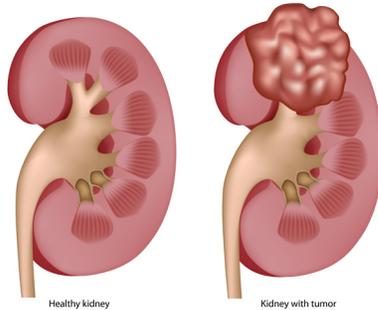


Kidney Cancer: Renal Cell Carcinoma

Cancer that arises in the kidneys comes from either the functional tissue of the kidney or from the lining of the collecting system. Renal cell carcinoma (RCC) arises from the functional tissue of the kidney and is far more common than the other types of kidney cancer. Frequently, RCC is found incidentally on imaging for other reasons.

Kidney Cancer



Stage I RCC (measuring less than 7 cm in diameter) can potentially be cured with minimally invasive treatments such as percutaneous ablation with or without transcatheter embolization. This treatment largely avoids the added risk of open surgical procedures and is the treatment most likely to preserve the most kidney function.

Treatment Options

Transcatheter Embolization

During a transcatheter embolization, our doctor uses X-ray guidance to insert a catheter from an artery in the groin or arm into the artery supplying the affected kidney. An occluding agent made of biodegradable or inert particles is administered into the blood vessels leading to the tumor. The particles shut down blood supply to the tumor, which deprives the tumor of oxygen and helps to shrink it.

Larger kidney tumors or those with a large blood supply are often pretreated in this manner to improve the uniformity and safety of the ablation procedure. This procedure is very safe and can be done in an outpatient setting under conscious sedation.

Percutaneous Ablation

This is the same method used to treat liver cancer. Please see the liver cancer treatment options for more information on this procedure.

ivc Interventional and Vascular Consultants

Interventional and Vascular Consultants is a comprehensive medical practice specializing in minimally invasive endovascular solutions to diagnose and treat diseases of the blood vessels. Our unique approach to vascular care is recognized for its commitment to clinical excellence and outstanding patient satisfaction.

The minimally invasive techniques used by interventional radiologists often replace open surgical procedures because there are no large incisions, less risk, reduced pain, and shorter recovery times for patients. Our state-of-the-art endovascular suites are equipped with the newest devices to assist in performing minimally invasive procedures.

How to make an appointment:

Physician Referrals

Call or fax a request to our office. Please include any pertinent X-rays, labs and chart notes you have. These will be reviewed and a consultation appointment will be scheduled with your patient. We can provide your office with referral forms as well.

Patient Direct Referrals

Call or email inquiry. We will review your inquiry. We may ask for additional information prior to a consultation appointment to assure that we can provide the care you are seeking.

Available for Consultation in Wilsonville

Treatment is available at our outpatient center in Wilsonville and at the following hospital locations: Legacy Emanuel, Legacy Meridian Park, Legacy Mt. Hood and Legacy Salmon Creek.

Wilsonville Office

25030 SW Parkway Avenue, Suite 200
Wilsonville, Oregon 97070

Monday – Friday, 8:30 am – 4:30 pm
Phone: **503.612.0498** | Fax: 503.459.0521
www.ivcnorthwest.com | info@ivcnorthwest.com

Interventional Oncology



ivc Interventional and Vascular Consultants

Interventional Oncology

Interventional Oncology (IO) is a subspecialty field of interventional radiology that uses cutting-edge, minimally invasive techniques to treat non-operative cancers. Interventional radiologists work in collaboration with surgeons and oncologists to develop the best treatment plan for the patient.

Interventional oncology procedures are frequently used to treat primary or metastatic cancer and may be recommended once traditional surgery, chemotherapy or radiotherapy have failed or are not considered viable. IO treatments can also be used in combination with traditional therapies in order to augment the therapeutic outcome in more complex cases.

Over recent years, there has been an increase in the variety of applications for IO treatments.

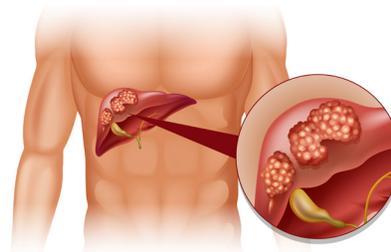
- **Liver Cancer** – primary liver tumors, hepatocellular carcinoma and liver metastases
- **Lung Cancer** – metastases or inoperable primary lung cancer
- **Kidney Cancer** – renal cell carcinoma
- **Bone Cancer** – metastases located in the spine, pelvis and long bones
- **Prostate Cancer** – large inoperable tumors
- **Pancreatic Cancer** – inoperable advanced neoplasms

In cases where surgical tumor resection is not possible due to the size, number or location, IO therapies may be used to shrink the tumor, making a surgical or other interventional treatment possible. Chemotherapeutic drugs can also be administered intra-arterially, increasing their potency and reducing the harsh effects of system-wide administration.

Patients can greatly benefit from interventional oncology treatments; the minimally invasive nature can reduce pain, side effects, and recovery times.

Primary Liver Cancer

Liver Cancer that originates in the liver tissue is called hepatocellular carcinoma (HCC). If it arises in the bile ducts, it is known as cholangiocarcinoma.



Risk factors for HCC include:

- Hepatitis virus (HBV or HCV)
- Alcohol abuse
- Fatty Liver Disease
- Liver injury from medications
- Hereditary diseases such as hemochromatosis
- Primary sclerosing cholangitis
- Primary biliary cirrhosis

Metastatic Disease to the Liver

The process of disease spreading from one place to another is called metastasis. Metastatic disease in the liver is often cancer that originated somewhere else in the body. The liver is one of the most common sites of spread of many types of cancer, including colorectal, breast, pancreatic, lung, and biliary adenocarcinomas.

Treatment Options

Percutaneous Ablation

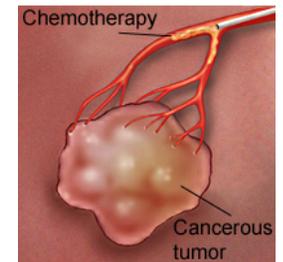
Using ultrasound or X-ray guidance, your interventional radiologist places a small probe through the skin into the tumor. The probe then heats up and kills the tumor and surrounding tissue. At this time, a biopsy may be taken through the same site.



Percutaneous ablation is very safe and can be done as an outpatient procedure in the office with moderate conscious sedation. Studies have shown that this procedure is as effective as surgery for small tumors and can be a curative treatment when only one or a few lesions are present.

Chemoembolization

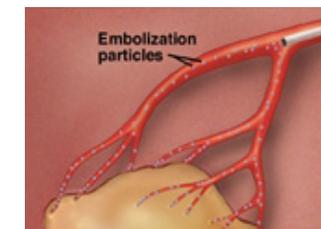
This treatment delivers large, highly concentrated doses of cancer drugs directly to the liver tumors while minimizing exposure to healthy tissues, without most of the negative side effects of traditional intravenous chemotherapy.



During chemoembolization, an occluding agent is also administered to partially block the blood vessels and starve the tumor of its blood supply. Tailored chemoembolization regimens are available for metastatic disease to the liver as well as liver cancer in patients who are not candidates for surgery. This treatment is an outpatient procedure performed under conscious sedation.

Radioembolization (Y90)

This treatment is most commonly used for more advanced stage liver cancer (primary or metastatic) where chemoembolization or percutaneous ablation procedures are not suitable.



This procedure involves placing a catheter from an artery in the groin or arm into the artery supplying the liver. Radioactive beads are then administered into the lobe of the liver with the tumor(s). The beads contain the radioactive isotope yttrium Y90, which is highly radioactive but only delivers high energy radiation less than 1/2 inch (1 cm) from where the beads are deposited. Therefore, tumors and surrounding liver tissue receive high doses of therapeutic radiation while nearby organs are spared.