Personalised dosimetry improves progression free survival after selective internal radiation therapy in patients with hepatocellular carcinoma

Noordzij W¹, Yigit D¹, Veldhuizen MN¹, Akhundov K¹, Van Sluis J¹, Ruiter SJS²

1 Department of Nuclear Medicine & Molecular Imaging, University of Groningen,
 University Medical Center Groningen, Groningen, the Netherlands
 2 Department of Hepatobiliary Surgery, University of Groningen,
 University Medical Center Groningen, Groningen, the Netherlands

Introduction

Selective Internal Radiation Therapy (SIRT) is an intra-arterial treatment used for patients with unresectable hepatocellular carcinoma (HCC) using either Yttrium-90 labelled glass or resin microspheres. This study aims to compare the overall and progression-free survival of HCC patients treated with SIRT using standard (glass) and personalised (resin) dosimetry

Conclusions

HCC patients treated with glass microspheres using standard dosimetry show shorter progression-free and overall survival compared to those treated with resin microspheres using personalised dosimetry

Materials / Methods

Data of consecutive uncomplicated treatments in our tertiary referral center were retrospectively analysed: from November 2016 to October 2018 (glass) and June 2021 to November 2023 (resin). Patients were selected based on Child-Pugh A score, and treatment to only one lobe. Patients with other diseases than HCC and missing follow-up were excluded. Response to the treatment was determined on follow-up imaging (MRI or CT), at 3, 6, 9 and 12 months. Overall and progression-free survival were determined using the Kaplan-Meier estimate

Results

Both glass and resin groups consisted of 15 patients. Glass patients were younger: median age 63 (range 52-78) vs 70 (58-82) p=0.029. No significant differences were found in other baseline characteristics, especially no difference in treated liver volume (median glass 900 mL (100-3000 mL) vs resin 750 mL (256-1610 mL)) or tumour burden (glass 51 mL (5-1620) mL vs resin 30 mL (7-755 mL)). Median administered activity was not different between glass and resin patient: 2300 (270-7331) MBq vs 1500 (800-3280) MBq, p=0.081, respectively, whereas the median dose to the tumour was 300 (45-850) Gy (glass) vs 190 (105-420) Gy (resin), p=0.32. Median time to progression was 193 days in the glass group, and not reached in the resin group, p=0.009. At 12 months follow-up, 9 glass patients (60%) and 3 resin patients (20%) were deceased, resulting in a significant difference in overall survival (median overall survival 360 days vs notreached. p=0.03

Patient Characteristics Table

Variable	Resin Patients (n=15)	Glass Patients (n=15)	p-values
Median age in years (range)	71 (58-82)	63 (52-78)	0.020
Sex Male Female	13 (86.66%) 2 (13.33%)	12 (80%) 3 (20%)	1
WHO performance status 0 1	3 (20%) 12 (80%)	6 (40%) 9 (60%)	0.427
Primary tumor location Left (s2, s3, s4) Right (s5, s6, s7, s8)	3 (20%) 12 (80%)	3 (20%) 12 (80%)	1
Child-Pugh score Stage A	15 (100%)	15 (100%)	1
Causes of HCC Alcohol abuse Hepatitis B Hepatitis C Unknown	3 (20%) 0 3 (20%) 9 (60%)	8 (50%)* 1 (6.25%) 3 (18.75%)* 4 (25%)	0.210
Injected activity (GBq)	1.5 (0.76-3.28)	2.3 (0.27-8.05)	0.098
Dose to the tumour (Gy)	190 (105-420) (n=14)**	300 (45-850)	0.320
BCLC stage Stage A Stage B	5 (33.33%) 10 (66.66%)	3 (20%) 12 (80%)	0.682
Treated Liver Volume (mL)	750 mL (256- 1610)	900 mL (100- 3000)	0.62
Tumour Burden (mL)	30 mL (7-755)	51 mL (5-1620)	0.42
Laboratory findings: Bilirubin (µmol/L) Albumin (g/L) INR	11 (4-34) 40 (32-47) 1.1 (1-1.3)	11 (3-32) 39 (29-44) 1.1 (1-1.2)	0.482 0.655 0.374

*one patient had both alcohol and hepatitis C as underlying cause **Dose to tumor could not be determined for one patient

groningen

Survival Curves Overall survival Progression-free survival Group 1,0 Group **-**□Resin ■ Resin **-**■Glass → Glass 0,8 Log rank p=0.029 0,8 Log rank p=0.009 0,6 0,6 Survival 0,2 0,2 0,0 0,0 100 200 300 400 ,00 100,00 200,00 300,00 400,00 Time (days) Time (days) university of **University Medical Center Groningen**