### **Intervention in Palliative Care**

Banjongsak, MD Interventional Radiology Unit Department of Radiology Ramathibodi Hospital Mahidol University

### **Outline of Talk**

- Role of IR in palliative care
- IR procedure in palliative treatment
  - · Ablation for pain control
  - Drainage procedure (PTBD, PCD)
  - Other IR procedure in palliative care
- Conclusion

### Introduction

- Palliative care is interdisciplinary medical treatment.
- Surgery, Medical oncologist, Gastroenterologist, Radiation oncologist, Interventional radiologist, Anesthesiologist
- Interventional Radiologist = radiological techniques to treat patient with cancer

#### IR procedure in Palliative Care

- Pain control/ Ablation
- Drainage
- Line/ Tube
- Treatment emergency condition such as bleeding

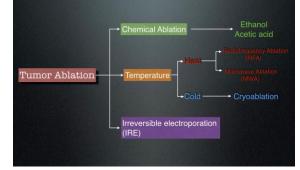
- 85% of patient with primary cancer has bone metastasis —> 50% experience with intractable pain
- Tx. = Analgesic drug, Radiation, Chemotherapy, Surgery
- Standard of care for local treatment of bony metastasis is external beam radiation

- About 10-20% require retreatment
- Time to treatment respond is typically 2-4 weeks
- Maintain multiple treatment —> interruption of their systemic chemotherapy regiments

# Ablation

- Role of IR in palliative of pain has evolve recently years —> Ablative technique/ device
- Tx pain osseous metastatic disease
- eg. percutaneous image-guided thermal ablation with or without cementoplasty of bone tumor

# Image-Guided Tumor Ablation



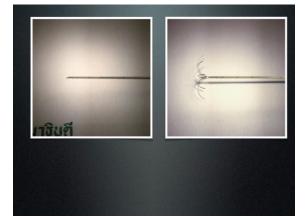
## **Chemical Ablation**

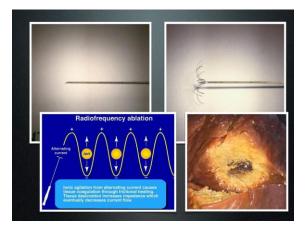
- Ethanol injection => Low cost
- Decreased effectiveness in larger lesion
- Inhomogeneous distribution



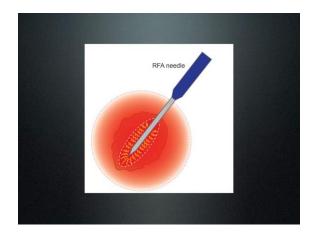
### **Thermal Ablation**

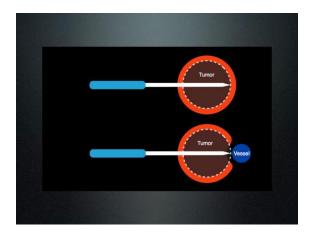
- · Effective decreased in large size of tumor
- Not recommended in larger than 5 cm
- Limitation —> location, size, vicinity to major vessels, adjacent organ

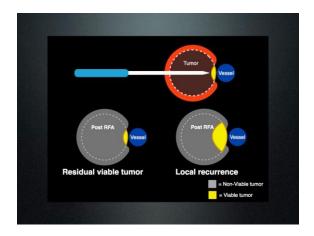








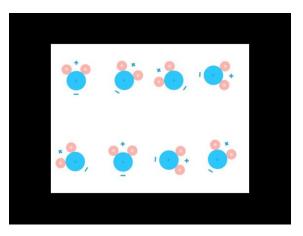


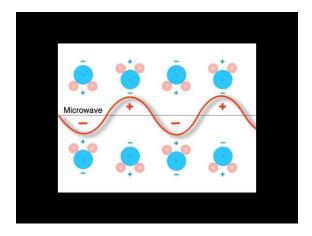


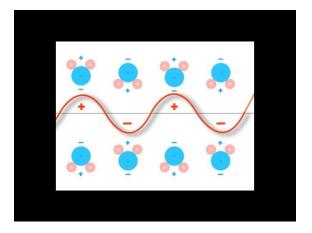


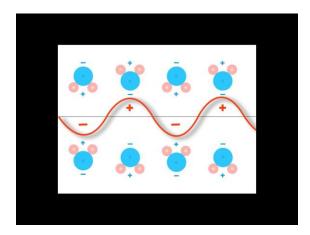


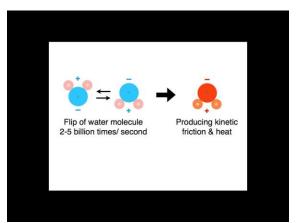


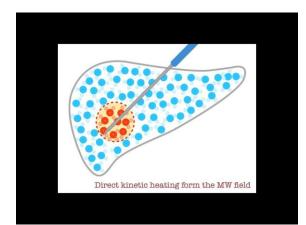


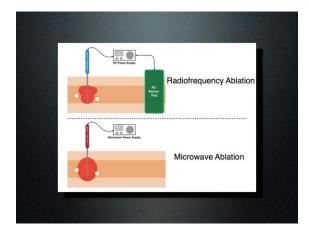


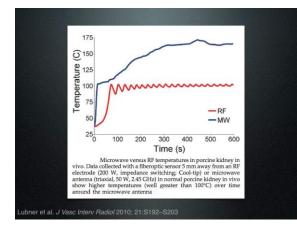












# RFA VS MWA

In theory, MWA should have advantages over RFA

- Improve conductivity
- Higher intratumoral temperature
- Faster ablation times
- Lager ablation volume
- · Less heat-sink effect









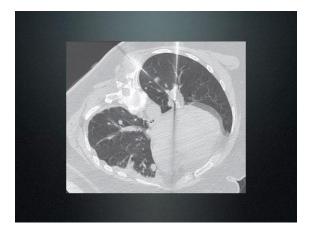


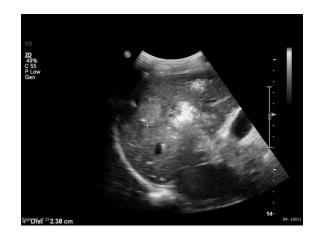






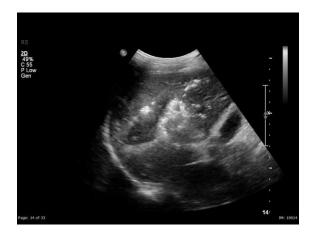
- Multicenter trial (Callstorm et al.)
  - 62 pt.
  - 95% significant pain relief
  - 2 points or more decrease in worst pain in a 24-hour period
- Percutaneous imaging-guided thermal ablation is safe and effective option for painful metastatic disease

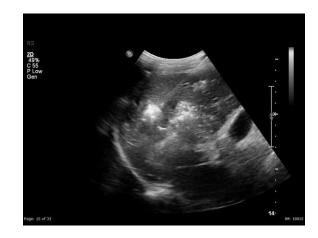






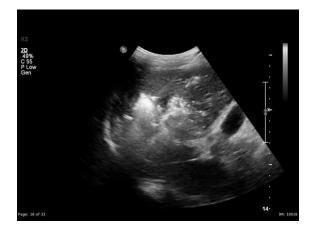


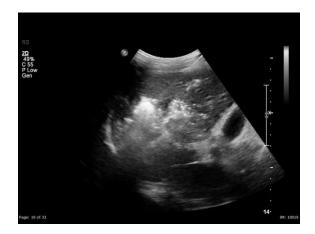






















# Malignant Pleural Effusion/Ascites

- The most distressing of advance malignancy is development of symptomatic pleural effusion or ascites.
- Impact life span and quality of life
- Drainage of this fluid and prevention of its recurrence can dramatically impact both on the quality of life and life expectancy

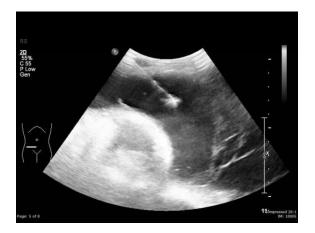
- · Several treatment options including
  - Intermittent outpatient thoracentesis
  - Placement of a pleuroperitoneal shunt
  - Insertion of a 28 Fr chest tube with instillation of a pleural sclerosing agent (doxycycline, talc, bleomycin, etc)

# IR treatment of effusion/ascites

- Image-guided Aspiration
- Percutaneous Drainage
- Tunneled Drainage Catheter Placement for Refractory Ascites/ Effusion

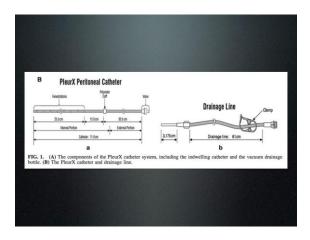


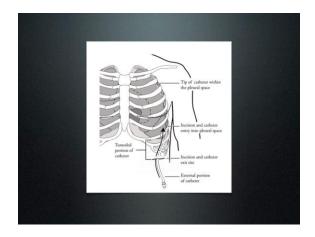


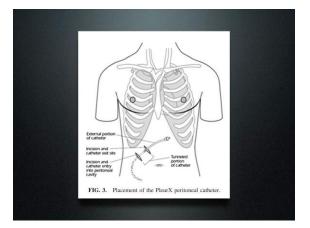


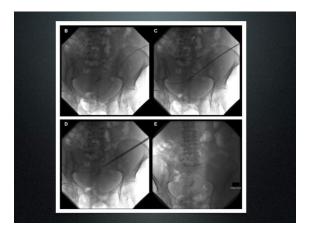












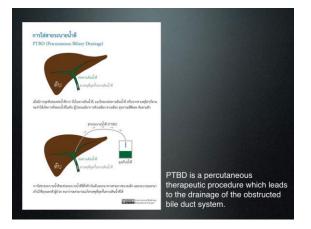
# Tunneled Drainage Catheter Placement

- Drains remained in place and patent for a mean of 113 days (range, 5 to 365 days)
- · Low procedural complication
- Low infection rate

# Percutaneous Biliary Drainage (PTBD)

# **Biliary Obstruction**

- Endoscopic drainage procedure are easily performed without bleeding risk of percutaneous puncture.
- Percutaneous intervention is still useful when endoscopy fails or unlikely to success.
- PTBD = Percutaneous Transhepatic Biliary
  Drainage



### Indication of PTBD

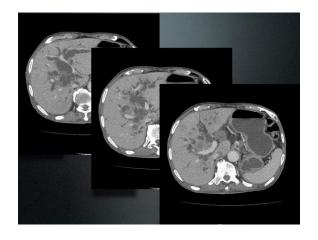
- Benign disease e.g. post-op/ fibrotic stricture, stone
- Malignancy
- Cholangitis or infected bile
- Bile duct injury or bile leak
- Complex obstruction involving left and right duct eg. pancreatic cancer

### Contraindication

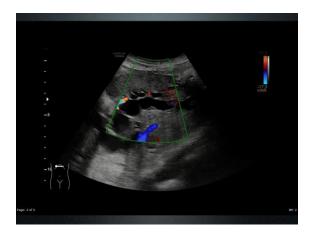
No absolute contraindication

### Complications

- Major complications is 0.5% to 2.5%
- For example ductal perforation with secondary bile leak
- Bleeding
- Infection (late complication)













Other IR procedure in <u>Pa</u>lliative Care

### Superior Vena Cava Syndrome

- Caused by obstruction of flow of venous blood from upper body into right atrium
- 95% underlying malignant disease usually advance stage lung cancer
- Goal of management = Relieve symptom and attempt to cure of the primary malignancy

# SVC Syndrome

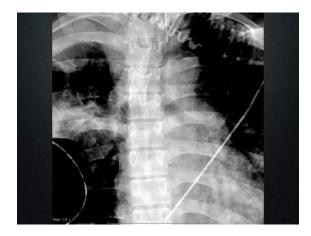
- Small percentage is rapid onset obstruction, causing risk for life-threatening complications
- Radiotherapy is a standard treatment for most SVC Syndrome
- Initial technical successful rate using RT and /or chemotherapy is about 90%

# SVC Syndrome

 Placement of endovascular stent to manage SVC syndrome is additional palliative treatment in this condition.







# Embolization

# **Tumor Embolization**

- Tumor embolization is a tool for cancer therapy that helps treat tumors by blocking the blood vessels.
- Embolization for tumoral bleeding or rupture
- Decreased pain
- Pre-operative for surgery





















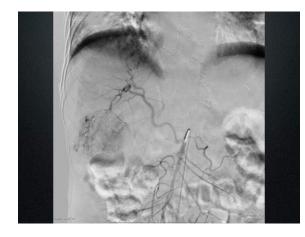


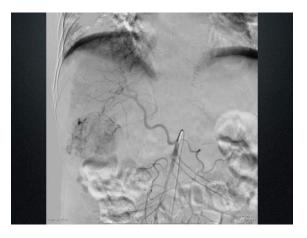


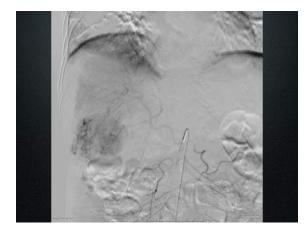


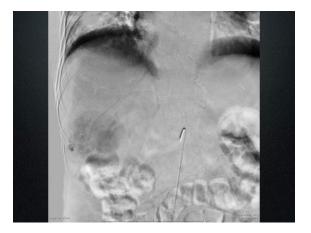


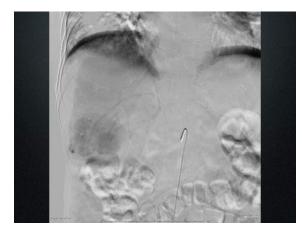












# Conclusion

- Role of palliative procedure is evolving as part of interventional oncology service
- Minimally invasive imaging-guided procedures are safe and effective in palliative care in various clinical scenarios.

