

THE USE OF DC BEAD PARTICLES LOADED WITH DOXORUBICIN FOR THE TREATMENT OF NON-RESECTABLE MULTIFOCAL HEPATOCELLULAR CARCINOMA

B. Cancela¹, I. Vallejo¹, F. Gutiérrez², M. Ferrit¹, AM. Alañón¹, P. Araque¹, N. Martínez¹, A. Madrid¹, E. Puerta¹, MA. Calleja¹.

¹Servicio de Farmacia Hospitalaria del HUVN, HUVN 18014 Granada, Spain

²Servicio de Farmacia Hospitalaria del HUNSC, HUNSC 38010 S/C de Tenerife, Spain

17th CONGRESS EAHP
Milan 2012

BACKGROUND.

The use of DC Bead particles loaded with doxorubicin (DCBP-D) in hepatic chemoembolization (HC) is presented as a first line option for non curative treatment of multifocal hepatocellular carcinoma (MHC) in an intermediate-advanced state in patients with unresectable tumors without vascular or extrahepatic dissemination.

OBJECTIVES.

- To describe the use of DCBP-D administrated by HC in the treatment of non-resectable MHC.
- To describe risk factors associated to MHC and the toxicity profile derived from treatment.
- To calculate the expense of one HC cycle.

MATERIALS AND METHODS.

Descriptive and retrospective study which took six months (January-June 2011) of patients treated with HC with DCBP-D for their MHC.

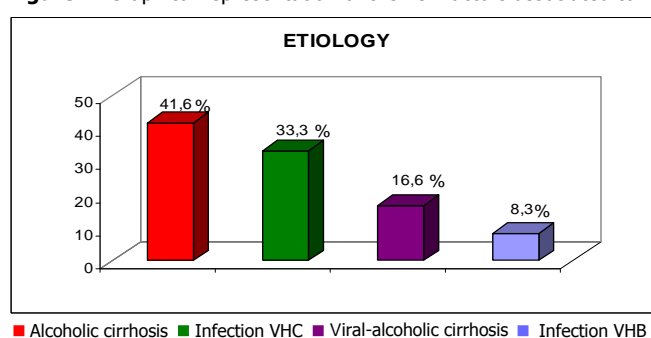
The patient's analytical parameters were taken from their medical histories.

The doxorubicin dose and the size of the particles were taken from the database of the centralized unit where cytostatics are made within the Pharmacy Service.

RESULTS.

While the study was being carried out, 12 patients(10 men) with an age average of 64 (44-81) (median=63) were include.

Figure 1: Graphical representation of the risk factors associated to MHC



In 66,8% (8 patients) the therapy was applied awaiting a liver transplantation, while in the other 4 cases it was used as a palliative treatment.

Table1: Child-Pugh and Okuda classification

Child-Pugh Classification	Patients (%)	Okuda Classification	Patients (%)
Child-Pugh A	41.6	Okuda I	33.3
Child-Pugh B	41.6	Okuda II	25.0
Child-Pugh C	0.0	Okuda III	8.3
Unknown data	16.6	Unknown data	33.3

Table 2: Doses and particle size administrated. Cost per cycle.

Doses (mg)	Particle size (µm)	Cost per cycle (€)	Patients (%)
150	100-300 and 300-500	1266	66.6
75	100-300	633.1	33.3

The total number of HC was 13. In 25% of the cases, postchemoembolization syndrome appeared, but it was solved without complications.

DISCUSSION AND CONCLUSIONS

The use of DCBP-D was adjusted to the right indication in all cases.

The main risk factor associated to CHC was alcoholic cirrhosis.

On the hole HC was well tolerated.

A slight postchemoembolization syndrome was the only complication arising from treatment.

The average cost of this treatment was 14559,57€.