



# TriNav LV & TriNav: Resin Y90 and DEB-TACE for mCRC

**Alexander Misono, MD, MBA, RPVI**

Chief of Interventional Radiology  
Hoag Hospital  
Newport Beach and Irvine, CA



This presentation reflects Dr. Misono's clinical experience with the TriNav® Infusion System. Dr. Misono is a consultant for TriSalus™ Life Sciences and has been compensated for this content. Results are not predictive of outcomes in other cases.



© 2025 TriSalus Life Sciences. All Rights Reserved. Strictly Confidential. Not for Distribution. MKT-0575 V2.0

## Case Description

- 68-year-old male diagnosed with metastatic colorectal cancer with a dominant right hepatic lobe mass, sent to Interventional Radiology for liver directed therapy
  - Right lobe treated with resin Y90 microspheres delivered via TriNav LV
- Post-treatment PET MRI imaging reveals an unexpected finding – a new metastatic lesion in the caudate lobe
  - Caudate lobe treated with DEB-TACE delivered via TriNav
- TriNav and TriNav LV allows the operator to obtain efficient, efficacious, and safe treatment of complex metastatic disease
- Follow-up imaging shows necrosis of both masses and no evidence of recurrent or progressive disease

## 68-year-old male presents to IR clinic with a large liver metastasis

Biopsy-proven solitary colorectal cancer metastasis (10 cm on initial imaging, but >15 cm by the time patient referred for therapy)



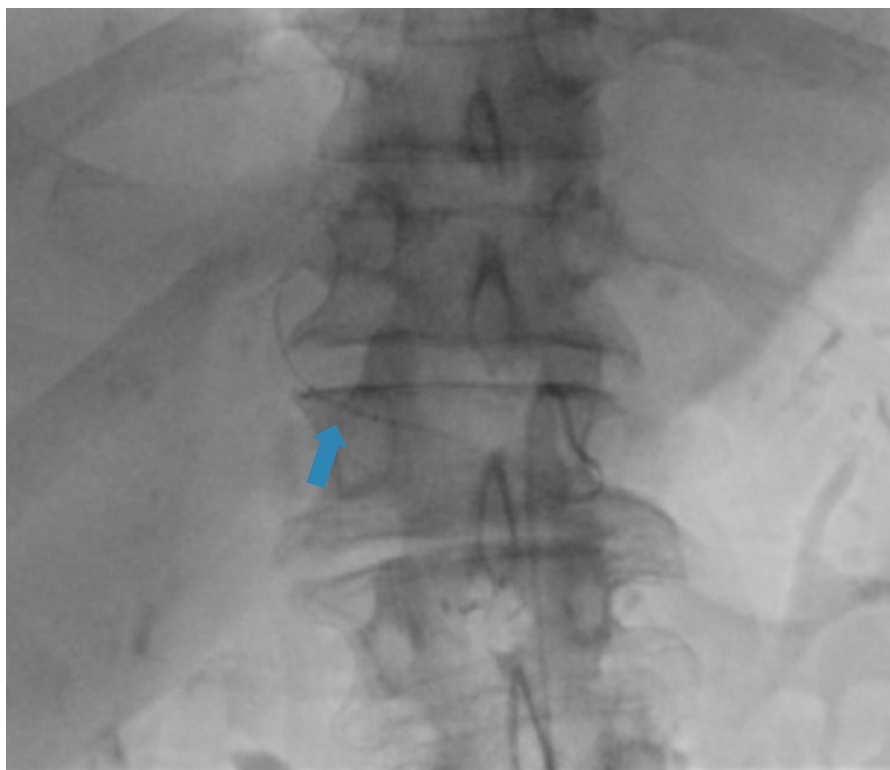
Y90 mapping angiogram shows faint but large tumoral blush in a relatively hyperdynamic vascular bed (replaced RHA)



## TriNav LV is chosen due to vessel size (5 mm)

Advanced into distal replaced right hepatic artery to maximize safety & efficacy of therapy

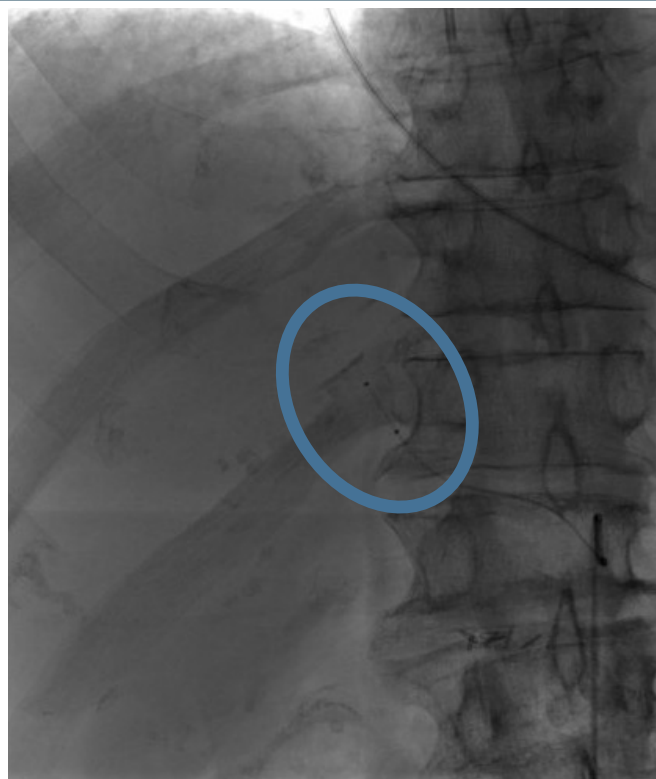
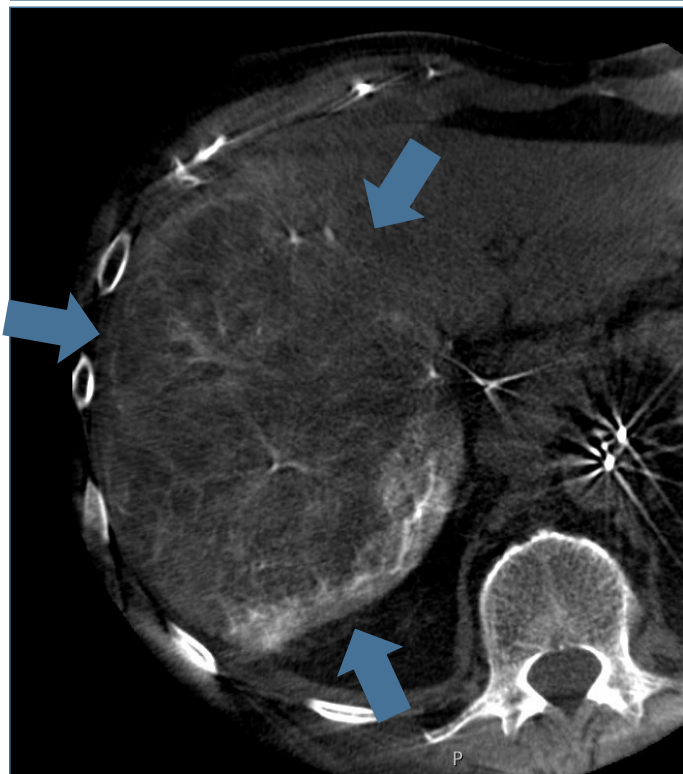
Via TriGuide, TriNav LV is passed over a Fathom wire into the target vessel without difficulty



# Tumoral perfusion and distribution via TriNav LV

4 GBq resin Y90 microspheres delivered to RHL Mass using TriNav LV

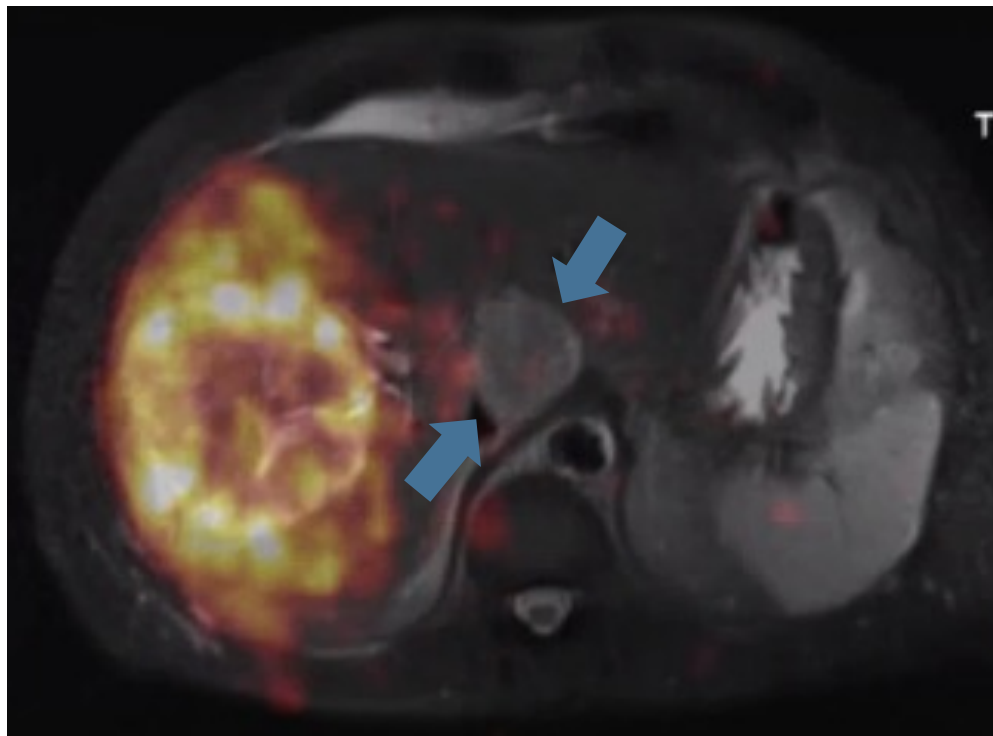
On-target perfusion via TriNav LV throughout a heterogeneous tumor



# Post-Y90 PET MRI shows both expected and *unexpected* findings...

Immediate post-treatment PET imaging shows excellent tumoral activity

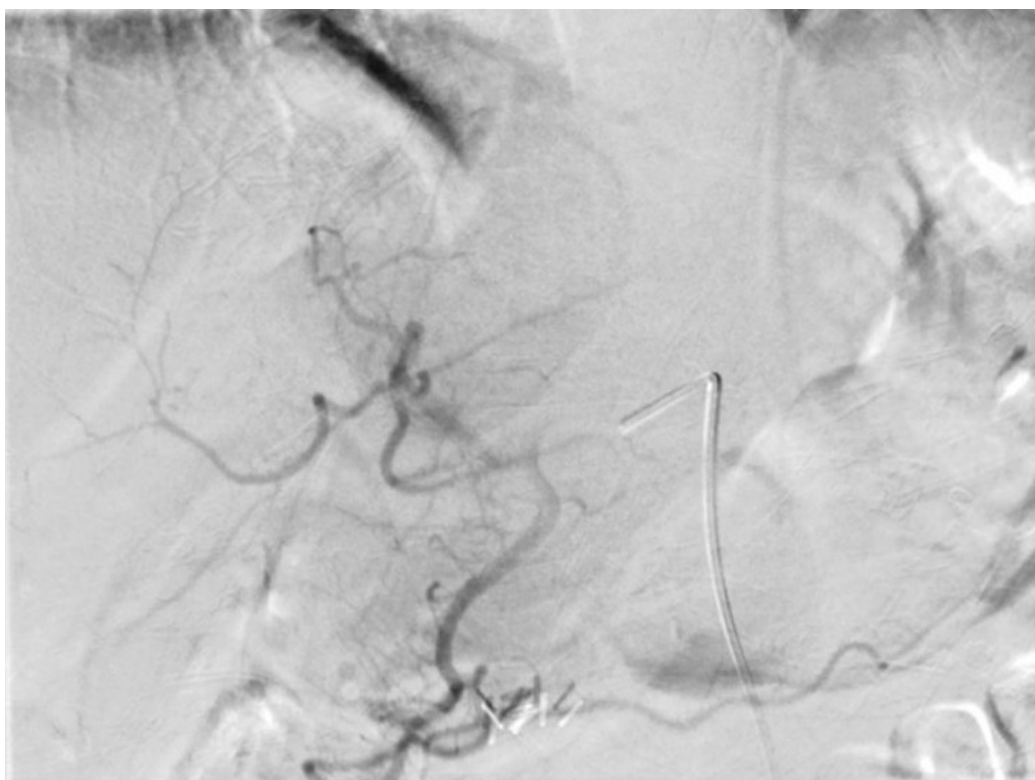
New metastasis in caudate lobe



## TACE is pursued to treat *unexpected* caudate lobe metastasis

Initial workup was performed for histotripsy, but unable to get consistent visualization of tumor mass and was also limited due to depth

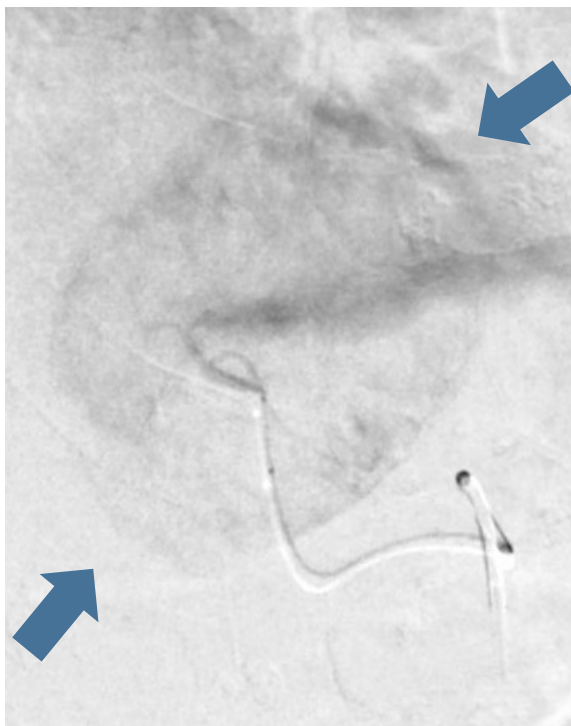
Patient is brought back for DEB-TACE. Tumoral blush is faint despite angiogram via 5 Fr catheter.



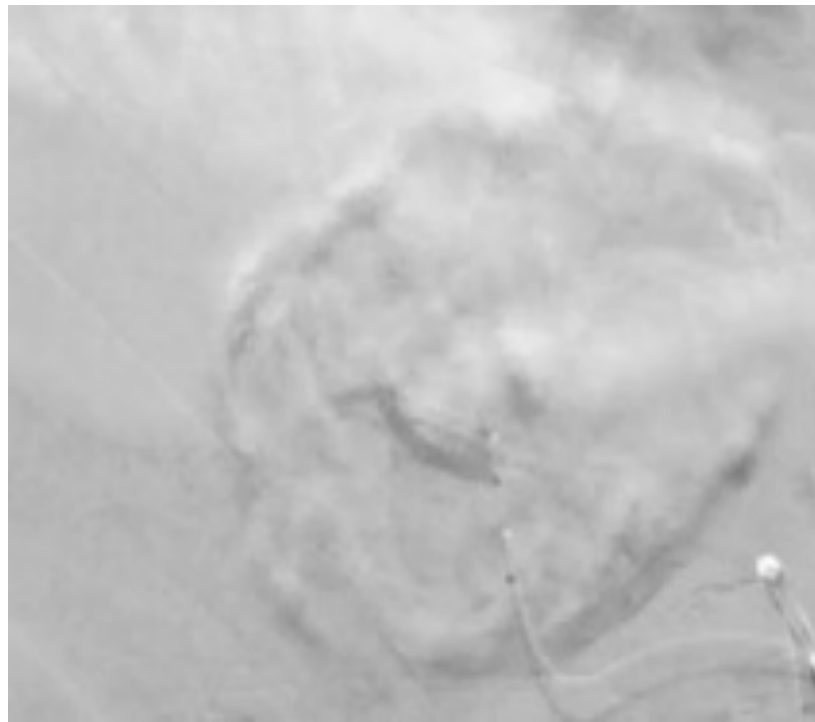
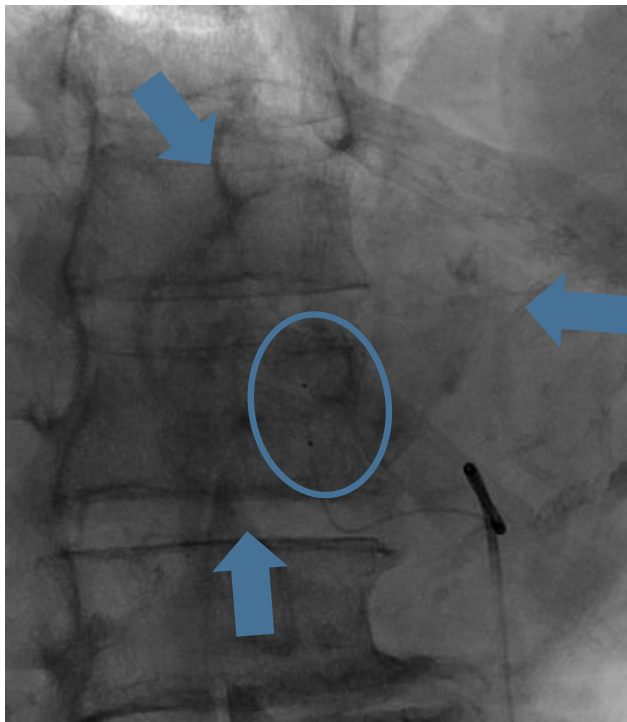
# During DEB-TACE TriNav drives high embolic dose to tumor

Catheter allows operator to “fight” intra-tumoral pressure without fearing reflux

TriNav catheter is placed and the tumor is now easily visible. DEB-TACE performed (100 um Oncozene loaded with Doxorubicin)

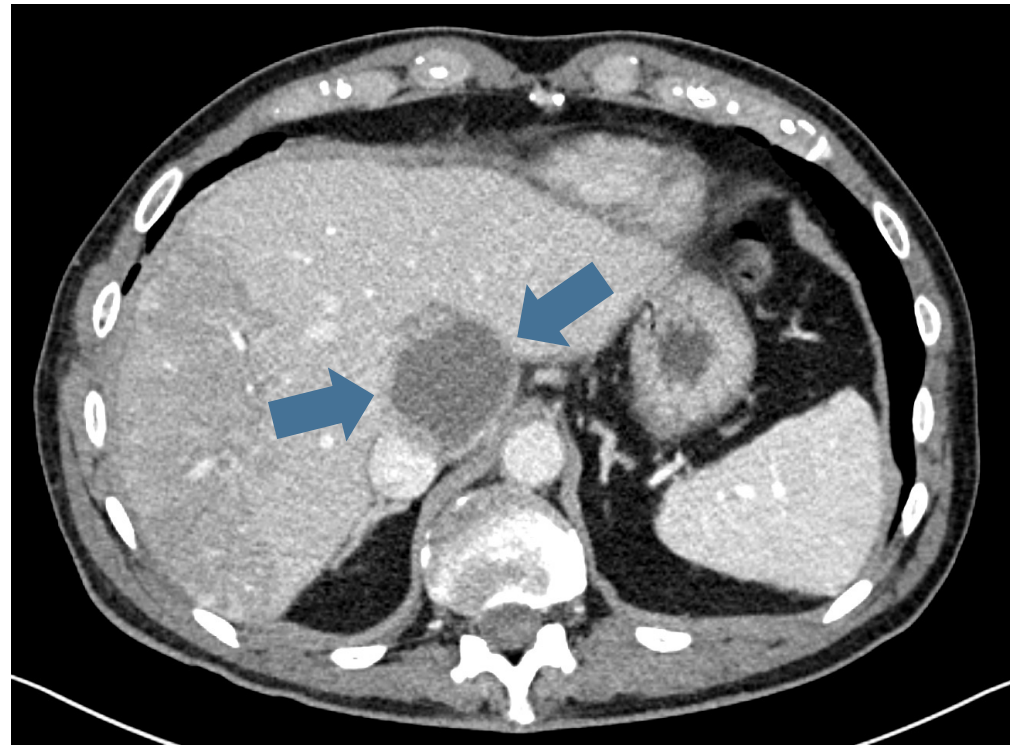


Completion angiogram status post embolization via TriNav shows no remaining residual flow into tumor



## Clinical and imaging follow-up

6-month follow-up CT scan obtained showing complete necrosis of masses in RHL and Caudate Lobe





TriNav LV employs the same SmartValve® technology as TriNav to enable the PEDD approach in larger vessels.

**Indications For Use**

The TriNav and TriNav LV Infusion Systems are intended for use in angiographic procedures. They deliver radiopaque media and therapeutic agents to selected sites in the peripheral vascular system.<sup>1,2</sup>

**Contraindications**

The TriNav and TriNav LV Infusion Systems are not intended for use in the vasculature of the central nervous system (including the neurovasculature) or central circulatory system (including the coronary vasculature).<sup>1,2,3</sup>

**Rx Only**

For the safe and proper use of the TriNav and TriNav LV Infusion Systems, refer to their individual Instructions for Use.

**References**

1. TriSalus™ TriNav® Infusion System Instructions for Use.
2. TriSalus™ TriNav® LV Infusion System Instructions for Use.

