

TriNav® LV for Resin Y90 in Metastatic Leiomyosarcoma

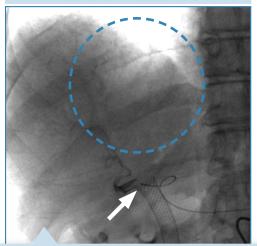
Dr. Zachary T. Berman, Associate Clinical Professor of Radiology, University of California, San Diego

CASE SUMMARY

A 72-year-old female with a history of leiomyosarcoma in the liver was treated with resin Y90 TARE using the TriNav® LV Infusion System. The patient had progressed on a systemic therapy, and was referred for local regional therapy for disease control. The MAA mapping procedure was completed using a traditional microcatheter and femoral access. The Y90 delivery was done using TriNav LV delivered via radial access to the 4.5cm target vessel.

The imaging from this case shows how the TriNav LV was able to increase the T:N ratio in this complex liver cancer patient (Figs 1 to 5). This is confirmed quantitatively on the dosimetry (Fig 6), which shows a more than 2x increase in the dose to Tumor 1 when TriNav LV was used, with 0 Gy going to the background liver. The 3-month follow-up MRI shows no residual enhancement and significant shrinkage of the targeted 5cm tumor (Fig 7).

Traditional Microcatheter



TriNav LV

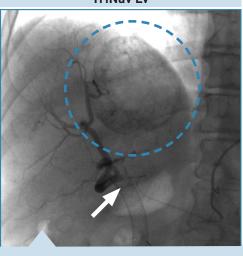


Fig 1: Angiography via traditional microcatheter (left) and via TriNav LV (right) acquired at the MAA mapping procedure and treatment procedure, respectively. The same contrast injection parameters of 1cc/second for a total volume of 20cc with a 15 second delay were used, and the white arrows show the exact same catheter tip placement. The tumor is enhancing angiographically using TriNav LV.



Fig 2: 4.5mm target vessel for resin Y90 delivery using the TriNav LV

Fig 3: CBCT via traditional microcatheter acquired at MAA mapping procedure



TriNav LV

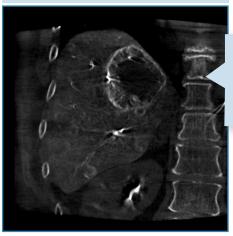
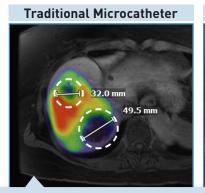


Fig 3: CBCT via TriNav LV acquired at the Y90 TARE procedure shows increased tumoral enhancement









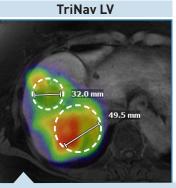
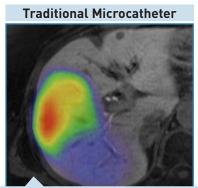


Fig 4: MAA SPECT via traditional microcatheter (left) and Y90 SPECT via TriNav LV (right) shows significantly better tumor targeting using the TriNav LV.



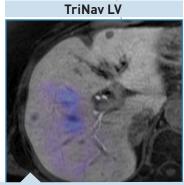
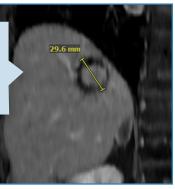


Fig 5: MAA SPECT via traditional microcatheter (left) and Y90 SPECT via TriNav LV (right) shows an area with low tumor burden. There is significantly less uptake to the normal liver via TriNav LV.

Tumor 1 Normal Liver Tumor 1 MAA Estimated Dose Y90 Actual Dose Actual Normal Liver Traditional Microcatheter TriNav LV TriNav LV D99 D99 26 D98 D98 26 Gy D95 D95 30 D90 101 D90 34 D90 45 107 D50 115 54 135 Gy Gy 136 Gy D1 Gy D1 79 D1 144

Fig 6: Dosimetry shows a 2x increase in dose to Tumor 1 when TriNav LV was used, with 0 Gy going to the background liver.

Fig 7: 3-month followup MRI shows no residual enhancement and shrinkage of the 5cm tumor.



Traditional Microcatheter



In this case, TriNav LV with its Pressure-Enabled Drug Delivery™ approach was used to increase the T:N ratio, a key therapeutic goal for complex liver cancer patients.

This content is sponsored by TriSalus Life Sciences®. Results are not predictive of outcomes in other cases.

INDICATIONS FOR USE: The TriNav LV Infusion System is intended for use in angiographic procedures. They deliver radiopaque media and therapeutic agents to selected sites in the peripheral vascular system. CONTRAINDICATIONS: The TriNav LV Infusion System is not indicated for use in the vasculature of the central nervous system (including the neurovasculature) or central circulatory system (including the coronary vasculature).





