

initial response in 78.1% of the patients. Regarding the best response during the TACE series, 87.2% of the patients were overall responders. Overall survival was similar between initial responders ($n = 567$) and subsequent responders ($n = 66$; 43.8 vs. 40.1 months, $P = 0.433$). Likewise, overall survival was similar between initial CR ($n = 366$) and subsequent CR ($n = 144$) groups (52 vs. 46 months, $P = 0.527$). Multivariable Cox analyses showed that the most significant independent prognostic factor predicting overall survival was an objective response as the best response. The adjusted hazard ratio of the responders as the best response (0.216) was lower than that of the responders as the initial response (0.493). **Conclusion:** The best response observed during serial TACE, rather than the initial response, most strongly predicted overall survival in patients with intermediate-stage HCC and preserved liver function.

P202

Combined Transarterial Chemoembolization and Microwave Ablation Therapy for Hepatocellular Carcinoma: A Randomized Control Study

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Objectives: Few clinical researches have dealt with the treatment of patients with hepatocellular carcinoma (HCC) larger than 3 cm and smaller than 5 cm in the literature. We aimed to compare the feasibility and benefits of combined therapy (transarterial chemoembolization [TACE] and microwave ablation [MWA]) compared with TACE or MWA alone in the treatment of HCC larger than 3 cm and smaller than 5 cm. **Methods:** This was a prospective study consisting of 300 patients with solitary HCC larger than 3 cm and smaller than 5 cm. Our patients were randomized into three groups; group A included 100 patients who were treated with TACE followed by MWA after 2 weeks, group B included 100 patients who were treated with MWA alone, and group C included 100 patients who were treated with TACE alone. Patients were followed using triphasic computed tomography and blood tests including liver function tests, complete blood count, and α -fetoprotein 1 month after therapy and then every 3 months up to 3 years. Evaluation was assessed using the mRECIST criteria. **Results:** All procedures were successfully completed without any moderate or severe adverse events. Only minor adverse events were reported and treated with no impact on the patients. Group A showed significant objective response rate (complete response + partial response) in comparison with the other groups ($P < 0.001$). At 3 years, the overall survival (OS) was significantly higher in the group A than in group B and group C (62% versus 46% and 44%, respectively, $P < 0.034$). **Conclusion:** Combined therapy (TACE + MWA) in HCC larger than 3 cm and smaller than 5 cm is better than TACE or MWA alone concerning the tumor response and OS.

P203

Transarterial Chemoembolization of HCC: Literature Data and Combined Early Experience of Two Hospital Centers from Morocco (80 Cases)

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Objectives: Hepatocellular carcinoma is the most common primary malignancy liver. Chemoembolization is a locoregional treatment technique in specific indications. The objective of our study is to detail the technical innovations of chemoembolization evaluating its contribution to the therapeutic management of hepatocellular carcinoma. **Methods:** This is a collaborative study of two centers (Radiology Department, International University Hospital Cheikh Khalifa, and Radiology Department, Mohamed V Military Hospital), including hepatocellular cancer patients who received chemoembolization as a part of locoregional treatment. Our study is spread over 4 years and 11 months, from January 9, 2015 to January 1, 2020, on about 80 cases. The data are collected retrospectively from the medical records of the patients included in our study. **Results:** The mean age was 60 years. Female to male ratio was 3.5. 70% of the patients were cirrhotic and one patient had portal hypertension. All patients received lipiodole chemoembolization. One patient had an anatomical variant and four patients had portal thrombosis. 65 patients were diagnosed with stage B BCLC and 15 stage A BCLC. The technique was selective (20 patients) and nonselective (60 patients). Twenty patients benefited from a CHE with microcatheter. Two patients received surgical resection after chemoembolization. 46% complete response, 29% partial response, and 25% progress. 52% of complications. 4 cases of recurrence. **Conclusion:** Chemoembolization has proven its place as a reference palliative treatment for patients in the intermediate stage of the disease. Its success is based on the right selection of patients. Advances in the interventional radiology aim to broaden indications for chemoembolization.

P204

Management of Hypoglycemia Secondary to Pancreatic Insulinoma with Transarterial Embolization: Insulinoma to Insulin-No-More

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Educational Poster Background: Insulinomas are the most common functional neuroendocrine tumors. They are typically small, hypervascular lesions arising in the pancreas. Patients classically present with a Whipple's triad of symptoms. Medical management of hypoglycemia resulting from tumoral insulin secretion is with diet, diazoxide, octeotride, corticosteroids, and