SIRT Was Given Short Shrift

The acronym SIRT stands for selective internal radiation therapy. At the present time, 19 completed studies and 20 ongoing studies are registered in ClinicalTrials.gov. Three of the studies are randomized multicenter phase III studies (SORAMIC, SIRveNIB, SARAII) at stages Child-Pugh A–B, whose follow-up results are expected for 2015–2017. The 5th SIRT symposium (the 5th European Multidisciplinary Symposium on Liver-Directed Therapy using 90Y Microspheres) yielded the following insights regarding SIRT. SIRT was found to be the best therapeutic option in the setting of large tumors and portal vein invasion, since TACE had substantially more adverse effects and was much less effective. Furthermore, SIRT is being discussed as the first-line therapeutic approach for the purpose of downsizing HCC, in order to facilitate resectability. The data of the London based oncologist H Wasan, on the therapeutic effectiveness and cost effectiveness of SIRT, are interesting. Compared with chemoeembolization, SIRT is less toxic, and the costs/QALY, which are reported to be €30 000–40 000, were found to be lower in one third of cases. By contrast, the costs/QALY of systemic therapy amount to €182 000 (cetuximab), €105 000 (bevacizumab), €71 000 (regorafenib), and €90 000 (sorafenib). Quality of life data after treatment are more favorable for SIRT than for TACE (p = 0.019), the time to progression is 8.4 months for TACE and 13.3 months for SIRT. The overall response rate for SIRT was reported to be 44–91%. These findings, which are also available in the Cochrane database or the ESMO, are promising results and the expected study results and the effect in terms of the future importance of radioembolization in guidelines.

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Conflict of interest statement

The author declares that no conflict of interest exists.