

**EP013****Comparison of two transarterial chemoembolization strategies for hepatocellular carcinoma****Akhnur ASSANOVA**, Samat ISSAKOV**Central City Clinical Hospital,, Kazakhstan*

Introduction : This retrospective study aimed to compare the efficacy of and tolerance to two center-related conventional transarterial chemoembolization (TACE) strategies in the management of unresectable hepatocellular carcinoma (HCC).

Methods : All HCC patients in whom TACE was initiated in the two centers from July 2008 to June 2016 were included. The TACE strategy performed in center 1 was "on demand" with selective injections of idarubicin, whereas the TACE strategy in center 2 was based "on scheduled" non-selective injections of epirubicin. Toxicity was evaluated using the National Cancer Institute Common Terminology Criteria for Adverse Events.

Results : One hundred and fifty HCC patients were included. Median time to treatment failure was significantly higher in center 1, 13.1 months vs. 7.9 months in center 2 (hazard ratio, 2.32; $p < 10^{-3}$ in multivariate analysis). Median overall survival was 21.1 months in center 1 vs. 18.4 months in center 2 ($p = \text{NS}$). The proportion of grade ≥ 3 adverse events and mean hospitalisation duration for the overall TACE treatment were significantly greater in center 2 than in center 1: 56% vs. 32% ($p < 0.01$) and 14.2 ± 7.2 days vs. 10.3 ± 7.0 days ($p < 0.01$), respectively.

Conclusions : Our results failed to show any significant survival differences between two center-related TACE strategies but showed a significantly smaller proportion of grade ≥ 3 adverse events and shorter hospitalisation for the overall treatment when the "on-demand" strategy was used.

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