOH copolymer before major right hepatectomy for primary or secondary hepatic malignancies were retrospectively analyzed. Ten patients presented an underlying hepatopathy. Technical success was achieved in 100%. All targeted portal branches were successfully embolized. There were no cases with nontarget embolization by EVOH. The percentage of FLR increase was $52.9\% \pm 32.5\%$. The degree of hypertrophy of the FLR was $16.7\% \pm 6.8\%$. The KGR was $4.4\% \pm 2.0\%$ per week. PVE produced adequate FLR hypertrophy in all patients. The resection rate was 84.5%. Four minor complications following PVE (2 low-grade fever and 2 abdominal discomforts) were reported, successfully managed with symptomatic treatment. One death during surgery time occurred, unrelated to PVE. **Conclusion:** Preoperative PVE with EVOH copolymer is feasible, safe, and effective to induce hypertrophy of the FLR. EVOH copolymer could be another embolic option for PVE.

OR3.7

Selective Vesical Arteries Embolization in the Management of Lower Urinary Tract Hemorrhage on Top of Inoperable Urinary Bladder Tumors

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Objectives: Lower urinary tract hemorrhage is relatively rare compared to renal causes all over the world and in Egypt as well. Causes are diverse most important causes are urinary bladder (UB) tumors, especially post-irradiation therapy, trauma, and very rarely prostatic tumors. Vesical arteries embolization can be very effective if local measures failed to stop bleeding. **Methods:** In the period between January 2015 and October 2019, 18 patients consisting of 16 males and 2 females (mean age 63 years) with known inoperable UB malignancy presenting with cross hematuria underwent transarterial embolization in Ain Shams University Hospitals after failure to achieve hemostasis after conservative and local treatments. Clinical success was defined as stabilization of vital data of the patient and obviation cystectomy. Polyvinyl alcohol (PVA) particles 300–500 μ were used as embolic agents in all the patients. **Results:** Bleeder could be identified angiographically in six patients only. In 12 patients, no definite bleeder could be identified, so bilateral vesical embolization was done empirically. Clinical success rate was 72% (13 patients, including the six patients with angiographically identified bleeder). Surgical palliative cystectomy was needed in three patients after rebleeding postembolization. No major procedural-related complications were recorded. **Conclusion:** In our limited number of cases, transcatheter embolization is a feasible treatment option in the management of hematuria due to UB malignancy with low rates of complications. Angiographic identification of the bleeding source was associated with higher clinical success rates.

OR3.8

Intra-Arterial ^{177}Lu -Dotatate Therapy in Patients with Metastatic Neuroendocrine Tumors in Liver-Dominant Disease Feasibility and Safety Profile

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Objectives: The aim of the study was to assess the feasibility, safety, tolerability, and efficacy of intra-arterial (IA) infusion of ^{177}Lu -DOTATATE in patients with well-differentiated liver-dominant metastatic neuroendocrine tumor (NET). **Methods:** Four patients with well-differentiated grade II liver-dominant neuroendocrine metastasis (Ki67 index $\leq 20\%$) were included in this study with ^{68}Ga -DOTANOC avid liver metastasis with or without extrahepatic disease. Each patient underwent IA administration of 7.4 GBq ^{177}Lu -DOTATATE through selective hepatic arterial catheterization, along with amino acid infusions over 4–6 h at intervals of 8–12 weeks, with a total of 12 cycles (two patients received four cycles of IA infusion, third received only two cycles of IA infusion, and the last one received two cycles IV followed by two IA cycles). All patients received 30 mg long-acting octreotide on day 5 of ^{177}Lu -DOTATATE therapy. Follow-up imaging with ^{68}Ga -DOTANOC PET/CT whole-body scan was done after 8 weeks of completion of the second and fourth cycles of ^{177}Lu -DOTATATE, respectively, and compared with baseline imaging to determine the response to treatment. Complete blood counts, including platelet counts, were monitored on a weekly basis until they reached nadir levels. The clinical response, safety and toxicity profiles, as well as tumor markers were assessed pre- and post-treatment, with a time frame of up to 3 months after the last treatment. **Results:** All patients tolerated the IA infusion of ^{177}Lu -DOTATATE therapy well, with none experiencing any significant procedure-related acute side effects. None of the patients developed acute radiation-induced liver disease or renal toxicity. Only one patient developed grade 1–2 hematological toxicity. Remaining others were stable with none developing severe grade 3 or 4 hematological toxicity. Only one patient developed transient increase of hepatic enzymes, which normalized subsequently with no decrease in the total bilirubin levels. None of them showed compromise in their quality of life, with a definite improvement in one of them. Two patients showed partial response to therapy according to the RECIST criteria, and patients showed stable disease. None of them had disease progression. All four patients reported significant improvement in symptoms and sense of well-being after treatment initiation. Concordant decrease in the serum chromogranin A levels was seen in two patients. Although there was rise in the serum chromogranin A in one patient, he showed good partial radiological response and was asymptomatic, clinically well with no deterioration in his performance status. **Conclusion:** Our initial experience of IA administration of ^{177}Lu -DOTATATE therapy in patients with liver-dominant metastases is promising, feasible, safe, and tolerable. The preliminary therapeutic potential of this therapy is encouraging. However, further prospective studies are needed to show its impact in improving clinical outcomes, median survival, and progression-free survival.