Treating Liver Cancer With Radioactive Beads Improves Quality of Life

Compared with the standard treatment, this new method also appears to be safer—but it doesn't offer a longer life.

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An experimental liver cancer treatment of radioactive beads did not lead to a greater survival benefit compared with the standard treatment, but it was superior in measures of safety and quality of life, MedPage Today reports.

A randomized Phase III trial measured the radioactive-bead selective internal radiation therapy (SIRT) against the standard of care, Nexavar (sorafenib), among 467 French people with advanced hepatocellular carcinoma (HCC, the most common form of liver cancer) or inoperable HCC who had failed two rounds of transarterial chemoembolization (TACE) treatment.

Findings were presented at the 52nd International Liver Congress in Amsterdam.

The researchers randomly assigned the participants to receive 800 mg of sorafenib daily or SIRT, in which tiny radioactive beads were injected into carefully chosen liver arteries that would deliver the beads into or near the tumors.

About 10 percent of those in the initial SIRT group were ultimately treated with Nexavar because their liver cancer worsened while the researchers were determining which liver arteries to use (up to a three-week process) or as a result of technical issues concerning mapping the arteries or administering the beads.

The average survival time after treatment was 9.9 months in both groups.

Those who received Nexavar were significantly more likely to experience liver disease progression compared with those who received SIRT.

Thirty percent of those who received SIRT experienced an objective tumor response, compared with 23 percent of those who received Nexavar.

During a median follow-up of 28 months, those who received SIRT experienced 1,297 cumulative treatment-related health events, 230 of which were grade 3 or higher, and a median five adverse

events. Meanwhile, those who received Nexavar experienced 2,837 events, 411 of which were grade 3 or higher, and a median of 10 adverse events.

Nearly all those who received Nexavar reported at least one treatment-related health event, compared with three quarters of those who received SIRT.

Based on responses to a quality-of-life questionnaire, those who received SIRT felt better than those who received Nexavar.

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