

## The Method of Balloon-TACE

High Efficacy Balloon-TACE (B-TACE) requires consideration of simple hemodynamics. In addition to 8 B-TACE clinical studies, six studies were published that reveal an understanding of B-TACE and a procedural method that produces high efficacy. All six publications reach the same conclusions and are included in the bibliography. Two publications, that provide the most detail, are presented herein.

### Simple Hemodynamics of B-TACE

1. An occlusion of the supply artery leading toward the tumor means that the **hemodynamics is governed by the collaterals**
2. Collaterals can be high or low pressure
3. Flow redistribution in favor of the tumor requires a **pressure reduction distal to the balloon to <64 mmHg**
4. The tip of the microcatheter **must be distal to high pressure collaterals** for pressure to lower
5. Balloon catheter placement (Superselective/Subsegmental) enables flow redistribution, high-pressure injection & high efficacy
6. In rare instances, balloon occlusion can cause the flow to move away from the tumor. Inject with balloon down

#### Kakuta A, 2016

Prospective, 27 patients (219 nodules)  
Measured balloon occluded pressure at four arterial levels

Artery	% Low Pressure*
1 <sup>st</sup> Order, Lobar	67%
2 <sup>nd</sup> Order	70%
3 <sup>rd</sup> Order	82%
Superselective	+90%

\*Percentage of pressure measurements distal to the balloon occlusion that were below 64mmHg and flow redistribution is enabled.

#### Matsumoto T, 2015

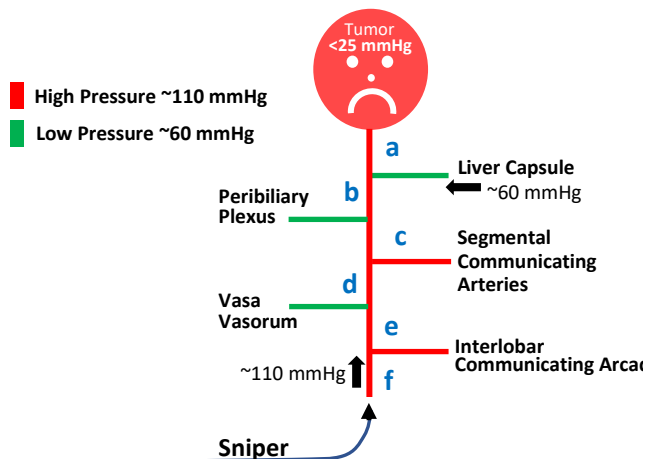
Retrospective, 47 patients (87 arteries)  
Measured balloon occluded pressure at lobar, segmental, & subsegmental levels

Artery	% Low Pressure*
Lobar	38%
Segmental or Subsegmental	
• A1, A4, A8	58%
• A2, A3, A5, A6, A7	100%

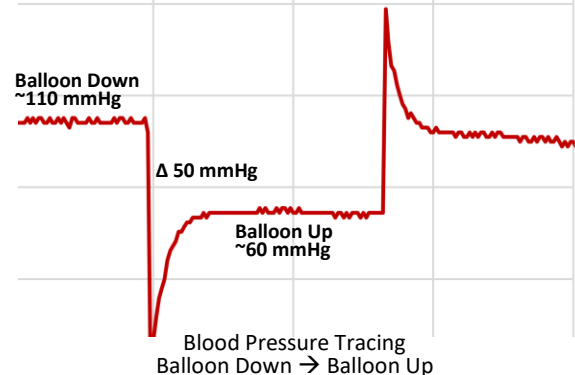
\*Percentage of pressure measurements distal to the balloon occlusion that were below 64 mmHg and flow redistribution enabled

**Flow redistribution increases as the balloon catheter is moved distally. Distal tip placement is required for high efficacy.**

**Flow redistribution increases as the balloon catheter is moved distally and the center of the liver shows less flow redistribution at segmental level.**



### Blood Pressure Reduction via Balloon Occlusion



## References

Available upon request or can be found at <https://embolx.com/publications/>

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2. **Sugimoto K**, Saguchi T, Saito K, Imai Y, Moriyasu F. Hemodynamic changes during balloon-occluded transarterial chemoembolization (B-TACE) of hepatocellular carcinoma observed by contrast-enhanced ultrasound. *J Med Ultrasonics* (2014) 41:209–215.
3. **Arambru J**, Anton R, Rivas A, Ramos JC, Larraona GS, Sangro B, Bilbao JI. A methodology for numerically analyzing the hepatic artery hemodynamics during B-TACE: a proof of concept. *Computer Methods in Biomechanics and Biomedical Engineering*. (2019) 22(5) 518-532.
4. **Matsumoto T**, Endo J, Hashida K, Mizukami H, Nagata J, Ichikawa H, Kojima S, Takashimizu S, Yamagami T, Watanabe N, Hasebe T. Balloon-occluded arterial stump pressure before balloon-occluded transarterial chemoembolization. *Minimally Invasive and Applied Technologies*. (2015) <https://pubmed.ncbi.nlm.nih.gov/26406612/>
5. **Irie T**, Takahashi N, Hoshiai S, Balloon-occluded transarterial chemoembolization for hepatocellular carcinoma: history, background, and the roles. *International Journal of Gastrointestinal Intervention* (2020) 9:13-18.
6. **Hatanaka T**, Arai H, Kakizaki S. Balloon-occluded transcatheter arterial chemoembolization for hepatocellular carcinoma. *World Journal of Hepatology* (2018) 10(7):485-495.