TriNav®

EMBOLIZATION EVOLVED™

A Comprehensive Analysis of Claims* Defines the Complex Patient and TriNav's Impressive Performance in This Challenging Group

REAL WORLD EVIDENCE

Analysis of claims from over 300 Million patients between 2019 and 2022 demonstrated that TriNav is used disproportionally to treat challenging and complex patients – and achieved the same or better results vs. patients treated with traditional microcatheters.

Patients treated using TriNav for HCC or CRC liver metastases had a **worse baseline clinical profile** and **more extensive disease and poor underlying physiologic condition** compared to patients treated with traditional microcatheters

TriNav vs. non-TriNav Patients

Key Baseline Characteristics:

- Sicker with higher level of comorbidities (based on the Charlson Comorbidity Index)
- Higher level of healthcare resource utilization in the 3 months pre-procedure
- Older

Pre-Embolization AEs:

- TriNav patients had experienced higher rates of liver-related adverse events with 9 out of the 10 parameters examined
- TriNav patient data showed meaningful differences in the rates of ascites, LFTs, fatigue

Treatment History:

- TriNav patients more likely to have had prior systemic therapy (22% vs. 16%)
- 31% of TriNav TARE patients had a prior embolization vs. only 3% of non-TriNav patients
- 15% of TriNav TACE patients had a prior embolization vs. 4% of non-TriNav patients

Key Outcomes – TriNav vs. Non-TriNav Patients

Sicker TriNav patients did as well or better than healthier non-TriNav patients treated with traditional microcatheters

- Despite the higher level of baseline disease burden and complexity, TriNav enabled these more complex patients to achieve results similar to those of their non-TriNav counterparts
- TriNav allowed delivery of more doxorubicin compared to the amount delivered to non-TriNav TACE patients

Matched cohort analyses of TARE patients with HCC and with CRC liver metastases demonstrated strong trends that:

- TriNav HCC patients received more liver transplants than non-TriNav patients post-procedure
- TriNav patients had fewer 30-day inpatient visits than non-TriNav patients post-procedure
- TriNav CRCLM patients had fewer overall clinical complications than non-TriNav patients post-procedure

*Clarivate Real World Data Repository

Cook et. al., Real-world evidence of Pressure-Enabled Drug Delivery for trans-arterial chemoembolization and radioembolization among patients with hepatocellular carcinoma and liver metastases, in press, January 2024

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