

secondary to obstructive flow due to compression of the left renal vein between the Aorta and superior mesenteric artery. In this study, LOV reflux appeared to cause a siphon effect, with LRV drainage preferentially following the LOV reflux path. This results in physiological narrowing of the mesoaoatic LRV – we have called this “pseudo-nutcracker” phenomenon. This effect is relieved following successful embolization of the LOV.

OC1.4

Evaluation of Clustered Micro Calcifications, Initially Graded as Likely Malignant On Baseline Mammography, with Stereotactic Biopsy: A Rad-Path Correlation

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Background: Stereotactic guided breast biopsy is an invincible tool to sample abnormalities visible only on mammography with subtle or occult ultrasound findings. Common mammographic abnormalities which require stereotactic core biopsy include calcifications, architectural distortion and satellite lesions. Use of stereotactic large-core needle breast biopsy is increasing with advancement in techniques for adequate localization of lesions. A study was performed to look for frequency of benignancy or malignancy of microcalcifications and architectural distortions in patients initially falling in malignant category of BIRADS on baseline mammograms when compared with histopathology after stereotactic biopsy. **Method(s):** Patient presenting in OPD clinic who underwent stereotactic biopsies for labeled malignant on mammograms from May 2015 to May 2018 were included in retrospective study. Age, technique used, baseline mammogram and histopathology were reviewed. **Result(s):** A total of 91 patients underwent stereotactic biopsy. Age range varied between 28 to 81 years. Stereotactic biopsies were taken using a standard 14-gauge core needle with long throw of 22 mm excursion. None of the biopsy was inconclusive. In comparison with baseline mammograms and histopathology 40% of the clusters of micro calcification which were initially labeled as malignant turned out to be malignant on histopathology as well whereas 60% were reported as benign breast parenchyma. **Conclusion(s):** Agreement between the diagnostic accuracy of micro calcifications on mammogram and histopathology of same lesions after stereotactic biopsy was comparable to international figures with probability of being benign surpassing malignant on routine screening.

OC1.5

Radial Access Intervention: Application in Complex Oncological Procedures

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Background: Radial access for vascular intervention has been a firmly established as a default access route in our institution

and is now routinely used for complex oncological procedures. We present our experience as Europe's largest single site cancer center, share tips to deal with potential complications and tricks that would facilitate a safer, technically easier procedure. **Method(s):** Over the last 3 years, we have performed over 60 interventional oncological procedures ranging from intra-hepatic treatments including trans-arterial chemoembolization (TACE), selective internal radiation therapy (SIRT), pelvic intervention including fibroid and prostate embolization as well as acute vascular treatments. **Result(s):** Our procedural outcomes have demonstrated that radial access is a safe, viable access route with reduced morbidity and improved patient experience. Potential complications would include radial artery spasm for which a combination of Glyceryl Trinitrate (GTN), Heprin and Verapamil work well. Reduced torquability when accessing distant treatment sites can be overcome by using appropriate types and lengths of catheters. Further challenges such as limb ischemia and procedural failure will be discussed with specific clinical cases. Repeat radial artery punctures and poor haemostats can result in radial artery occlusion, we have devised a deflation protocol to reduce the incidence of this. **Conclusion(s):** Radial access is safe and technically feasible in complex oncological intervention. Once user familiarity is established, it can be safely used for a range of procedures ranging from diagnostic angiograms to complex and acute vascular treatments.

OC1.6

Transcatheter Arterial Chemoembolization Combined with Percutaneous Injection of Ethanol for Treatment of Hepatocellular carcinoma: In Comparison to Transcatheter Arterial Chemoembolization Treated Hepatic Cellular Carcinoma

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Background: Hepatic cellular carcinoma (HCC) is one of the leading cause of death. The objective of study is to see the better treatment option by comparing treatment outcome of two groups, one group given combination therapy of TACE and TEI and other treated by TACE alone. **Method(s):** A total of 60 patients (51 men and 9 women; age ranging from 48- 80 years) with histopathologically proven HCC were consecutively enrolled from 2016 to 2017 from data base of shifa international hospital. Thirty patient with combination of TACE with PEI (the combo group) and thirty with TACE alone (the control group). Treatment response based on size and enhancement pattern of the lesion were evaluated on serial CT. **Result(s):** 36% patient from combination group show full response, 43% partial response and 20% worsened response. 13% patient from TACE only treated group showed full response, 56% partial response and 30% worsened response. **Conclusion(s):** The study shows that the response of hepatocellular carcinoma (HCC) to combination of trans catheter arterial chemoembolization (TACE) and percutaneous ethanol injection (PEI) is better in comparison to those treated with trans catheter arterial chemoembolization (TACE) alone.