questionnaire replies (out of 73 PMT patients) were included in this study (41% return rate). 24/29 patients (83%) suffered from no or mild PTS symptoms, while the overall mean VEINES Sym/QoL scores were 75% and 76%, respectively. Direct correlation between the poorer PTS and VEINES Sym/QoL scores was observed. No statistically significant difference was seen between patients who were treated with/without stenting and compression stockings, neither their body mass index nor gender. **Conclusion:** There is a positive outcome in the symptoms of PTS and QoL among IF-DVT patients treated with PMT at long-term follow-up. Hence, PMT should be considered in this cohort. Improved patient selection factors targeting the most at-risk group should be further investigated.

OR3.1

Six-and-Twelve Score for Transarterial Chemoembolization: Is It Applicable for Hepatitis C Virus-Positive Patients with Hepatocellular Carcinoma?

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Objectives: A new scoring system named "six-and-twelve score" was presented by Wang *et al*. for the prediction of the overall survival in hepatocellular carcinoma (HCC) patients mostly due to hepatitis B virus (HBV) treated with transarterial chemoembolization (TACE). This scoring system is calculated by the sum of the tumor size and number. It divides the patients into three groups, G1 ≤6, G2 >6 but ≤12, and G3 >12 with a median overall survival of 49.1, 32.0, and 15.8 months, respectively. Our aim is to assess the prognostic value of this scoring system in HCC patients due to hepatitis C virus (HCV) treated with TACE in our center. **Methods:** A total of 79 HCV-positive patients with HCC treated with TACE were included in this study, with the same inclusion and exclusion criteria of the six-and-twelve score study. According to this scoring system, we divided our patients into three groups; G1 (24 patients), G2 (31 patients), and G3 (24 patients). We followed up our patients to assess the overall survival rate. **Results:** The mean overall survival rate at 3 years was 32 months for G1, 21 months for G2, and 10 months for G3. **Conclusion:** Our data suggest that six-and-twelve score could not be applicable for the prediction of overall survival in HCV patients with HCC treated with TACE. Further studies are recommended to validate this scoring system in the prediction of survival in HCC patients with HCV.

OR3.2

Safety and Efficacy of Microwave Ablation of Stage T1 Renal Cell Carcinoma

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Objectives: To evaluate the safety and efficacy of microwave ablation (MWA) of stage 1 renal cell carcinoma (RCC). **Methods:** We retrospectively reviewed the medical records of 29 patients with 31 tumors who underwent MWA for stage 1 RCC between 2008 and2018 in our institution. Patient demographics, tumor characteristics, technical success defined as the absence of residual tumor within 3 months of procedure, and complications were reported. The recurrence-free, cancer-specific, and overall survival rates were analyzed. A univariate analysis was performed to identify any potential predictors of complications, local recurrence, or survival. **Results:** Mean age of the patients was 64 ± 10.6 years, and 34.5% of the patients had chronic kidney disease stage 3 at baseline. The median Charlson comorbidity index was 5 (range: 5–12). The median tumor size was 2.7 cm (range: 1.0–6.1) with 18 (58.1%) posterior tumors. Stage T1a tumors were seen in 93.5% of patients. Median number of probes was 1 (range: 1–3), and biopsy was performed in 22 (72.4%) tumors. Technical success rate was 93.1%. Minor and major complications were seen in 5 (17.2%) and 1 (3.4%) patients, respectively. No local recurrence was reported. The overall survival was 100%, 84.6%, and 84.6% at 1, 3, and 5 years. Cancer-specific survival was 100% at 5 years. There were predictors for complications or survival outcomes. **Conclusion:** Percutaneous MWA is a safe and efficacious thermal ablation modality for the treatment of stage 1 RCC with acceptable outcomes.

OR3.3

Major Complications after Conventional Chemoembolization for Hepatocellular Carcinoma in the Era of C-Arm Computed Tomography

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Objectives: To evaluate the prevalence and contents of major complications after conventional trans arterial cehmoembolization (cTACE) for hepatocellular carcinoma (HCC) in the era of cone-beam computed tomography (CBCT) depending on tumor stages. **Methods:** We retrospectively reviewed electronic medical records of 822 patients who underwent cTACE for HCC between 2010 and 2011. Among them, 556 patients underwent cTACE under the guidance of CBCT. The prevalence and contents of major complications after initial cTACE were collected and the influence of tumor stage was investigated. **Results:** Major complications developed in 39 (4.7%) of 822 patients. Their prevalence in BCLC 0, A, B, and C stages was 0% (0/160), 2.9% (8/274), 1.2% (2/164), and 12.9% (29/224), respectively. In BCLC A stage, major complications developed in 8 patients (4 liver abscess, 1 septicemia with infarction, 1 gallbladder perforation, 1 variceal bleeding, and 1 spontaneous bacterial peritonitis). Four patients had predisposing factors of bilioenteric anastomosis (n = 2), previous history of variceal