

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

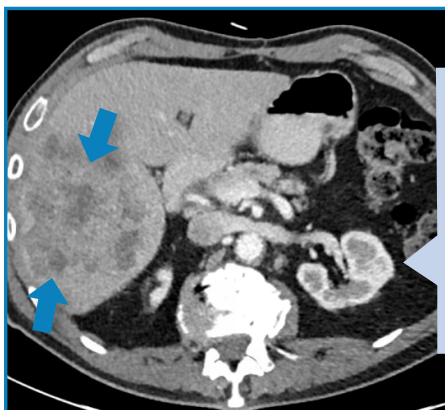
By Alexander Misono, MD, MBA, RPVI, Chief of Interventional Radiology, Hoag Hospital, Newport Beach and Irvine, CA

## CASE SUMMARY

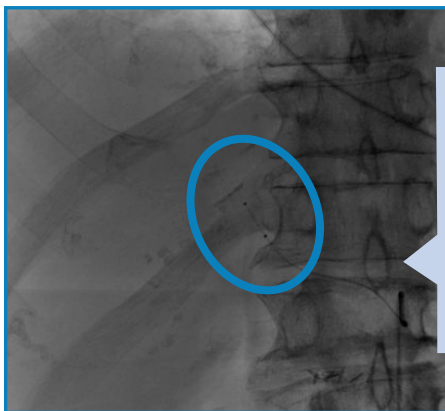
A 68-year-old male diagnosed with metastatic colorectal cancer with a biopsy-proven, solitary, 10cm right hepatic lobe mass after systemic treatment was referred to Interventional Radiology for liver directed therapy. At the time of Y90 treatment, the mass had enlarged to more than 15cm. **[Fig 1]** Due to the size of the tumor and lobar treatment plan, radiation to normal liver parenchyma in the right hepatic lobe was unavoidable, and so TriNav was selected to increase the T:N ratio. TriNav LV was positioned in the 5mm target vessel to deliver 4GBq of resin Y90, and achieved excellent tumor perfusion throughout the hypovascular tumor. **[Fig 2]** Post-Y90 PET MRI imaging demonstrates excellent perfusion of the tumor, but also reveals a new metastatic lesion in the caudate lobe. **[Fig 3]**

The patient was initially worked up for histotripsy of the caudate lobe mass, but the size and depth of the mass proved prohibitive for visualization. Therefore, the patient was brought back immediately for transarterial chemoembolization (DEB-TACE, 100 um Oncozene loaded with Doxorubicin) delivered via TriNav.

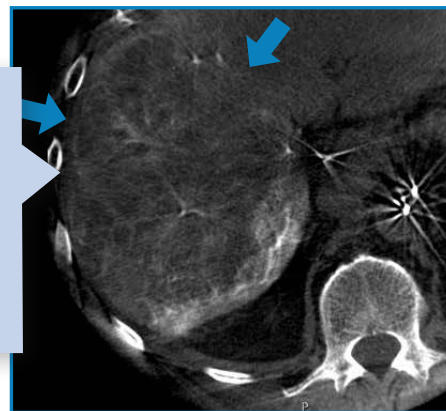
6-month follow-up CT imaging shows necrosis of both masses and no evidence of recurrent or progressive disease. **[Fig 5]** This case demonstrates how the TriNav portfolio allowed the operator to obtain efficient, efficacious, and safe treatment of complex metastatic disease.

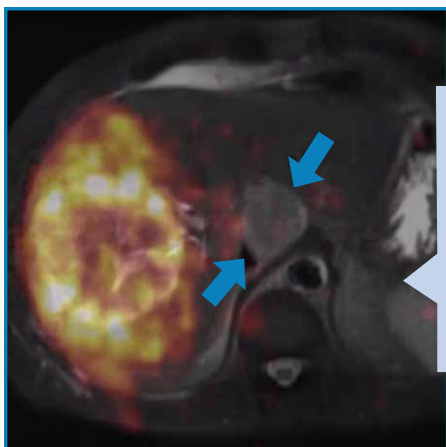


**Fig.1**  
Biopsy-proven solitary colorectal cancer metastasis. 10cm on initial imaging, but >15 cm by the time patient referred for therapy.



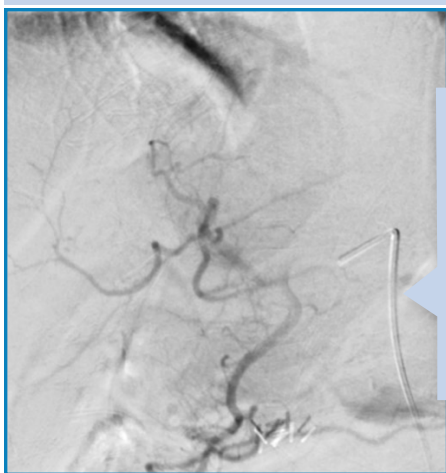
**Fig. 2**  
(LEFT) TriNav LV placed in lobar position for Y90 delivery to right hepatic lobe. (RIGHT) Cone Beam CT demonstrating contrast perfusion throughout the large, heterogeneous, and relatively hypovascular mass.





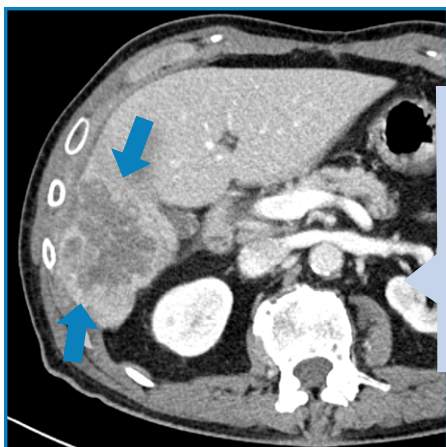
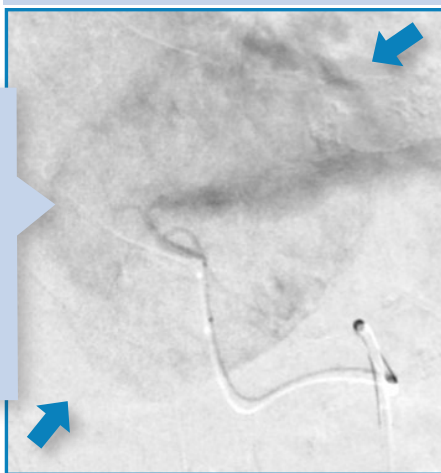
**Fig.3**  
Immediate post-Y90 PET MRI imaging shows excellent tumoral activity, but reveals a previously unidentified mass in the caudate lobe.

#### Traditional Microcatheter

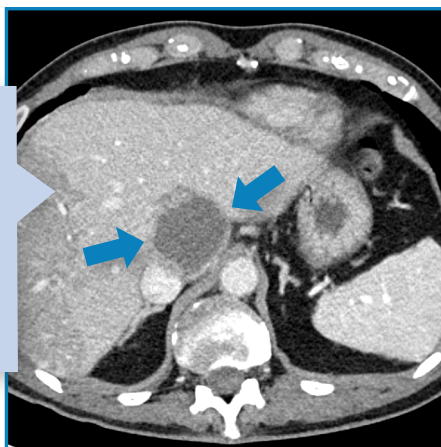


**Fig. 4**  
(LEFT) Angiogram performed from the distal common hepatic artery via 5 Fr catheter provides only faint visualization of the tumor. (RIGHT) Angiography repeated using TriNav shows a more clearly defined mass because it was able to perfuse this hypovascular tumor more effectively.

#### TriNav



**Fig. 5**  
6-month follow-up CT imaging shows complete necrosis of masses in right hepatic lobe [LEFT] and caudate lobe [RIGHT].



**This case highlights how the TriNav portfolio of products can be used to deliver a range of effective treatments in a complex liver cancer patient.**

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

**INDICATIONS FOR USE:** 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.

**CONTRAINDICATIONS:** 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).

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