



JY HEALTHCARE GROUP SDN BHD (1185177-T)

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GLOBAL HEALTHCARE & BIOMEDICAL INTELLIGENCE

MLJC EXCLUSIVE | ONCOLOGY INTELLIGENCE REPORT

WHEN RADIATION BECOMES PRECISION

Y-90 Radioembolization and the Evolving Frontier of Liver Cancer Treatment

**Hepatocellular Carcinoma | Interventional Oncology | Y-90
Radioembolization | Nuclear Medicine | Theranostics | Precision Medicine**

EXECUTIVE SUMMARY

The treatment of liver cancer is entering an increasingly sophisticated era of **image-guided, catheter-directed and biologically targeted intervention**.

Among the technologies attracting growing clinical attention is **Yttrium-90 (Y-90) radioembolization**, also known as **Selective Internal Radiation Therapy (SIRT)** or **Transarterial Radioembolization (TARE)**.

Unlike conventional external-beam radiotherapy, Y-90 therapy delivers radioactive microspheres through the hepatic arterial circulation to vascular territories supplying the tumour.

MORE PRECISE RADIATION DELIVERY



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I. WHAT IS Y-90 RADIOEMBOLIZATION?

Y-90 radioembolization is a minimally invasive interventional oncology procedure.

A catheter is introduced through the arterial system and advanced selectively into the hepatic arterial circulation.

Radioactive microspheres containing **Yttrium-90** are then delivered into the selected arterial territory.

The microspheres become lodged predominantly within the tumour-associated microvasculature, where Y-90 undergoes radioactive decay and emits beta particles.

The resulting radiation damages tumour tissue and inhibits tumour viability and proliferation.

The therapeutic architecture can therefore be summarised as:

Vascular Mapping



Selective Catheterisation



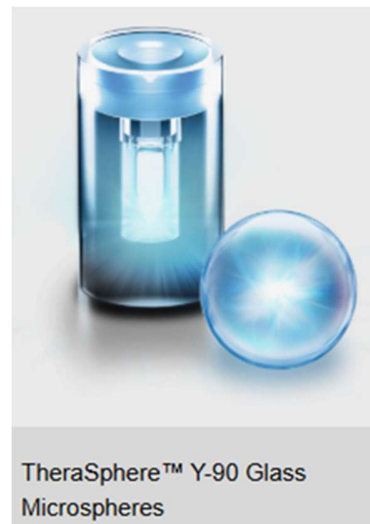
Microsphere Delivery



Local Beta Radiation



Tumour Control



This represents a fundamentally different approach from delivering radiation broadly from outside the body.



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II. WHAT DOES THE “40 MILLION SOLDIERS” CLAIM REALLY MEAN?

Popular medical content sometimes describes Y-90 treatment as:

“40 million radioactive soldiers attacking the tumour.”

It is an effective metaphor for public communication, but it should not be interpreted literally.

The “soldiers” are **radioactive microspheres**.

They are:

- not living cells;
- not autonomous nanorobots;
- not capable of independently identifying cancer cells.

Their therapeutic value comes from their **physical distribution within the tumour-associated arterial circulation** and the subsequent local emission of beta radiation.

The scientifically accurate description is therefore:

Targeted intravascular delivery of radioactive microspheres for local radiation therapy.

This distinction matters when communicating Y-90 therapy to an international medical audience.

III. WHY THE LIVER PROVIDES A UNIQUE THERAPEUTIC WINDOW

The biological basis of Y-90 radioembolization is closely linked to the liver’s distinctive blood supply.

Normal liver tissue receives blood from both:

The portal vein

and



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The hepatic artery.

Many hepatocellular carcinomas, however, demonstrate increased dependence on arterial blood supply.

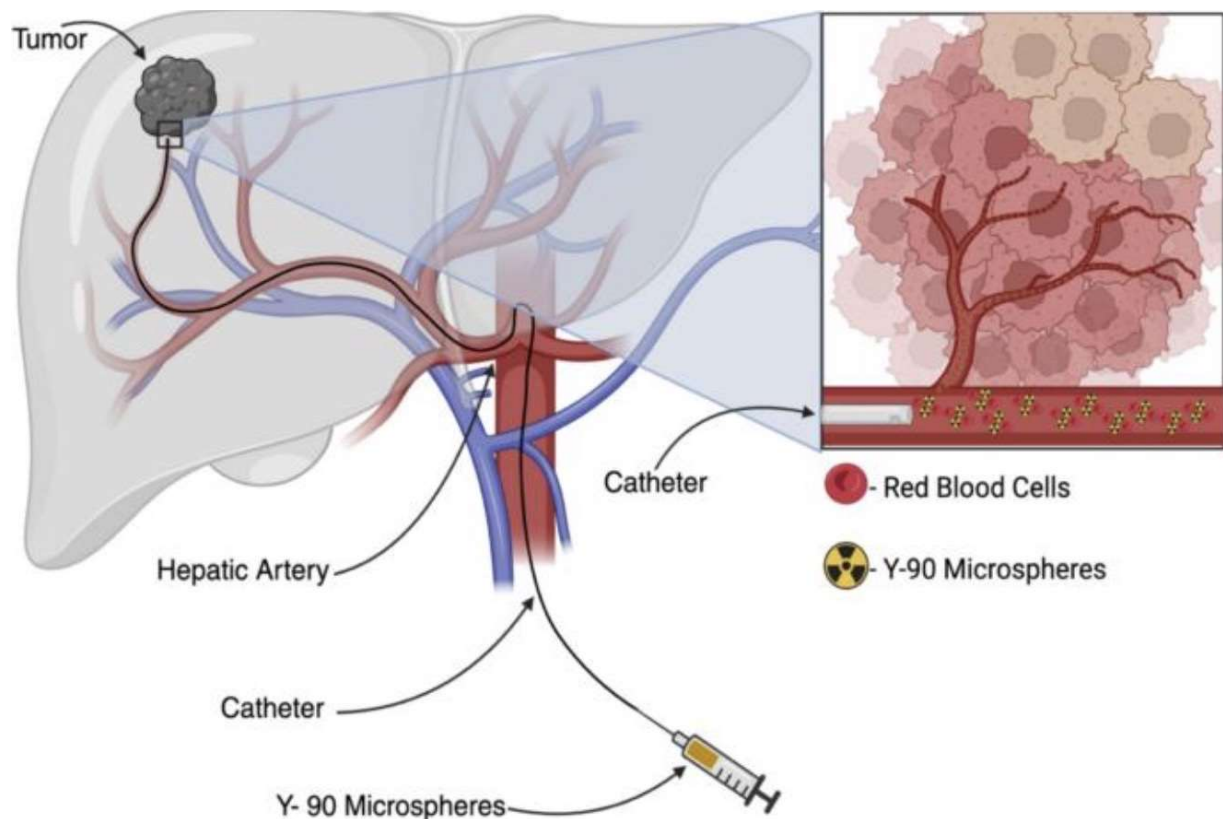
This vascular difference creates an opportunity for selective transarterial therapy.

By navigating a catheter into the relevant hepatic arterial branches, physicians can deliver Y-90 microspheres to the vascular territory supplying the tumour.

The concept is therefore:

VASCULAR SELECTIVITY → RADIATION SELECTIVITY

rather than indiscriminate systemic radiation exposure.





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IV. THE REAL TECHNOLOGY IS NOT THE RADIOACTIVE MICROSPHERE

One of the most important points often overlooked in public discussion is that the sophistication of Y-90 therapy does not reside solely in the microsphere.

The real clinical technology lies in the entire treatment pathway.

1. Tumour Imaging

Identifying tumour burden, location and vascular anatomy.

2. Angiographic Mapping

Understanding the hepatic arterial network and identifying vessels that could expose non-target organs.

3. Treatment Planning

Determining the appropriate vascular territory and treatment strategy.

4. Dosimetry

Calculating the radiation dose required for the intended treatment.

5. Selective Catheterisation

Positioning the catheter as precisely as clinically appropriate.

6. Radioembolization

Administering the Y-90 microspheres.

7. Post-Treatment Assessment

Evaluating distribution, response and potential complications.

Consequently:



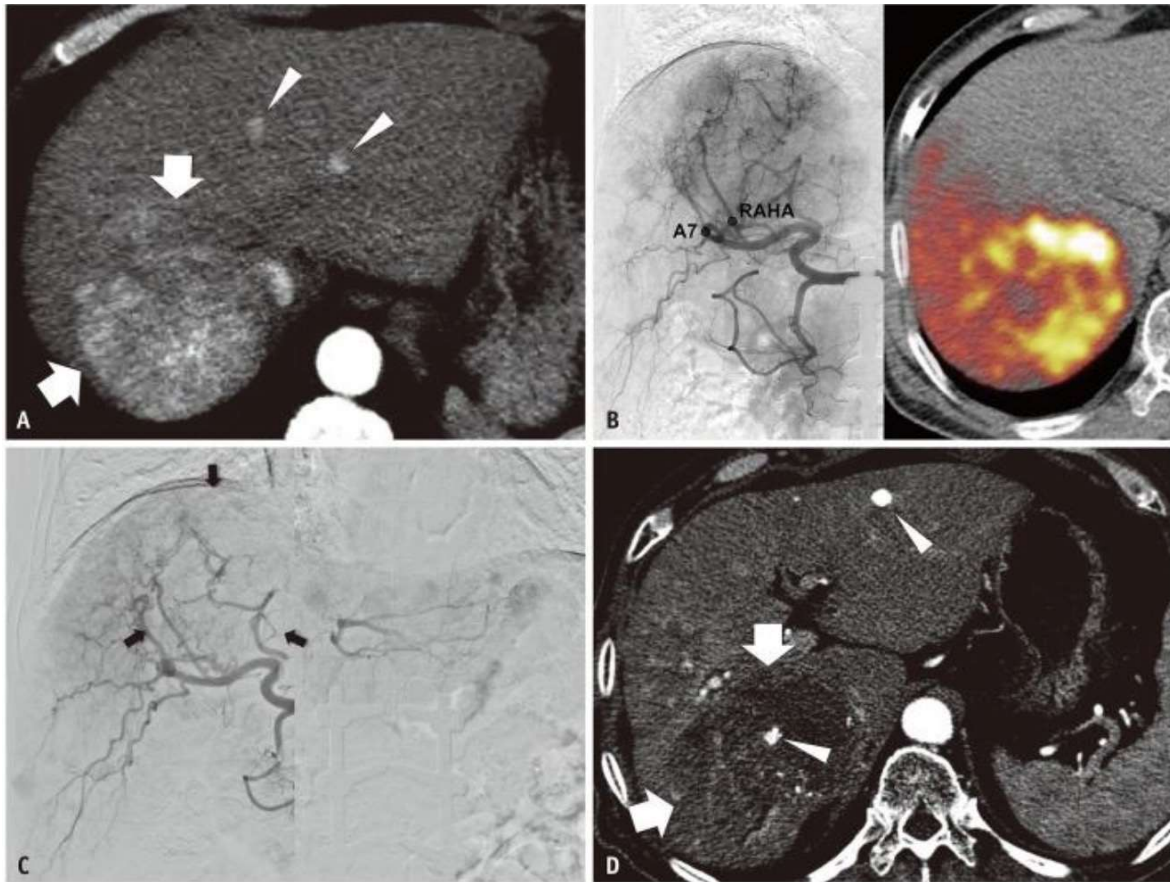
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Y-90 IS A PLATFORM OF PRECISION MEDICINE — NOT SIMPLY A RADIOACTIVE PRODUCT.



V. FROM RADIOTHERAPY TO THERANOSTICS

Y-90 also illustrates a broader transformation in modern oncology:

THERANOSTICS

The convergence of:

Therapy

and

Diagnostics.



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The treatment pathway increasingly becomes:

Imaging



Diagnosis



Vascular Mapping



Treatment Planning



Dosimetry



Targeted Administration



Post-treatment Imaging



Response Assessment

This represents a fundamental shift in the role of medical imaging.

Imaging is no longer simply used to:

“See the tumour.”

It increasingly helps physicians determine:

Where to treat, how to treat, how much treatment to deliver and how to evaluate the response.



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VI. THE EMERGING ARCHITECTURE OF PRECISION ONCOLOGY

Y-90 radioembolization should not be viewed in isolation.

Its development forms part of a broader convergence across:

Interventional Radiology

×

Nuclear Medicine

×

Medical Imaging

×

Radiation Oncology

×

Tumour Biology

×

Dosimetry

×

Precision Medicine

This convergence is creating a new category of cancer treatment:

PRECISION INTERVENTIONAL ONCOLOGY

The objective is increasingly to move from:

treating an organ

towards:

treating a defined tumour-bearing vascular territory.

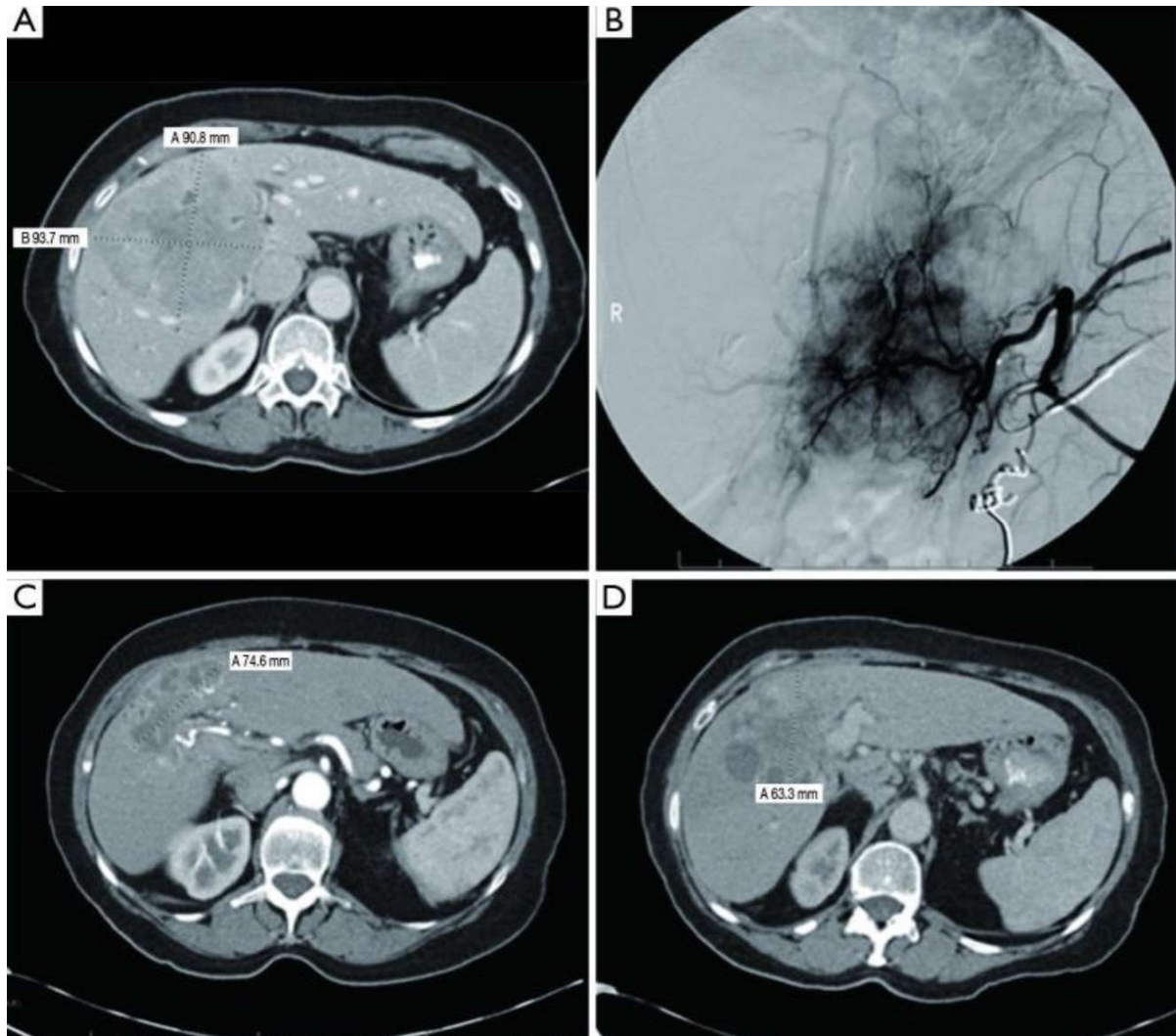


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VII. CHINA'S EMERGING ROLE

China's development of advanced interventional oncology deserves close international attention.

The country's healthcare system has developed substantial capabilities across:

Interventional oncology

Hepatic artery procedures



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Nuclear medicine

Medical imaging

Radiation therapy

Tumour ablation

and increasingly:

multidisciplinary precision cancer care.

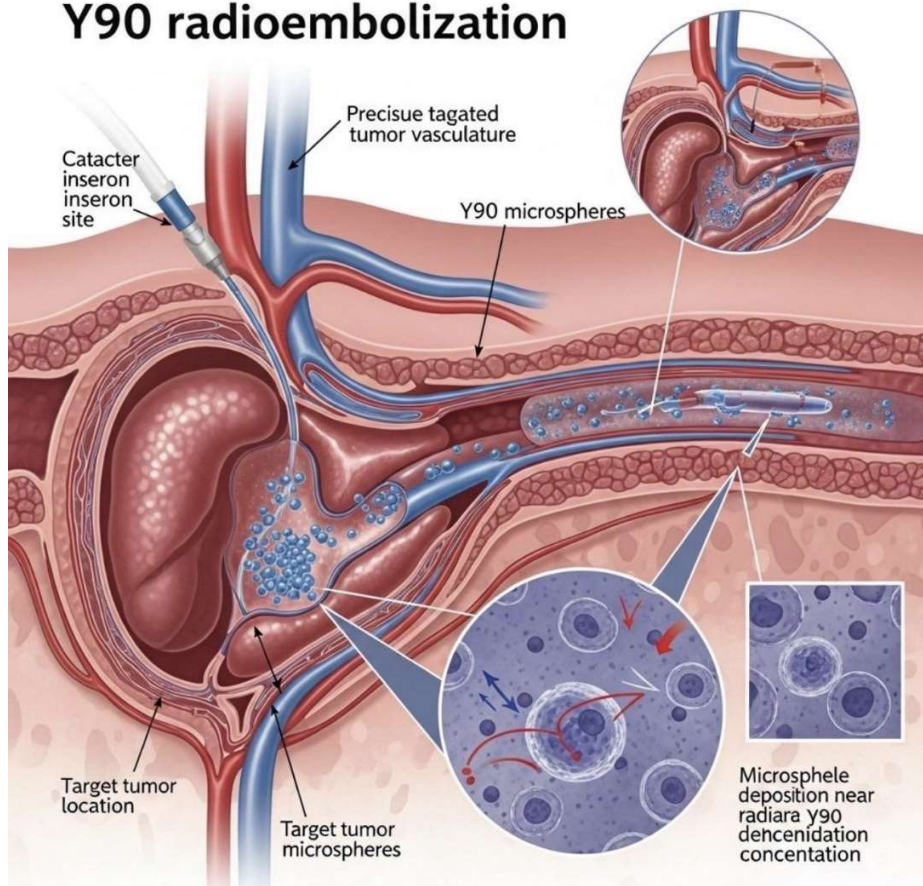
The strategic significance lies not in one hospital or one physician.

It lies in the emergence of an integrated clinical ecosystem capable of combining:

Imaging + Intervention + Nuclear Medicine + Dosimetry + Oncology

into increasingly sophisticated treatment pathways.

Y90 radioembolization





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VIII. MLJC STRATEGIC ASSESSMENT

The most important story is not:

“40 million soldiers destroy a tumour.”

The more important question is:

HOW PRECISELY CAN RADIATION BE DELIVERED TO A TUMOUR?

This represents a broader transformation in cancer medicine.

From:

External radiation

towards increasingly sophisticated:

Internal radiation delivery

From:

broad treatment fields

towards:

vascular and anatomical targeting

From:

one-dimensional treatment

towards:

imaging-guided, dose-calculated intervention

And ultimately:

**FROM RADIATION THERAPY TO PRECISION RADIATION
DELIVERY.**

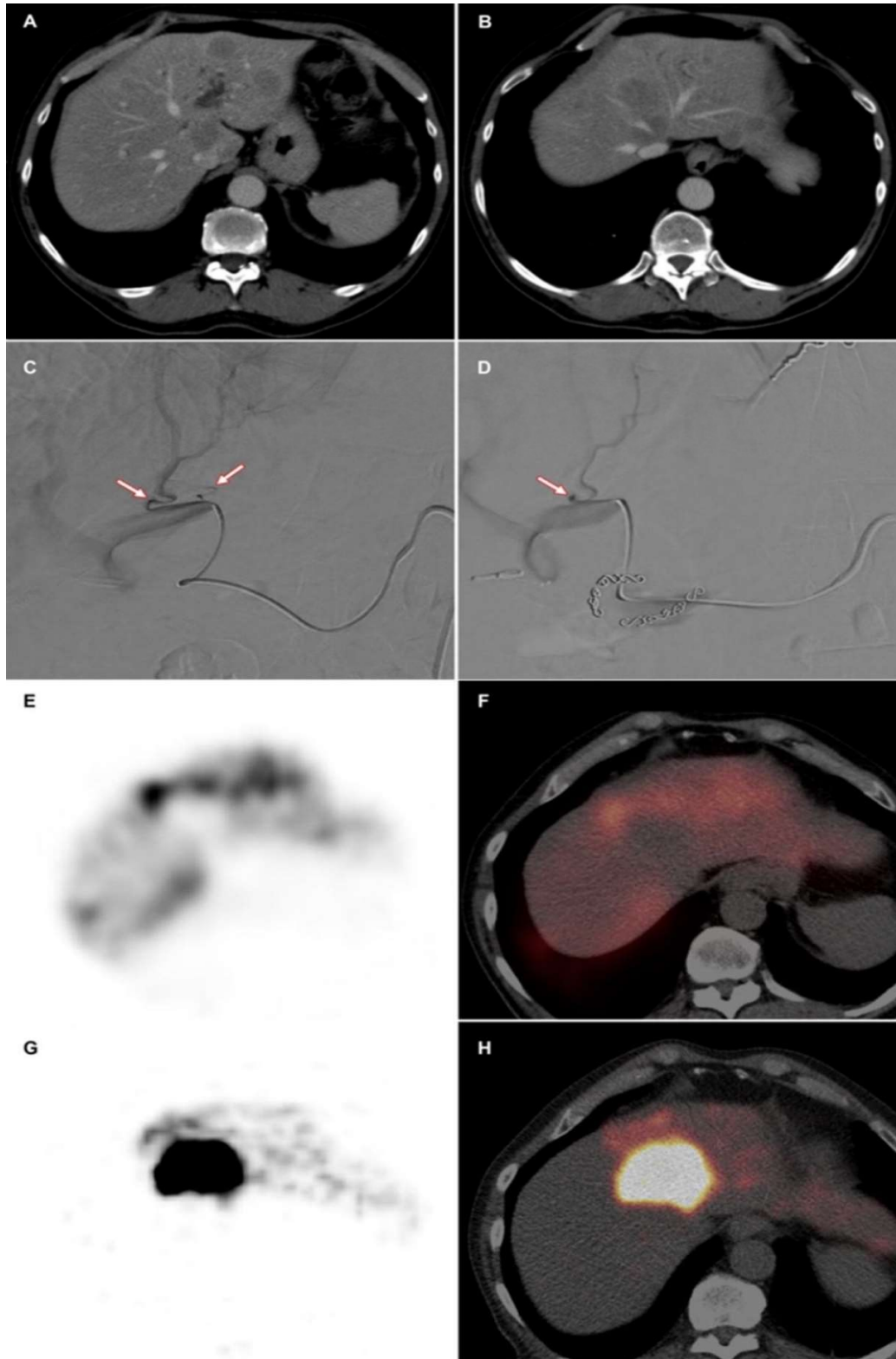


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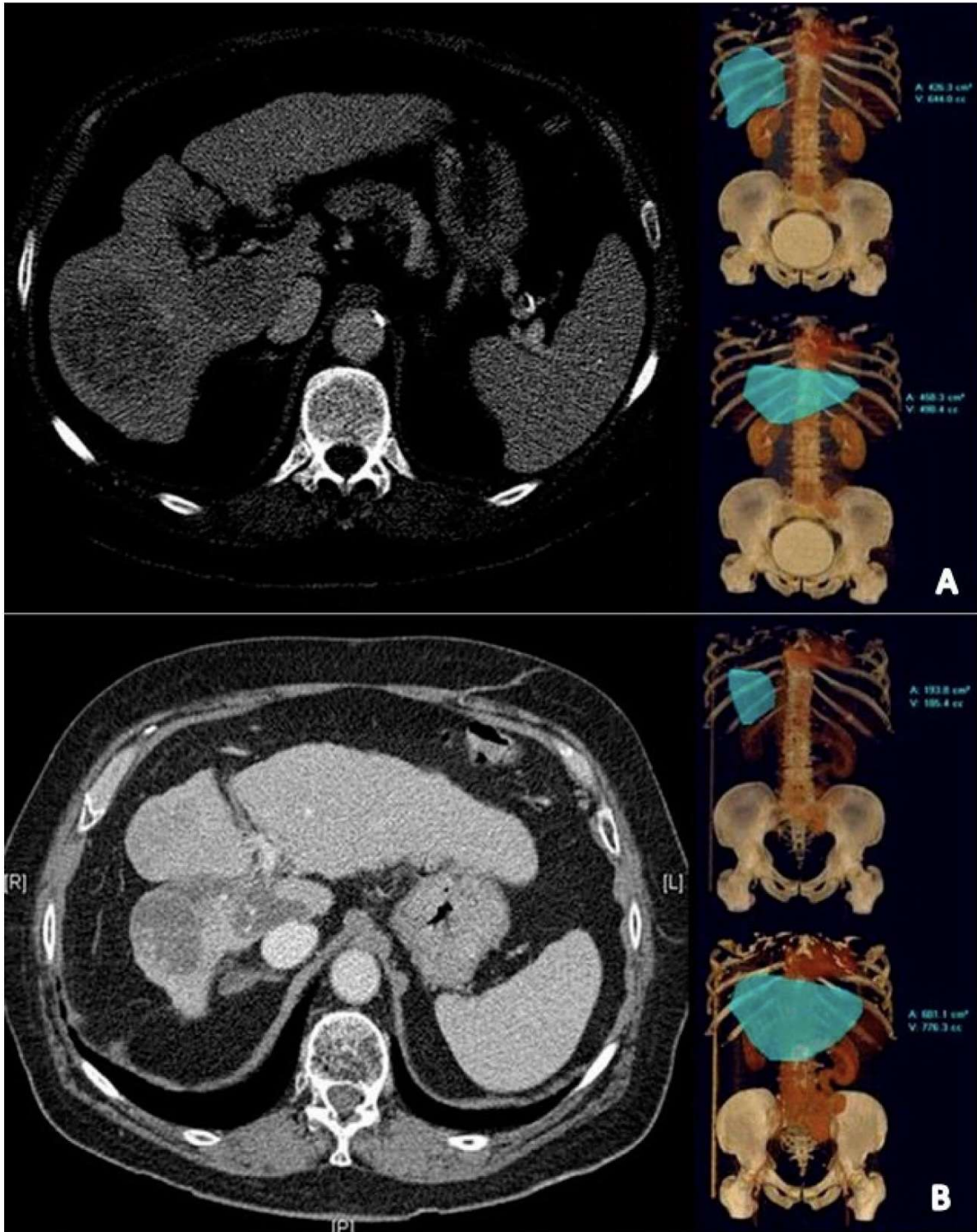


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IX. THE NEXT FRONTIER

The future development of Y-90 therapy is unlikely to depend solely on the radioactive microsphere itself.

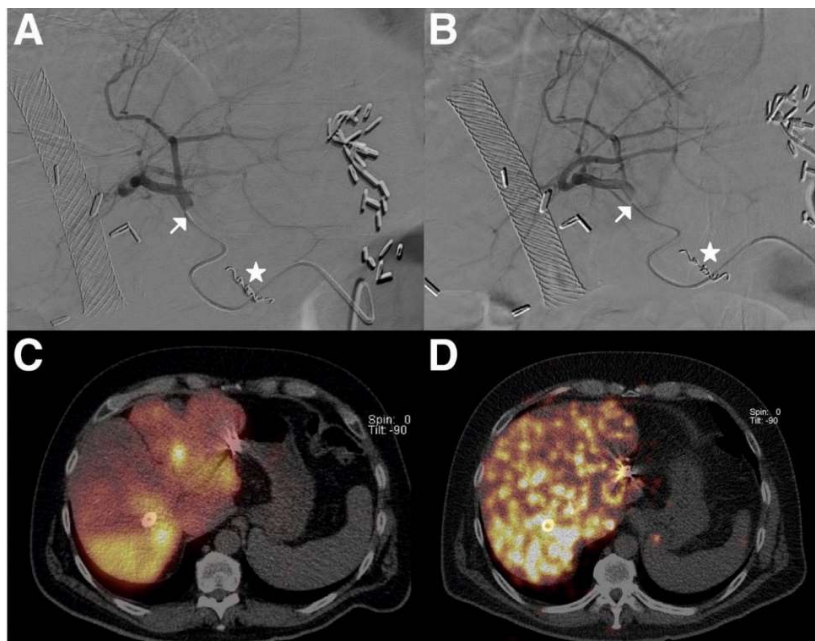
The larger opportunity may emerge from combining:

- **AI-based imaging**
- **Advanced tumour segmentation**
- **Three-dimensional vascular mapping**
- **Personalised dosimetry**
- **Selective catheterization**
- **Y-90 radioembolization**
- **Immunotherapy**
- **Longitudinal response monitoring**

This creates a potentially powerful architecture:

AI × INTERVENTION × RADIATION × IMMUNOLOGY

The central objective is increasingly personalised treatment rather than simply higher treatment intensity.



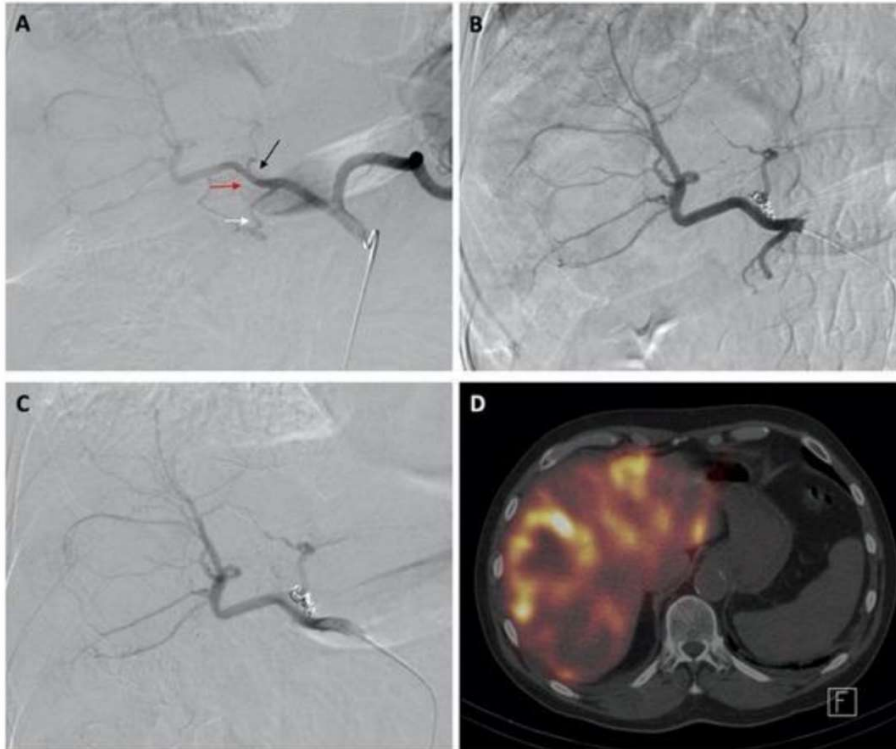
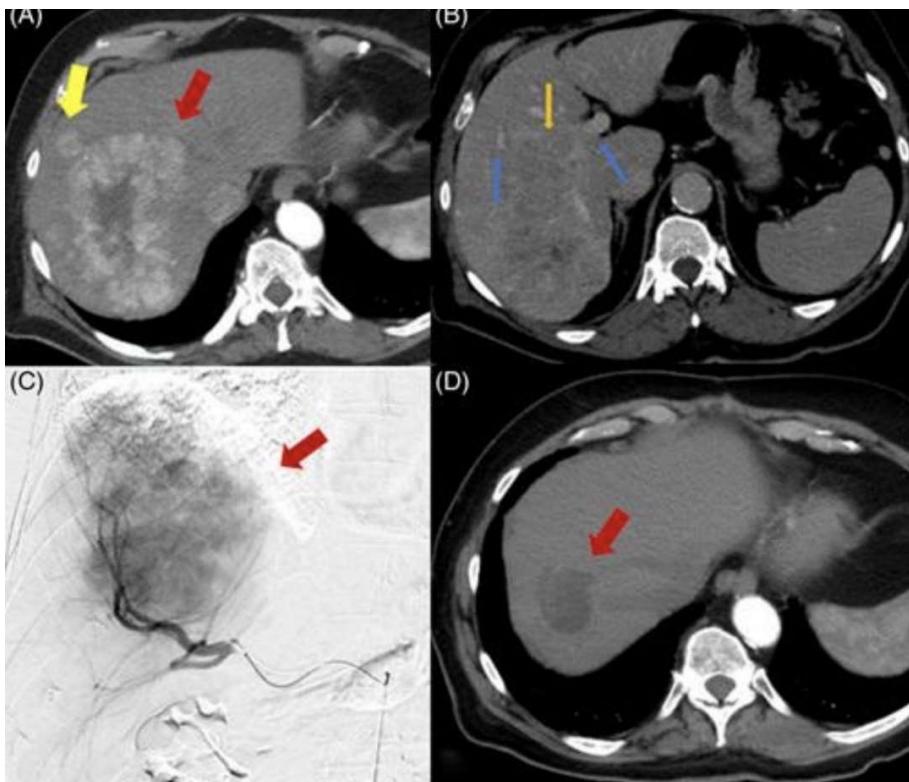


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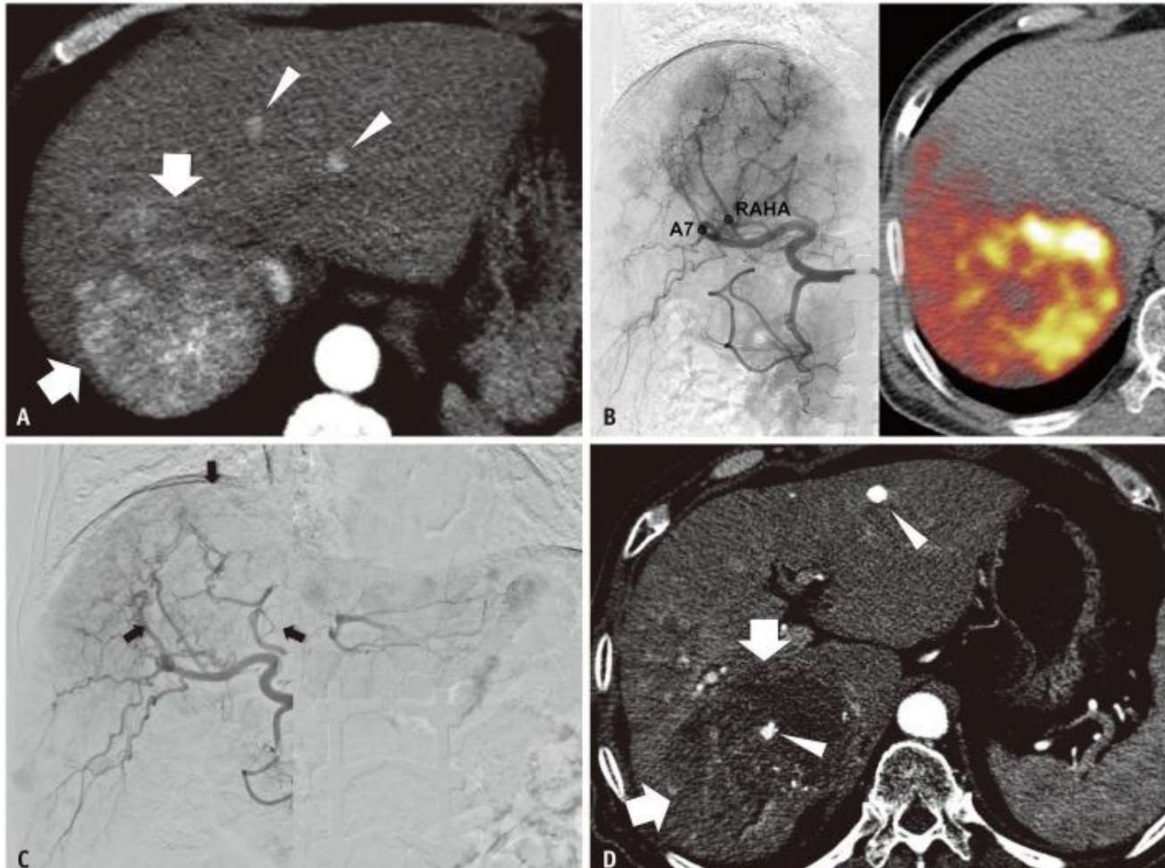


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X. MLJC FINAL VIEW

Y-90 radioembolization should not be described as a “nuclear weapon against cancer”.

Its scientific significance is considerably more sophisticated.

It represents an attempt to place therapeutic radiation:

closer to the tumour,

within its vascular territory,

at a calculated dose,

through a controlled interventional pathway.



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The treatment philosophy can be reduced to five principles:

MAP

Understand the tumour and its blood supply.

TARGET

Select the appropriate vascular territory.

CALCULATE

Determine the appropriate radiation dose.

DELIVER

Administer Y-90 microspheres precisely.

MEASURE

Assess distribution, safety and therapeutic response.

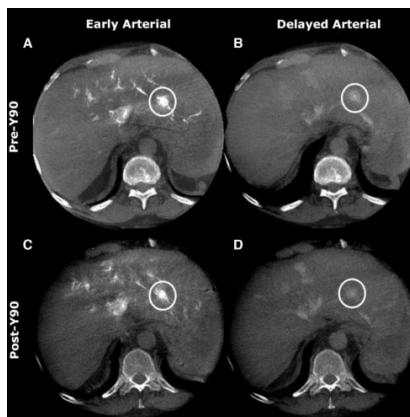
That is the real story behind Y-90.

Not:

“40 million soldiers.”

But:

PRECISION ENGINEERING OF RADIATION WITHIN THE HUMAN BODY.



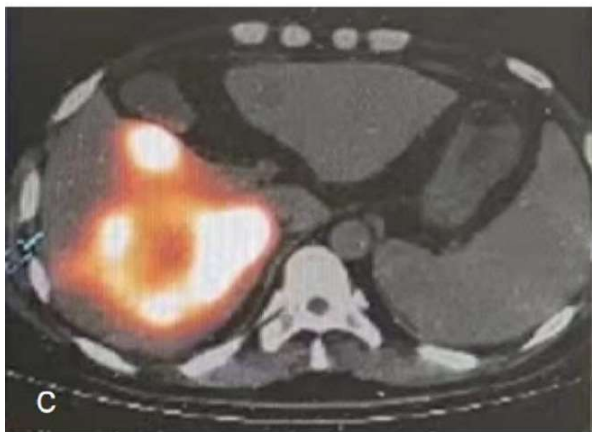
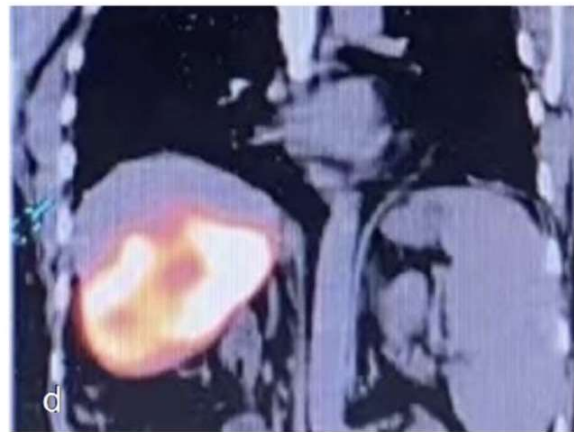
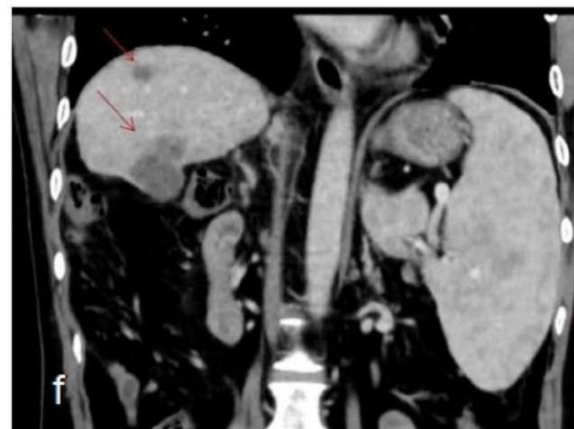


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全球医疗与生物学情报

MLJC 独家 | 肿瘤医学战略报告

当辐射走向精准

钇-90 放射栓塞与肝癌精准治疗的新前沿

肝细胞癌 | 介入肿瘤学 | 钇-90 放射栓塞 | 核医学 | 诊疗一体化 | 精准医学

执行摘要

肝癌治疗正在进入一个更加精准、更加个体化的时代。

过去，肿瘤放射治疗主要依赖体外照射。

而 钇-90 (Yttrium-90, Y-90) 放射栓塞，又称：

选择性内放射治疗 (SIRT)

或

经动脉放射栓塞 (TARE)

提供了另一种治疗路径。

其核心理念并不是简单地“增加辐射”。

而是：

将辐射更加精准地送达肿瘤相关血管区域。



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医生通过导管进入肝动脉系统，将携带钇-90 的放射性微球输送至目标血管区域。

微球随后在局部释放以 β （贝塔）辐射为主的辐射能量，对肿瘤组织产生局部治疗作用。

因此，Y-90 真正值得关注的核心不是：

更强的辐射。

而是：

更精准的辐射递送。

一、“4000 万精兵”究竟是什么？

网络传播中常见一种非常具有视觉冲击力的说法：

“4000 万精兵核爆肿瘤。”

作为大众传播比喻，它很容易理解。

但从医学专业角度，这并不是准确的科学表述。

所谓“4000 万精兵”，实际是在形容治疗过程中使用的大量：

放射性微球（Radioactive Microspheres）

这些微球：

- 不是活细胞；
- 不是能够自主移动的纳米机器人；





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- 不能主动识别癌细胞；
- 也不是“智能导弹”。

它们真正的作用机制是：

借助肝动脉血流，将放射性微球输送至肿瘤相关血管区域，并在局部释放 β 辐射。

因此，更准确的医学表达应该是：

基于血管选择性递送的局部内放射治疗。

这一区别对于国际医疗传播非常重要。

二、为什么肝脏为 Y-90 提供了特殊治疗窗口？

Y-90 放射栓塞的重要生物学基础之一，是肝脏具有特殊的双重血供。

正常肝组织主要接受：

门静脉

以及

肝动脉

供血。

而许多肝细胞癌（HCC）病灶则表现出明显的肝动脉供血特征。

这为经动脉介入治疗创造了重要的治疗窗口。



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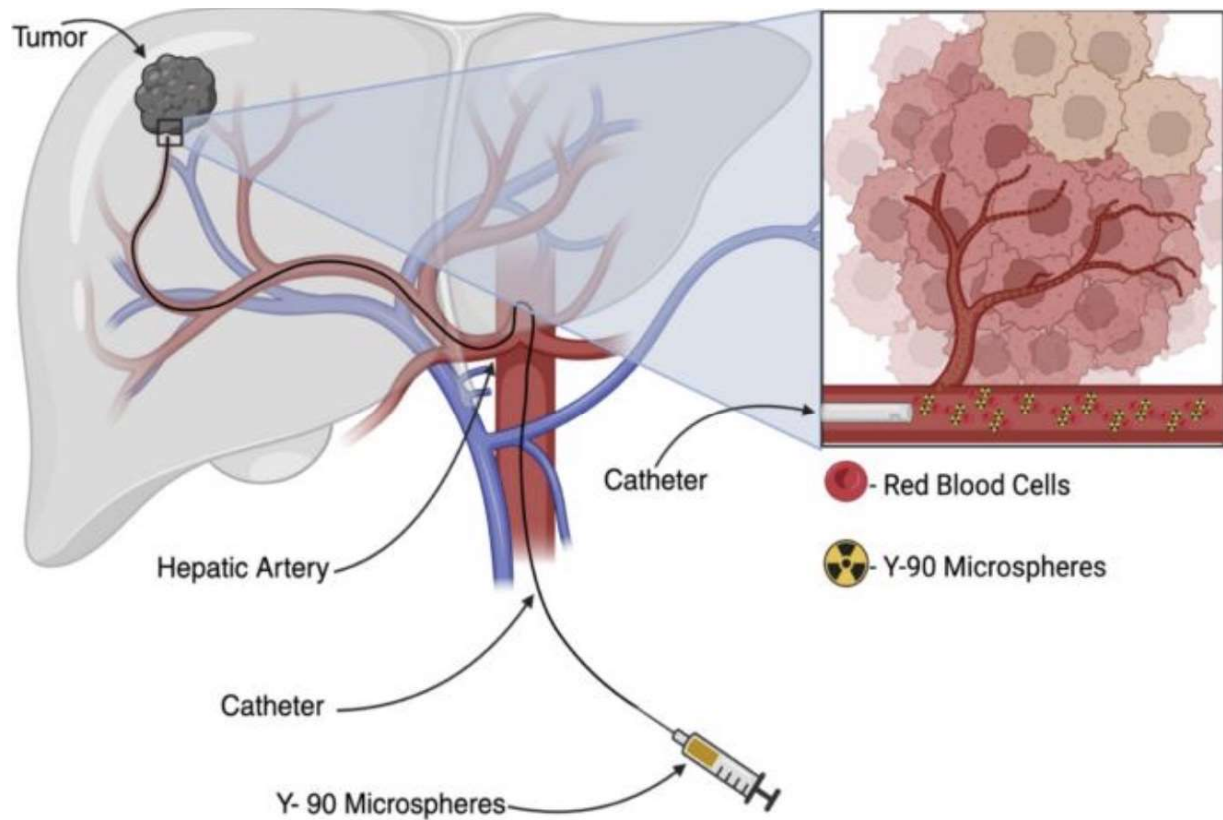
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医生可以利用导管进入相应的肝动脉分支，将 Y-90 微球递送至肿瘤相关血管区域。

由此形成：

血管选择性 → 辐射选择性

而不是对整个身体进行无差别辐射。





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三、Y-90 真正先进的地方，并不只是“放射性微球”

这是大众传播中最容易被忽略的一点。

Y-90 治疗的技术含量，并不只是微球本身。

真正复杂的部分，是整个治疗链条。

① 肿瘤影像评估

确定肿瘤的位置、大小、数量及周围解剖结构。

② 血管造影与血管地图

了解肝动脉系统及潜在的非靶器官供血。

③ 治疗规划

确定需要治疗的血管区域及治疗策略。

④ 剂量学计算

评估肿瘤与正常肝组织所接受的辐射剂量。

⑤ 选择性导管置入

将导管精准送达计划治疗区域。

⑥ Y-90 放射栓塞

实施放射性微球递送。

⑦ 治疗后评估

通过影像及临床指标评估治疗分布、疗效与潜在不良反应。



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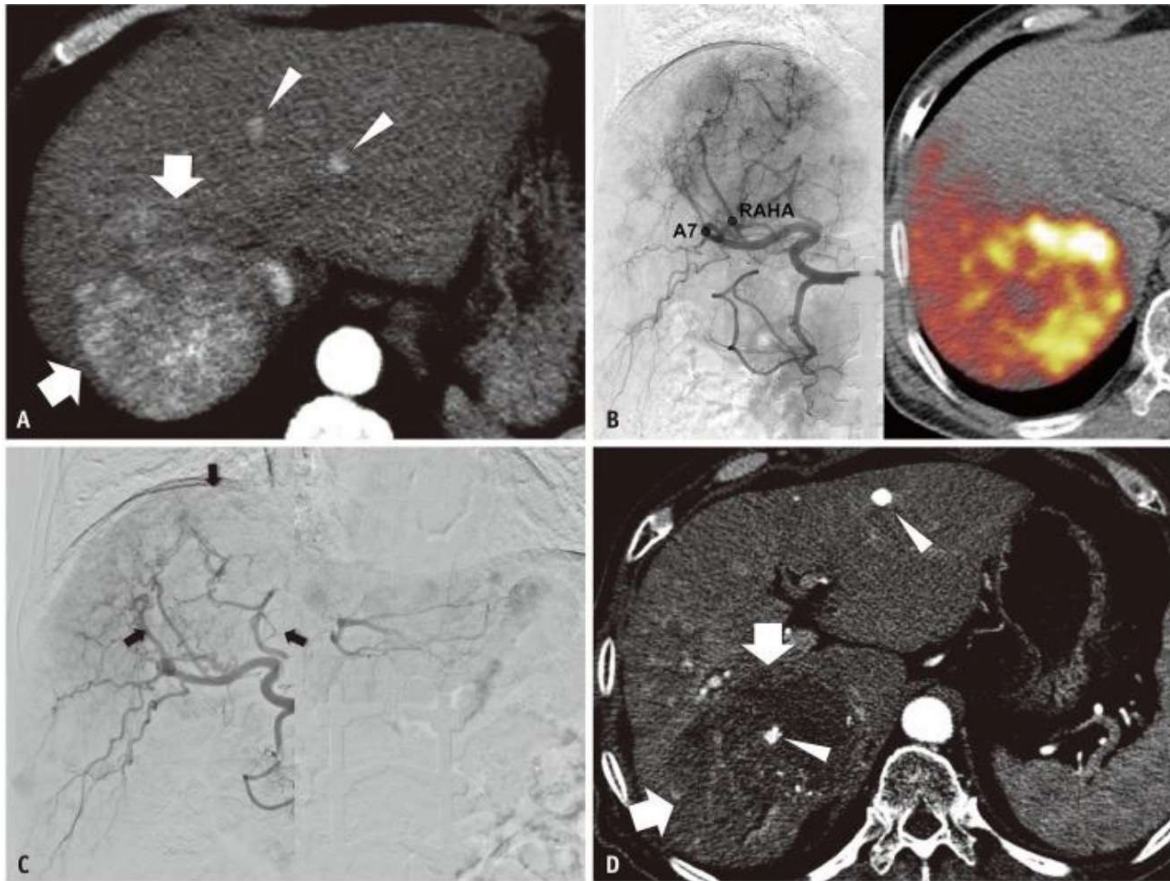
因此：

Y-90 不是单纯的一种放射性产品。

它实际上是一套：

影像 + 血管介入 + 剂量学 + 核医学 + 肿瘤学

共同构成的精准治疗体系。





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四、从“放疗”走向“诊疗一体化”

Y-90 背后还有一个更大的医学趋势：

THERANOSTICS

即：

Therapy + Diagnostics

治疗 + 诊断

传统医学影像主要解决：

“肿瘤在哪里？”

而现代精准医学进一步提出：

“应该在哪里治疗？”

“治疗多少？”

“如何降低正常组织暴露？”

“治疗之后效果如何？”



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因此，治疗路径逐渐成为：

影像



诊断



血管地图



治疗规划



剂量计算



精准递送



治疗后影像



疗效评估

这意味着：

医学影像正在从“看见肿瘤”，走向“指导如何治疗肿瘤”。



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五、精准介入肿瘤学正在形成

Y-90 不应该被孤立地看作一种肝癌治疗产品。

它属于更大的技术融合：

介入放射学

×

核医学

×

医学影像

×

放射治疗

×

肿瘤生物学

×

剂量学

×

精准医学

最终形成：

精准介入肿瘤学

Precision Interventional Oncology



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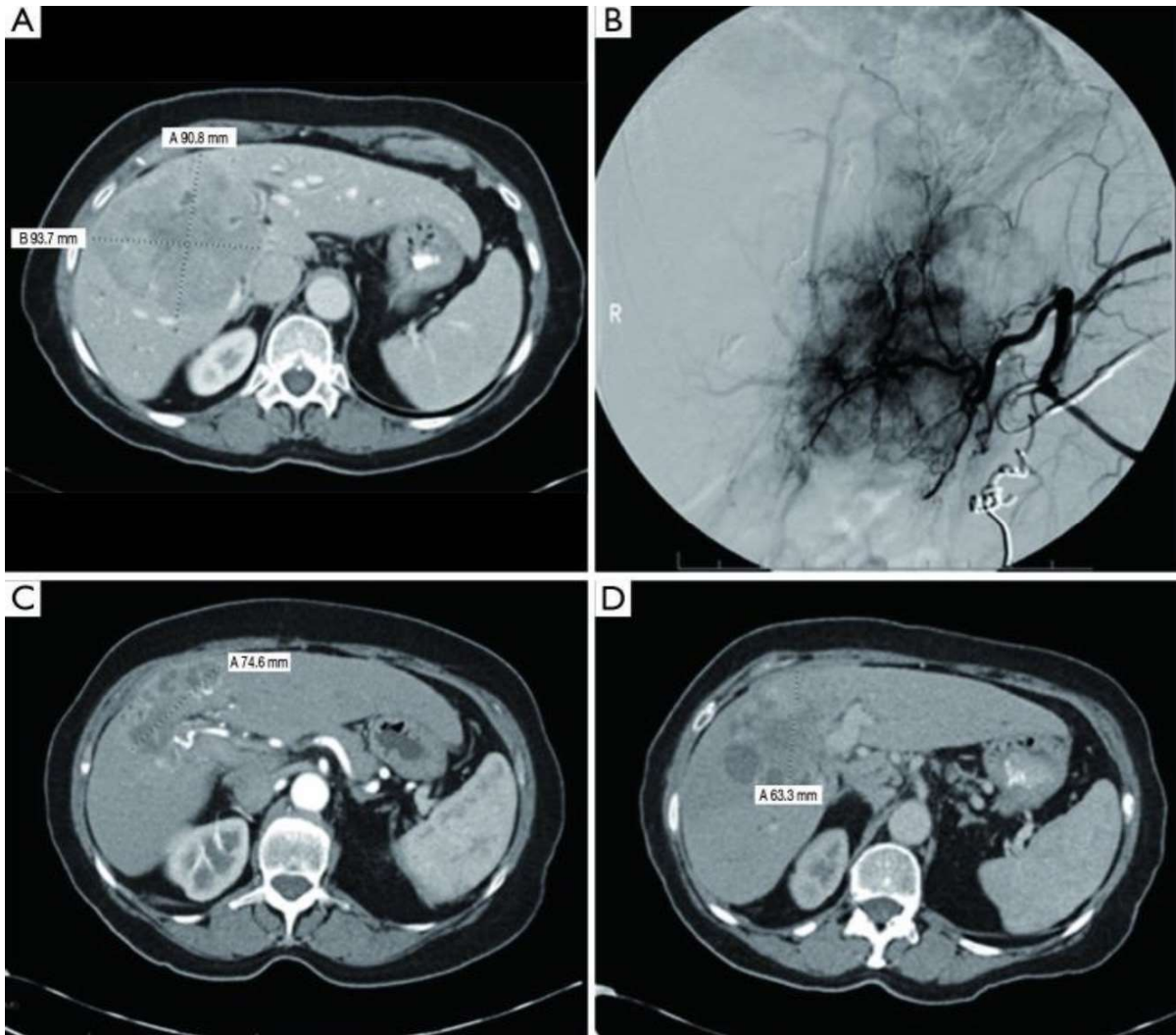
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其核心思想正在从：

治疗整个器官

进一步发展为：

针对明确的肿瘤及其相关血管区域进行精准治疗。





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六、中国值得国际医疗界持续观察

中国近年来在：

介入肿瘤学

肝癌综合治疗

核医学

医学影像

肿瘤消融

放射治疗

以及：

多学科精准肿瘤治疗

方面持续发展。

因此，中国真正值得关注的并不是某一家医院、某一位医生或者某一个病例。

更值得关注的是：

中国精准介入肿瘤医疗体系的持续成熟。

未来的治疗体系可能进一步融合：

- 影像
- 介入
- 核医学
- 剂量学
- 人工智能
- 免疫治疗



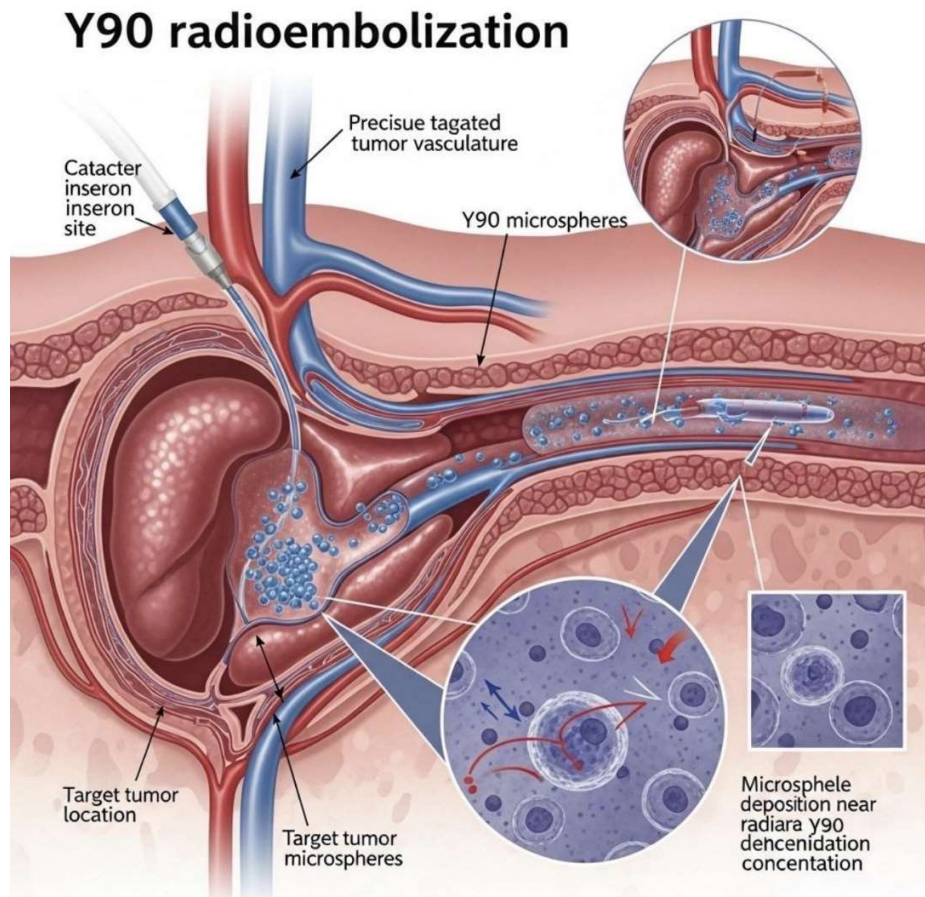
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形成更加完整的精准肿瘤医疗生态。



七、MLJC 战略判断

MLJC 认为，这项技术真正值得关注的并不是：

“4000 万精兵核爆癌症。”

而是一个更加重要的问题：

辐射究竟能够被精准地送到什么程度？



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这代表癌症治疗正在发生结构性变化。

从：

External Radiation

体外辐射

逐步走向：

Internal Radiation Delivery

体内精准递送

从：

Broad Treatment Fields

较大范围治疗

走向：

Vascular & Anatomical Targeting

血管及解剖区域精准定位

从：

固定治疗模式

走向：

影像引导 + 剂量计算 + 个体化治疗

最终：

从放射治疗走向精准放射递送。

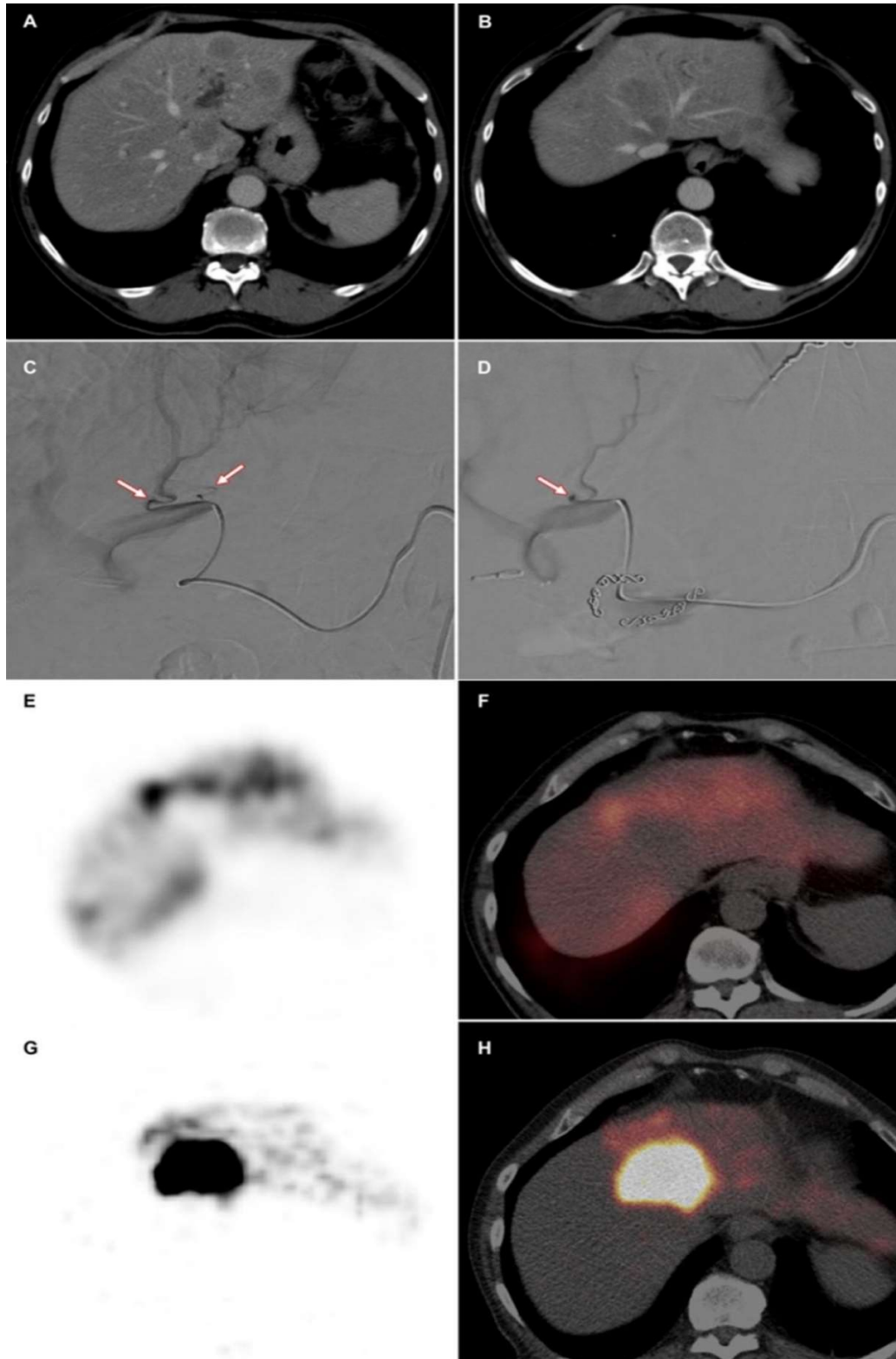


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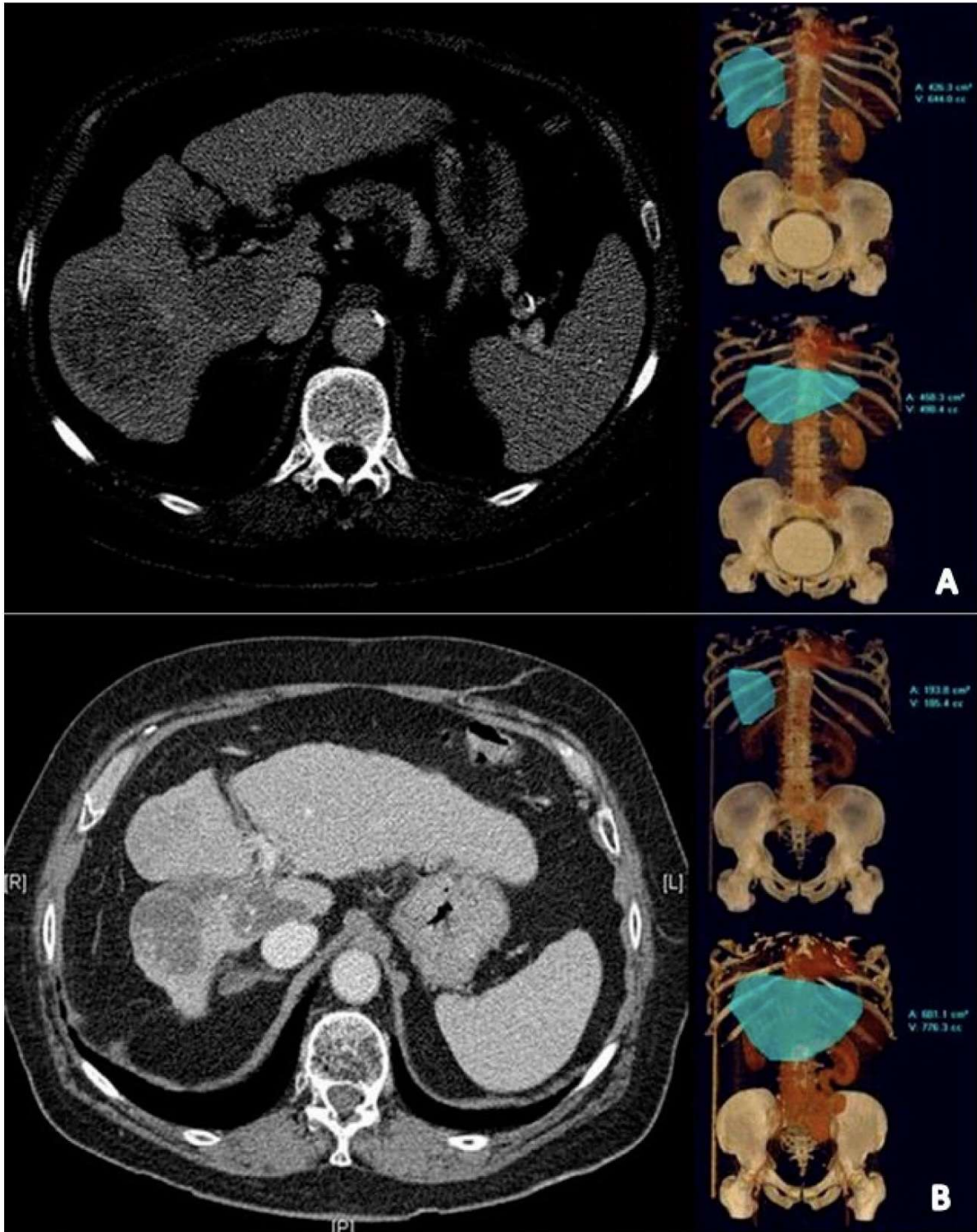


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八、下一阶段真正值得关注的是什么？

未来 Y-90 及精准介入肿瘤学的发展，不一定只取决于放射性微球本身。

更值得关注的是以下技术能否进一步融合：

- AI 医学影像
- 肿瘤自动分割
- 三维血管重建
- 个体化剂量学
- 精准导管介入
- Y-90 放射栓塞
- 免疫治疗
- 长期疗效监测

由此可能形成：

AI × INTERVENTION × RADIATION × IMMUNOLOGY

即：

人工智能 × 介入治疗 × 精准辐射 × 肿瘤免疫

未来精准肿瘤治疗的竞争，可能不只是“谁的治疗更强”。

而是：

谁能够更加精准地理解肿瘤、定位肿瘤、计算治疗，并持续监测治疗后的生物学变化。

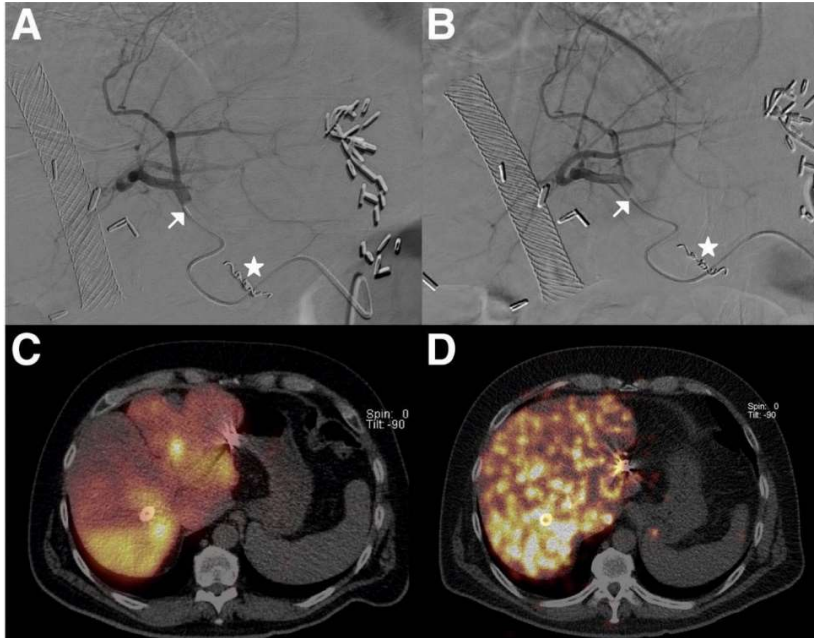
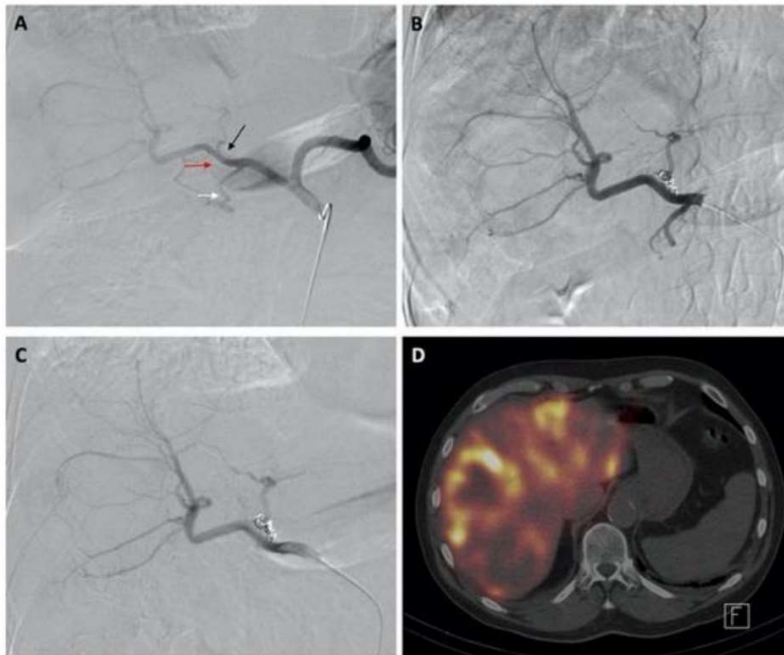


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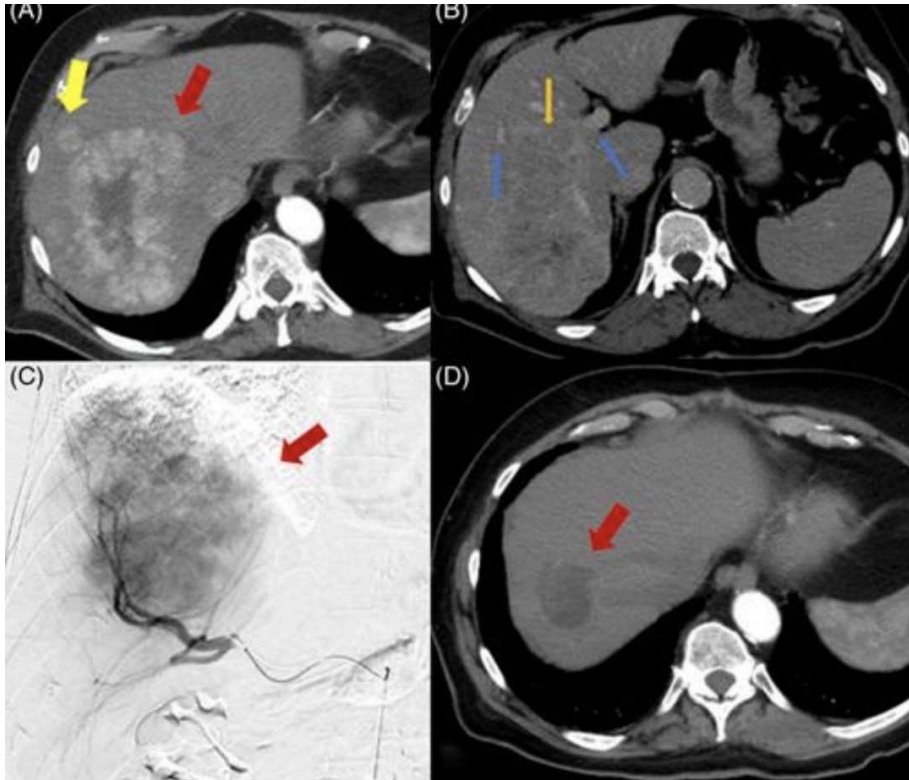
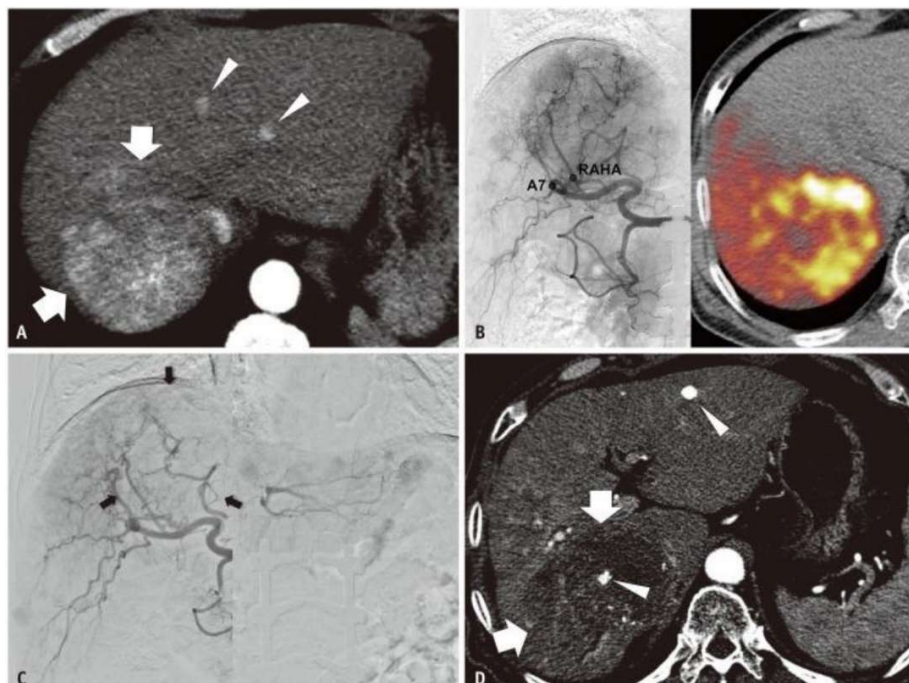


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九、MLJC 独家观点

Y-90 不应该被称为：

“人体内的核武器。”

这种说法具有传播性，但并不符合国际医学专业表达。

从医学科学角度，它更准确地代表：

PRECISION INTERNAL RADIOTHERAPY

精准内放射治疗。

它试图实现的是：

让治疗能量更加接近肿瘤；

进入肿瘤相关血管区域；

以可计算的剂量进行治疗；

并通过影像与临床数据持续评估治疗结果。

因此，Y-90 真正体现的是一种新的医疗工程思想：

把治疗能量精准地送到需要治疗的地方。



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十、MLJC | JY HCG 最终研判

现代精准肿瘤医学正在经历一个重要转变：

寻找肿瘤



理解肿瘤



精准定位



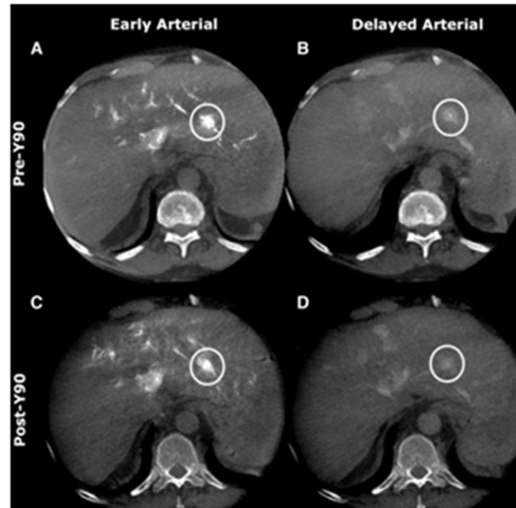
计算剂量



精准治疗



持续监测



这已经不再只是传统意义上的“放疗”。

而是：

医学影像 + 介入医学 + 核医学 + 肿瘤学 + 数据智能

共同构成的新型治疗体系。

所以，“4000 万精兵”的真正故事，并不是一个具有传奇色彩的医疗故事。



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真正值得国际医疗界关注的是：

PRECISION ENGINEERING OF RADIATION WITHIN THE HUMAN BODY

在人体内部，对治疗性辐射进行精准工程化控制。

这可能正是 Y-90 以及下一代精准介入肿瘤学最值得关注的方向。

