**LONG-TERM RESULTS OF X-RAY ENDOVASCULAR INTERVENTIONS IN THE TREATMENT OF PATIENTS WITH UNRESECTABLE HEPATOCELLULAR AND METASTATIC COLORECTAL LIVER CANCER**

**Result:**
1. HCR. In HIHA: ALE 9.0 ± 2.1 months, and indicators of one-, two- and three-year survival rates - 38, 8 and 0%, respectively. OCHHA: ALE 20.2 ± 3.1 months, and one-, two- and three-year survival rates - 83, 36 and 17%, respectively. OCHHA + CHPV: ALE 30.1 ± 5.1 months, one-, two- and three-year survival rates of 97, 42 and 21%, respectively. OCHHA + RFA: ALE 27.1 ± 4.7 months, single-, two- and three-year survival rates were 79, 63 and 26%, respectively. MTS CRC. Until 2010: HIHA: ALE 9.0 ± 2.1 months, indicators of one-, two- and three-year survival rates - 38, 8 and 2%, respectively. OCHHA: ALE 20.2 ± 3.1 months, indicators of one-, two- and three-year survival rates - 83, 36 and 17%, respectively.

**Method:**
The study included 880 patients with malignant liver damage. It represents the experience of observation of 800 (90.9%) patients with MTS CRC and 80 (9.1%) of patients with HCC, who were examined and treated at the department between 1995 and 2017.

**Conclusion:** Methods of interventional radiology play an important role in the treatment of patients with unresectable HCC and MTS CRC. The combination of these interventions with local techniques (microwave and radiofrequency ablation), as well as new ones with protocols of systemic and targeted chemotherapy, seems promising.

**Introduction:**
The aim of the study was to retrospectively analyze the results of X-ray endovascular methods used in the Department of Oncology and Radiology of the Tashkent Medical Academy for the treatment of patients with unresectable hepatocellular carcinoma (HCC, BCLC stages A2-A4, B and C-21) and metastases of colorectal cancer in the liver CRC (MTS CRC), Gennari II-III stages (H2-3, m, b, f; H2-3 m, b, f, i; H3 s, i).

**Method:**
The study included 880 patients with malignant liver damage. It represents the experience of observation of 800 (90.9%) patients with MTS CRC and 80 (9.1%) of patients with HCC, who were examined and treated at the department between 1995 and 2017.

**Conclusion:** Methods of interventional radiology play an important role in the treatment of patients with unresectable HCC and MTS CRC. The combination of these interventions with local techniques (microwave and radiofrequency ablation), as well as new ones with protocols of systemic and targeted chemotherapy, seems promising.