

CIO 2021 Session 11: Outside Your IO Comfort Zone:
Learning from Our Saves and Complications
A catheter sticking to
the orifice of IMMA with glue

Yasuaki Arai, M.D. FSIR, FCIRSE
National Cancer Center, Japan

Disclosures

- Royalties — Sumitomo Bakelite
- Speaker Honorarium — Merit Medical Systems, Fuji Pharma, Canon Medical Systems, Terumo International Systems, Bristol Meyer Squibb, Sumitomo Bakelite, Nippon Kayaku, Boston Scientific Japan, Bayer Pharmaceuticals, Japan Lifeline, Taiho Pharmaceutical, Guerbet Japan, Guerbet Asia Pacific, Cosmotec, Kyorin Pharmaceutical, AstraZeneca plc

Brand names are included in this presentation for participant clarification purposes only. No product promotion should be inferred.

Locally Advanced Breast Cancer

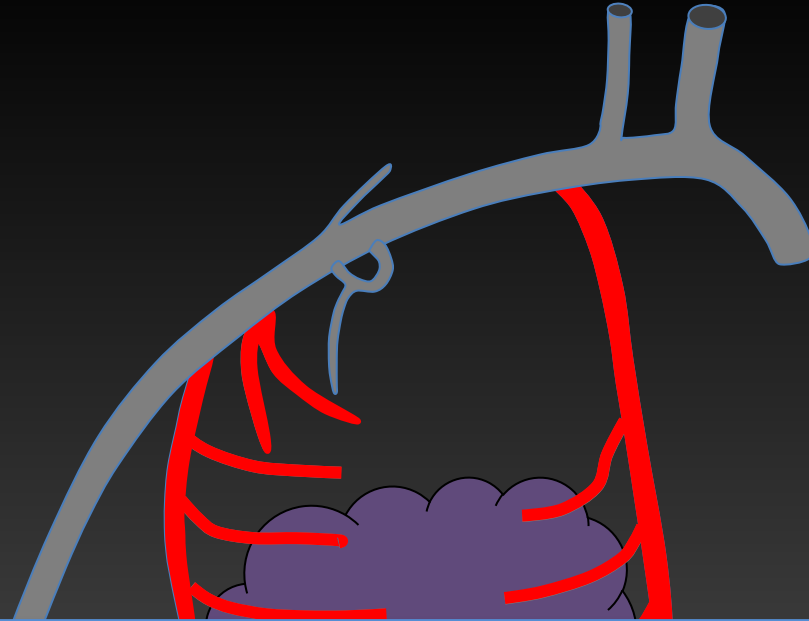


Response rate of systemic chemotherapy 13-34%
in previously treated patients

(Oncologist 2005;13:176-81, Oncol Rep 2007;17:253-9)

National Cancer Center, Japan

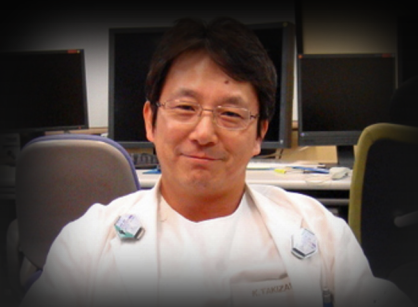
Difficulty of Arterial Chemotherapy for Locally Advanced Breast Cancer



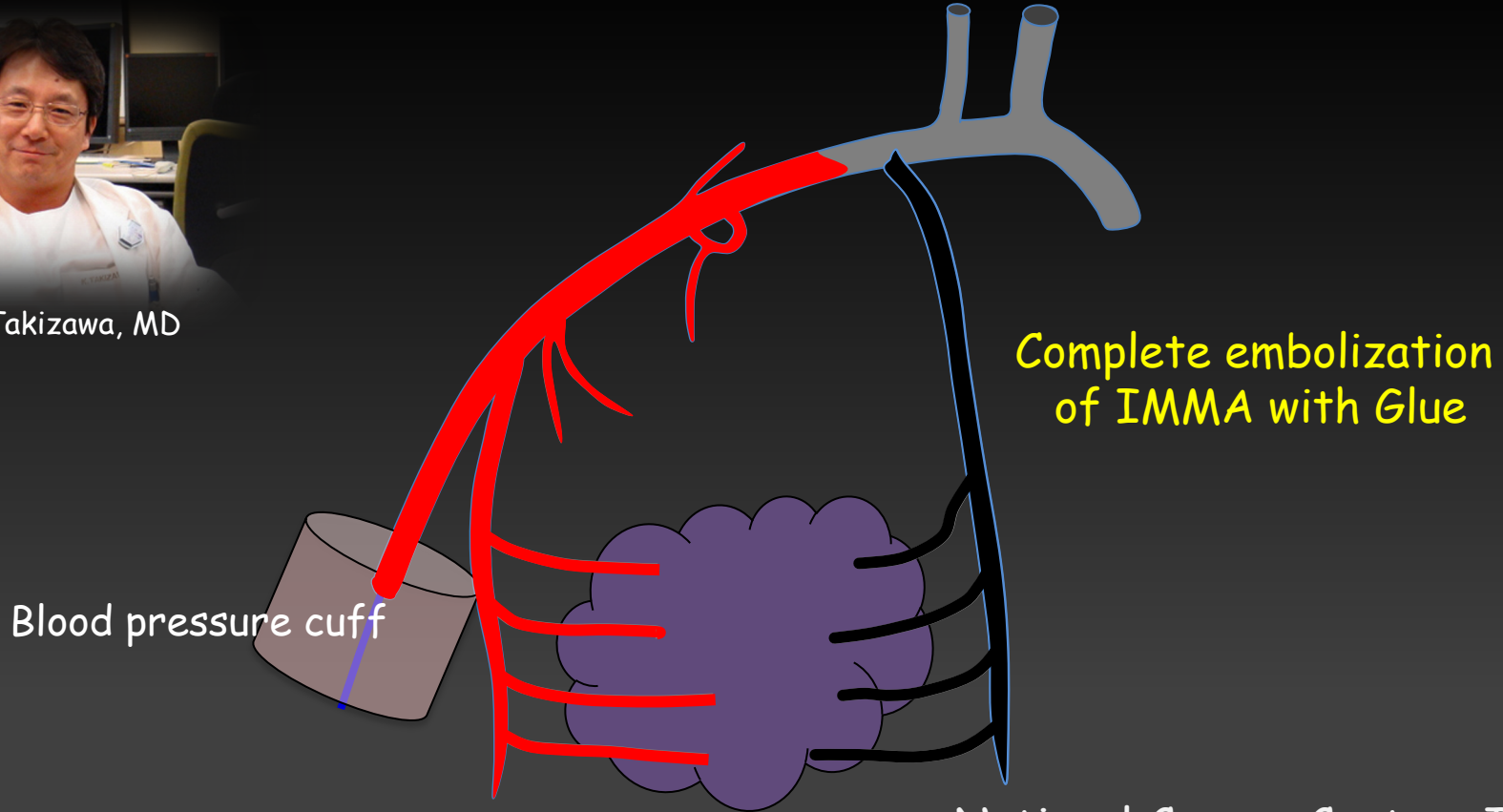
Historically, many techniques to convert multiple feeding artery into single blood supply have been tried **but failed**.

RESAIC

(Redistributed Subclavian Arterial Infusion Chemotherapy)



Kenji Takizawa, MD

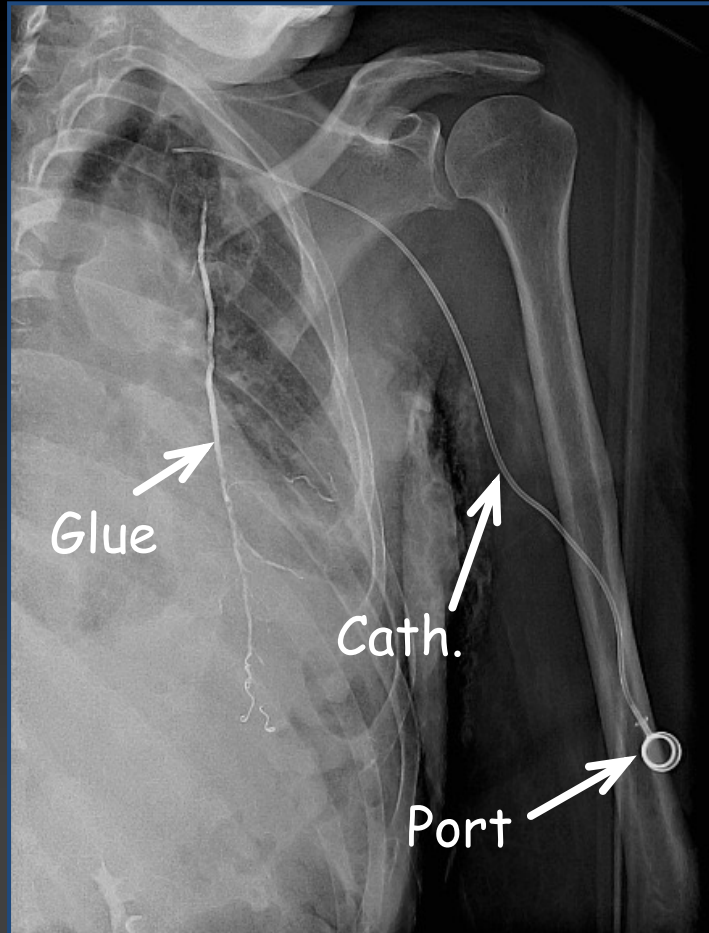


Complete embolization
of IMMA with Glue

Blood pressure cuff

National Cancer Center, Japan

RESAIC



National Cancer Center, Japan

RESAIC

Pre.



Development of a new subclavian arterial infusion chemotherapy method for locally or recurrent advanced breast cancer using an implanted catheter - port systemic after redistribution of arterial tumor supply.

(Takizawa K, et al. Cardiovasc Intervent Radiol 32:1059-1066,2009)

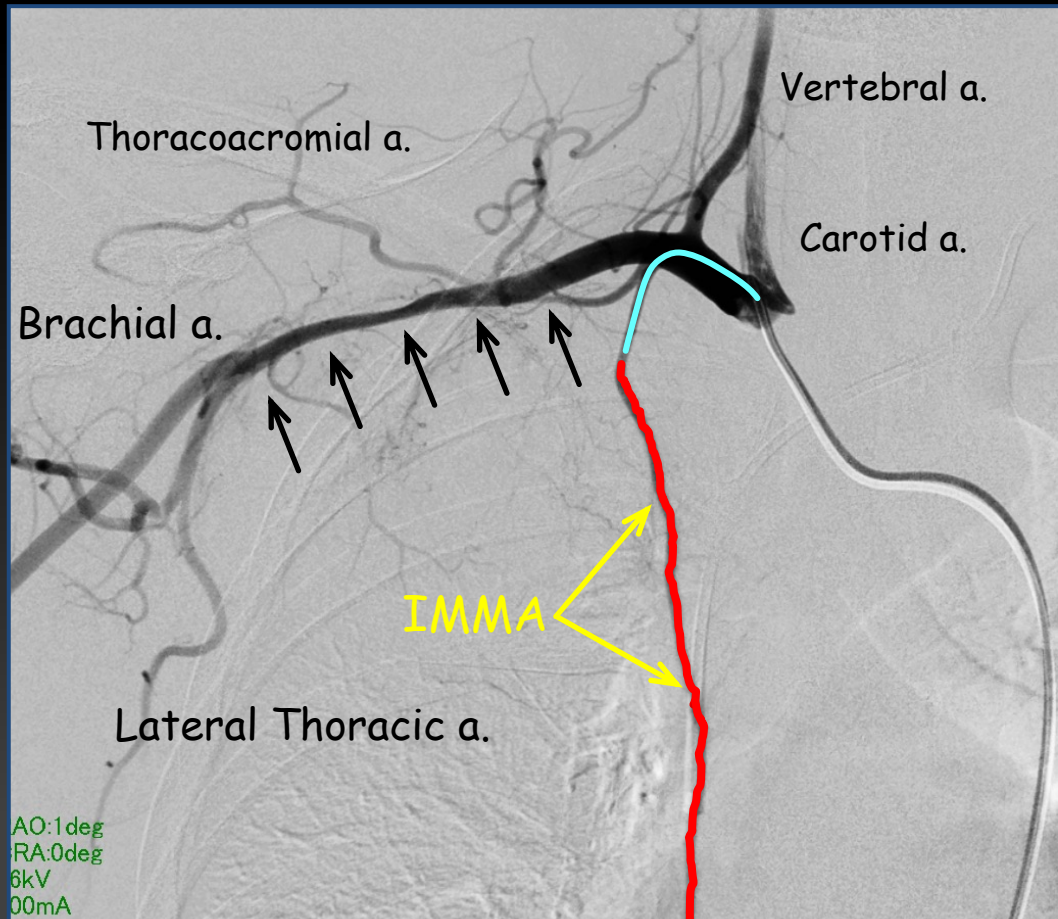
N=11 (evaluable 10 cases)

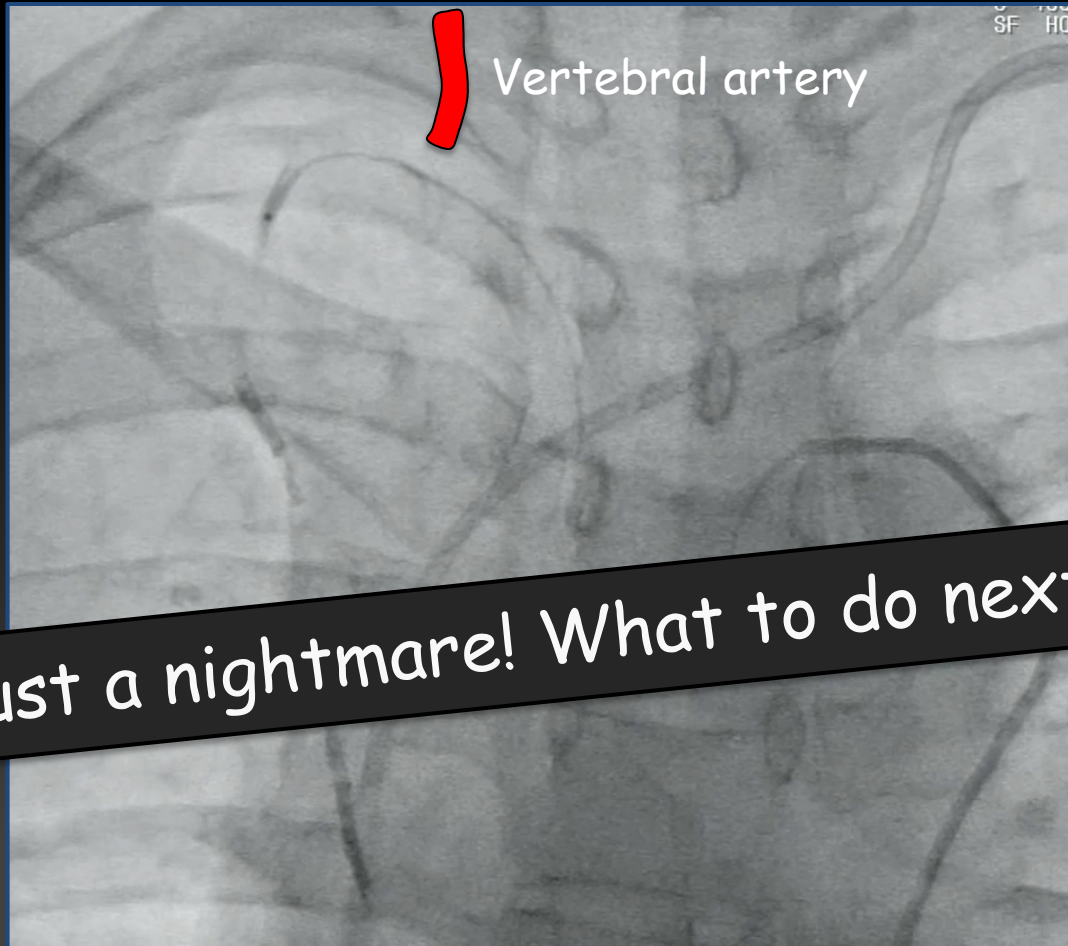
Epi-DOX, 5-FU, CDDP administered repeatedly

No severe AEs except G3 myelo suppression

Response rate: 80% (4CRs+4PRs/10)

In 3 pts received surgical resection after CR,
no residual tumor was found pathologically.





Vertebral artery

Just a nightmare! What to do next?

The Choices Left for Me

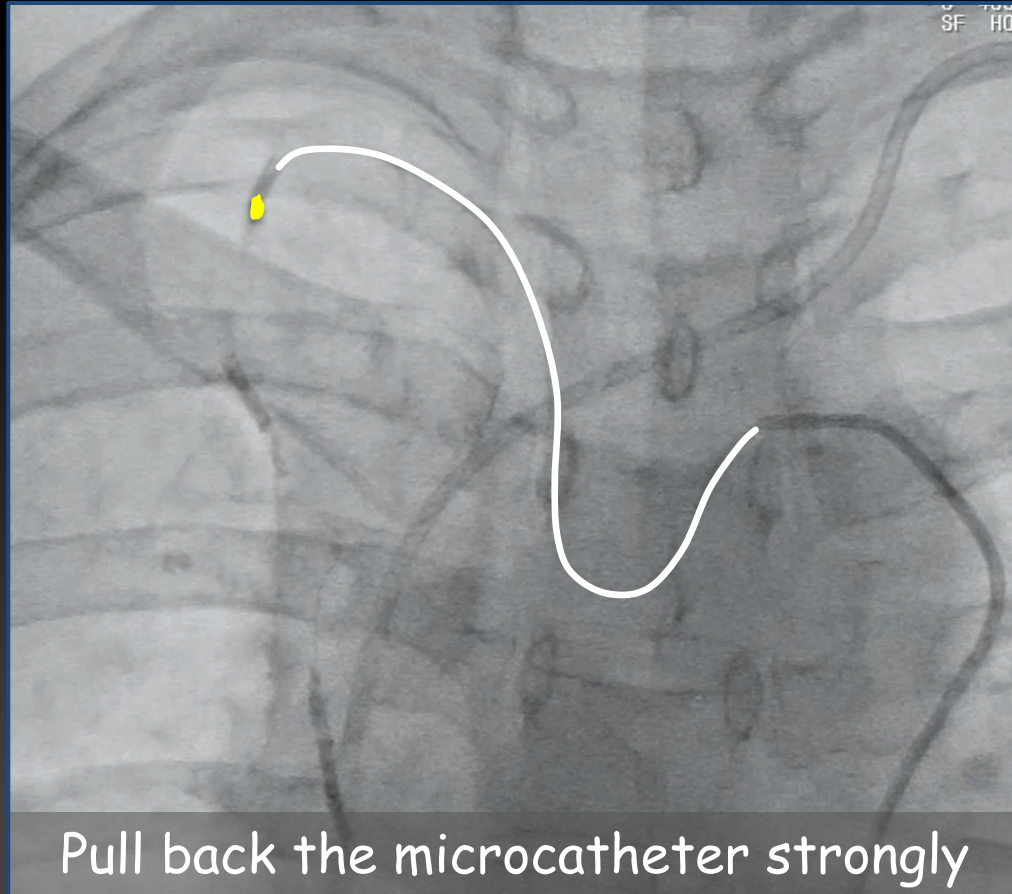
1. Close eyes and pull back the catheter strongly

2. Keep as it is and call a vascular surgeon

3. Close eyes and take a deep breath

4. Cut and leave the microcatheter inside

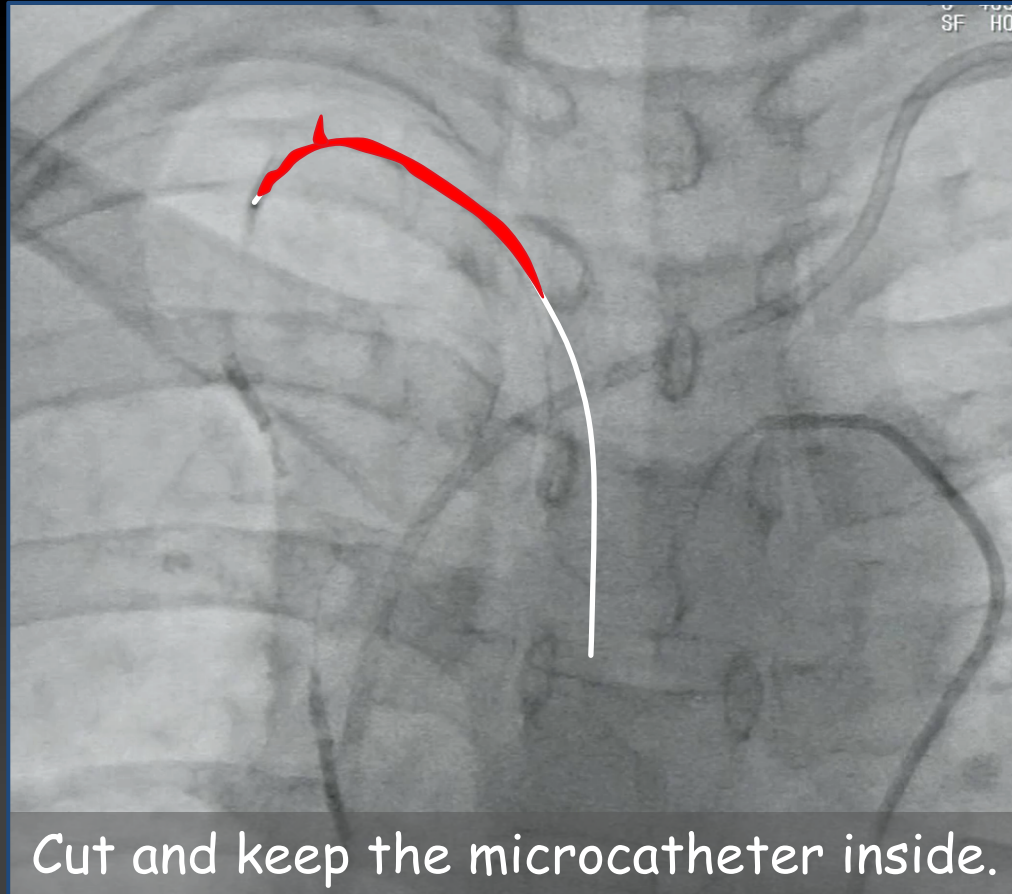
Nightmare 1 - Stroke by Glue Migration



Pull back the microcatheter strongly

National Cancer Center, Japan

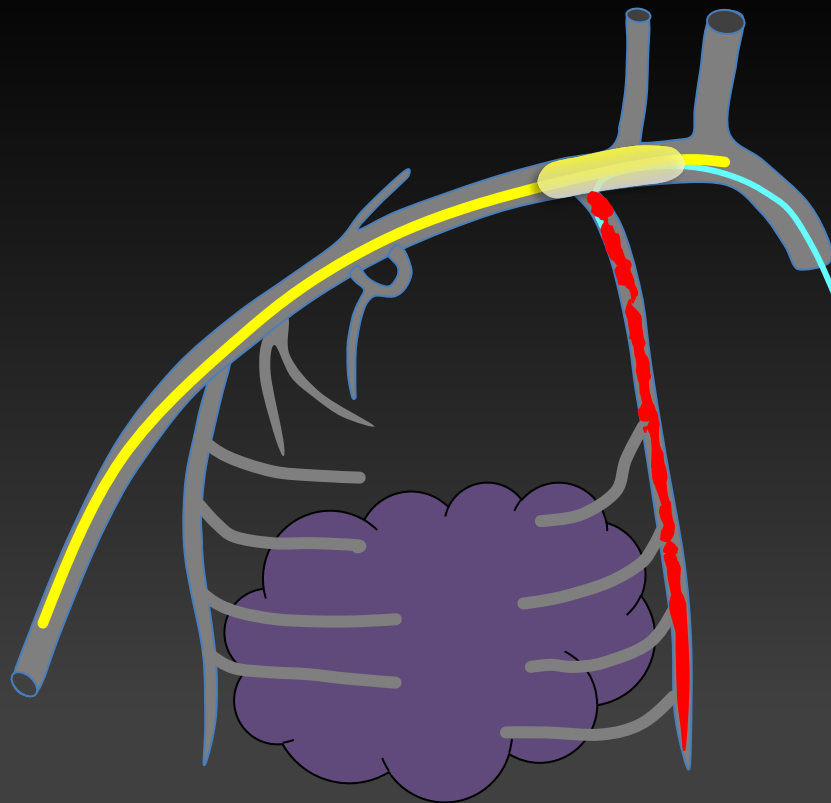
Nightmare 2 - Stroke by Thrombus Migration



Cut and keep the microcatheter inside.

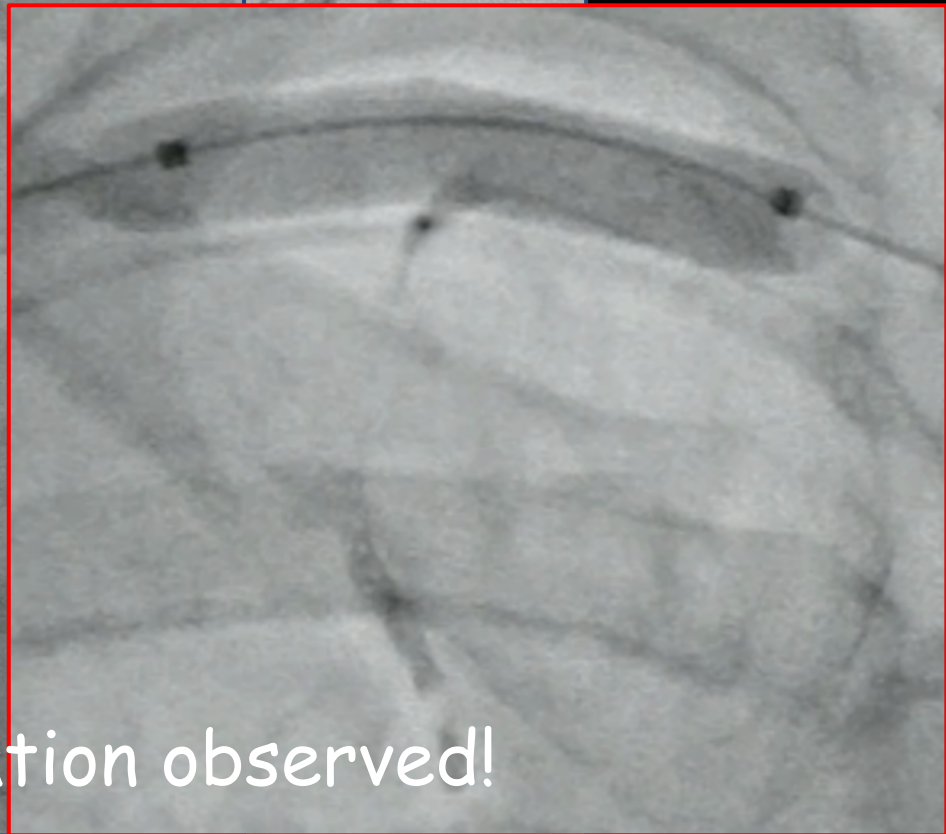
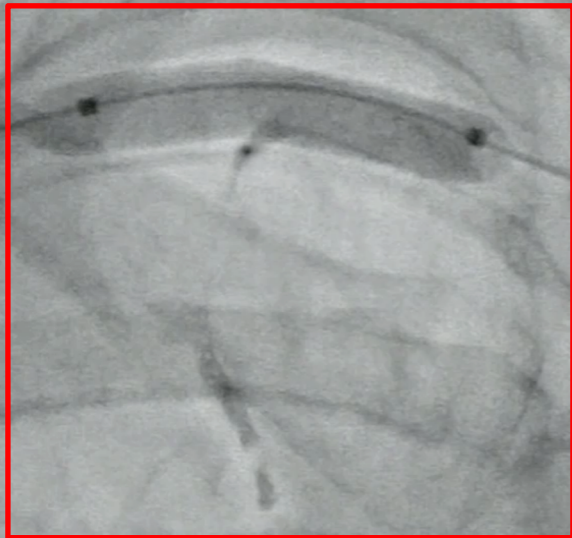
National Cancer Center, Japan

My Strategy to Wake Up from a Nightmare



1. Insert a balloon catheter
2. Inflate balloon covering the orifice of IMMA
3. Pull back the microcatheter
4. Remove the balloon catheter

- C 409E
SF H08



No complication observed!

National Cancer Center, Japan

Take-Home Message

Balloon occlusion may be useful to detach the glue sticking to microcatheter.

Thank you !

The most important is
"don't panic and keep cool" in the nightmare.