

Interim Provincial Guidelines for the Appropriate Use of Selective Internal Radiation Therapy (Therasphere) in Hepatocellular Carcinoma (HCC). CHECKLIST FOR MDT SELECTION

Patient Name

DOB

PHN

RHN

Indications for TARE

- Patient with confirmed HCC
 - Not suitable for Surgery, RFA/PEI or TACE
 - Failed TACE with progressive disease by mRECIST/EASL
- OR**
- Liver Transplant candidate qualifying for down-staging

Not suitable for TACE because:

- PVT PVI PV hepatofugal flow
- Large tumour Size: _____ cm
- Failed or intolerant prior TACE

Patient Requirements

- Life expectancy >3 months
- ECOG 0 or 1
- Child Pugh 5-7
- MELD \leq 12
- No refractory ascites or encephalopathy
- No coagulopathy or thrombocytopenia that cannot be corrected with blood products
- Able to give consent and comply with treatment and follow-up

Tumour Characteristics

- Definable disease burden by imaging criteria (CT or MRI)
- Tumour stage T1-T3b
- No lymph node or distant metastases

Date reviewed at MDT: _____

Approval:

 Interventional Radiologist

 Hepatologist, HPB Surgeon or Medical Oncologist

Angiographic Characteristics

- Pulmonary shunt fraction resulting in <50Gy lifetime cumulative (<35 Gy per Rx) dose to lungs
- Mesenteric vascular anatomy amenable to TARE

Final Approval:

 Interventional Radiologist