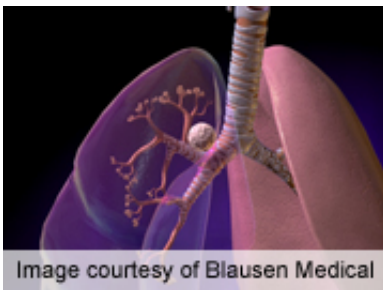


# SPACE, RF ablation combo safe and effective for lung cancer

May 15 2013

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For unresectable lung tumors, the combination of segmental pulmonary arterial chemoembolization and percutaneous radiofrequency ablation helps achieve better local tumor progression rates than radiofrequency ablation alone, according to a study published in the May issue of *Radiology*.

(HealthDay)—For unresectable lung tumors, the combination of segmental pulmonary arterial chemoembolization (SPACE) and percutaneous radiofrequency (RF) ablation helps achieve better local tumor progression rates than RF ablation alone, according to a study published in the May issue of *Radiology*.

Cosmo D. Gadaleta, M.D., from the National Cancer Research Centre Istituto Tumori Giovanni Paolo II Bari in Italy, and colleagues treated 20 nodules over 19 sessions in 17 patients with primary and metastatic lung cancer. SPACE was performed, followed by percutaneous computed tomography (CT)-guided RF ablation of [lung nodules](#) 48 hours later. Enhanced CT was performed 48 hours after combination, after 30 days,

and then every three months. Three months after combination therapy and then every six months, fluorine 18 fluorodeoxyglucose positron emission tomography was performed.

The researchers found that in the lung parenchyma treated with SPACE there was a wide area without ventilation seen with ventilation-lung single [photon emission](#) CT. In 3- to 5-cm-diameter tumors, the local [tumor progression](#) (LTP) rate was 21 percent (three of 14 nodules), and the LTP was 0 percent (zero of six nodules) in tumors of 3 cm or smaller in diameter. In 65 percent of patients, complete response was seen at a minimum of six months of follow-up. Pneumothorax occurred in five of 19 sessions (26 percent), as did one bronchopleural fistula (one of 19; 5 percent).

"Combination therapy with RF ablation after SPACE to treat unresectable [lung tumors](#) is technically feasible, safe, and effective and may represent an advantage over RF ablation alone," the authors write.

One author disclosed [financial ties](#) to Angiodynamics.

**More information:** [Abstract](#)  
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