

from 8% to 12% where better results are noted in the two patients with two sessions embolization. **Conclusion:** Bariatric gastric embolization gives better results with embolization of both left gastric and right gastroepiploic arteries and better in two separate sessions without adding any significant morbidity.

OC301

Short-Term Outcome of Prostate Artery Embolization for Begin Prostatic Hyperplasia at Prince Sultan Military Medical City, Riyadh

Alrashidi, I. Ibrahim Awadh, Fares Garad, Faisal Alahmari, Sultan Alammari, Abdulaziz Almat'hami, Hatim Alobaidi

*Prince Sultan Military Medical City, Riyadh, Saudi Arabia.
E-mail: dr.ialrashidi@gmail.com*

Background: Prostatic artery embolization (PAE) is emerging minimally invasive treatment for begin prostatic hyperplasia (BPH). Till now, it carries some cons and some pros as the variable options of BPH management. We report our short-term outcome for this procedure. **Methods:** From our early experience in applying PAE as one of the treatment options for BPH in selected cases started from October 2015 to October 2017. We review the patient presentation, preoperative prostate size, symptoms score, uroflow finding, patient welling, and patient comorbidities. Patients included in the study after full explanation of all BPH management options. We recommend it to the patients with multiple comorbidities and have a high anesthetic risk. Then, we showed the follow-up excluding missed follow-up patients and analysis of these results. **Results:** We had 17 patients with a mean age of 74.6 years. Patients with multiple comorbidities found in 15 of them and ten patients have high anesthetic risks (American Society of Anesthesiologists score 3). Five patients requested this management for fertility issue and worried about the retrograde ejaculation. All patients have smooth postoperative without significant complications. During follow-up, one patient developed a prostatic abscess managed by transurethral drainage. Another two patients developed retention post embolization and trial catheter removal failed. One patient was managed by transurethral resection of the prostate and found to have large median lobe. The other one still on an indwelling catheter. Two patients need remobilization for regaining symptoms. Twelve (70.5%) patients have shown improvement in the International Prostatic Symptom Score by 5–10 points and decreased the prostate size by 10–47 g on follow-up ultrasound. The average flow rate increased to a range 9–14 ml/s. **Conclusion:** Prostatic artery embolization is safe and effective for selected cases and need to be tailored to the patient condition. Long-term follow up is recommended.

OC302

Single-Center Experience in Targeted Prostate Biopsy Using Multiparametric Magnetic Resonance Imaging-Transrectal Ultrasound Elastic Fusion Technique

Jennifer Farah, Abbas Chamsuddin, Emilie Fayad, Raja Ashou

*University of Balamand-Saint George Hospital University Medical Center, Beirut, Lebanon.
E-mail: jennifernfarah@gmail.com*

Background: Targeted prostate biopsy is challenging because no single currently established imaging modality is both accurate for prostate cancer diagnosis and cost-effective for real-time procedure guidance. A system that fuses real-time transrectal ultrasound (US) images with previously acquired magnetic resonance imaging (MRI) images for prostate biopsy guidance is presented here. Multiparametric MRI-transrectal US (mpMRI-TRUS) fusion targeted biopsy of the prostate gland, a relatively newly performed technique, has shown the potential to gradually replace random TR US-guided prostate biopsy. Targeting suspicious lesions described on MRI has resulted in an increased detection of clinically significant cancer, decreased detection of low-risk cancer, and potential improvement in patient outcome. **Methods:** A total of 34 patients underwent mp-MRI; 25 performed at our center and 9 at other centers. Of all the 34 patients, 19 patients were classified by mp-MRI as having Prostate Imaging Reporting and Data System (PIRADS) 4/5, 10 patients as PIRADS 3, and 5 patients as PIRADS 2. All these patients underwent targeted and nontargeted registered mpMRI-TRUS elastic fusion biopsy between the end of January and December 2017. All patients had negative recent urine culture and underwent bowel preparation and received antibiotic coverage. Anticoagulation and antiplatelet therapy, when applicable, were withheld prior to biopsy. Elastic image fusion and organ-based tracking technique were used. It enabled freehand, three-dimensional TR biopsy mapping and accurate tracking of the prostate, compensating for patient- and probe-induced mobility. **Results:** Sixteen patients had positive biopsies for prostate cancer; positive results of targeted biopsies were found in 14 patients having PIRADS 4/5 (14 out of 19). Of these patients, three also had positive specimens from nontargeted areas; positive results were found in two patients in nontargeted areas. One of these was classified as PIRADS 4 and the other as PIRADS 3. These results show that 79% of patients classified by mp-MRI as PIRADS 4/5 and 10% of patients classified as PIRADS 3 had positive biopsies for prostate cancer. No reported complications, uncontrolled bleeding, or sepsis were noted in all biopsied patients. **Conclusion:** MpMRI-TRUS fusion biopsy is a safe and accurate method for targeted biopsy of prostate lesions. Despite the modest number of patients, our preliminary results are comparable to the published international numbers, showing a good correlation between the mp-MRI PIRADS classification and the pathological results of mpMRI-TRUS fusion biopsies.

OC303

Radial Access Oncological Intervention: A Single-Center Experience

Pavan Najran, Jon Bell

*The Christie Hospital NHS Foundation Trust, Manchester, UK.
E-mail: pnnn@doctors.org.uk*

Background: Intra-arterial therapy is the foundation of interventional oncology encompassing a number of procedures including tumor embolization, liver-directed therapies (transarterial chemoembolization [TACE], selective internal radiotherapy [SIRT], and bland liver embolization), and oncological complication such as tumor hemorrhage. Traditional femoral access vascular intervention has been the foundation of these procedures; however, femoral punctures can result in a number of complications which limit patient mobility postprocedure. Radial access vascular intervention improves mobility postprocedure and reduces hospital stay. In addition, in the case of pelvic