



Selective cTACE for HCC in Decompensated Liver

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



Case Description

- 57-year-old male with HCC, on liver transplant list
- Treated with selective cTACE due to decompensated liver
- Treatment goal was to deliver an effective dose, while sparing as much normal liver as possible – did not want further decompensation awaiting transplant
- Delivered the cTACE using TriNav with goal to maximize the T:N ratio

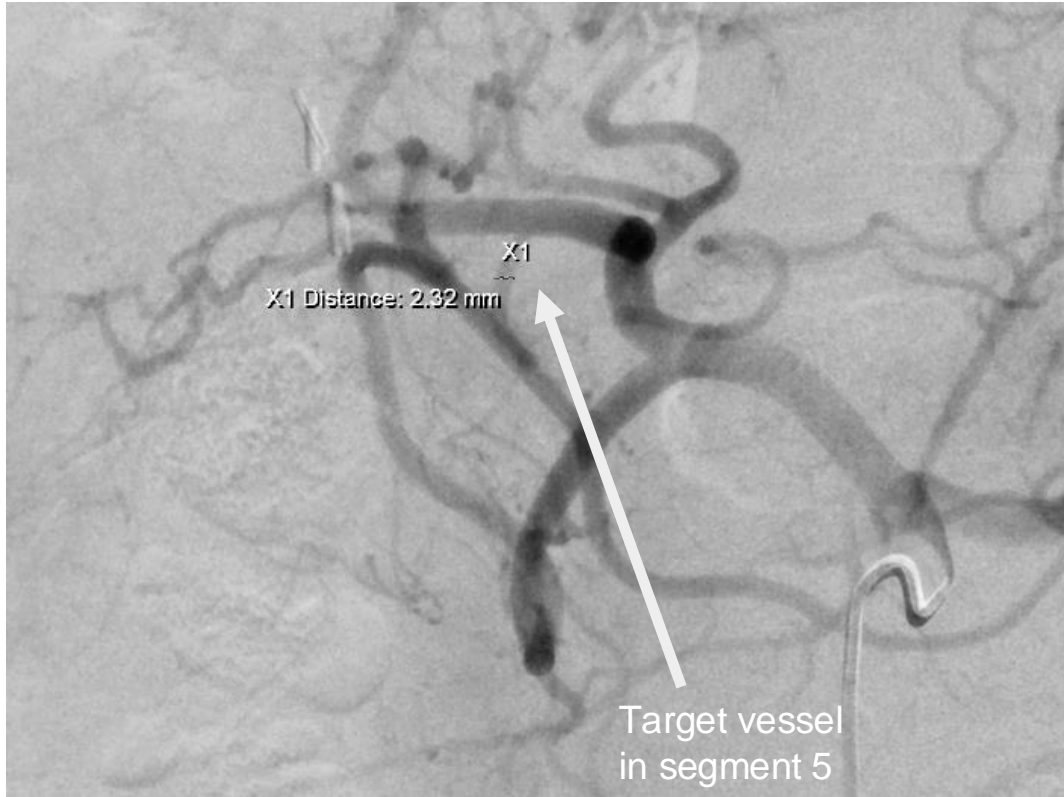
Pre-Treatment CT



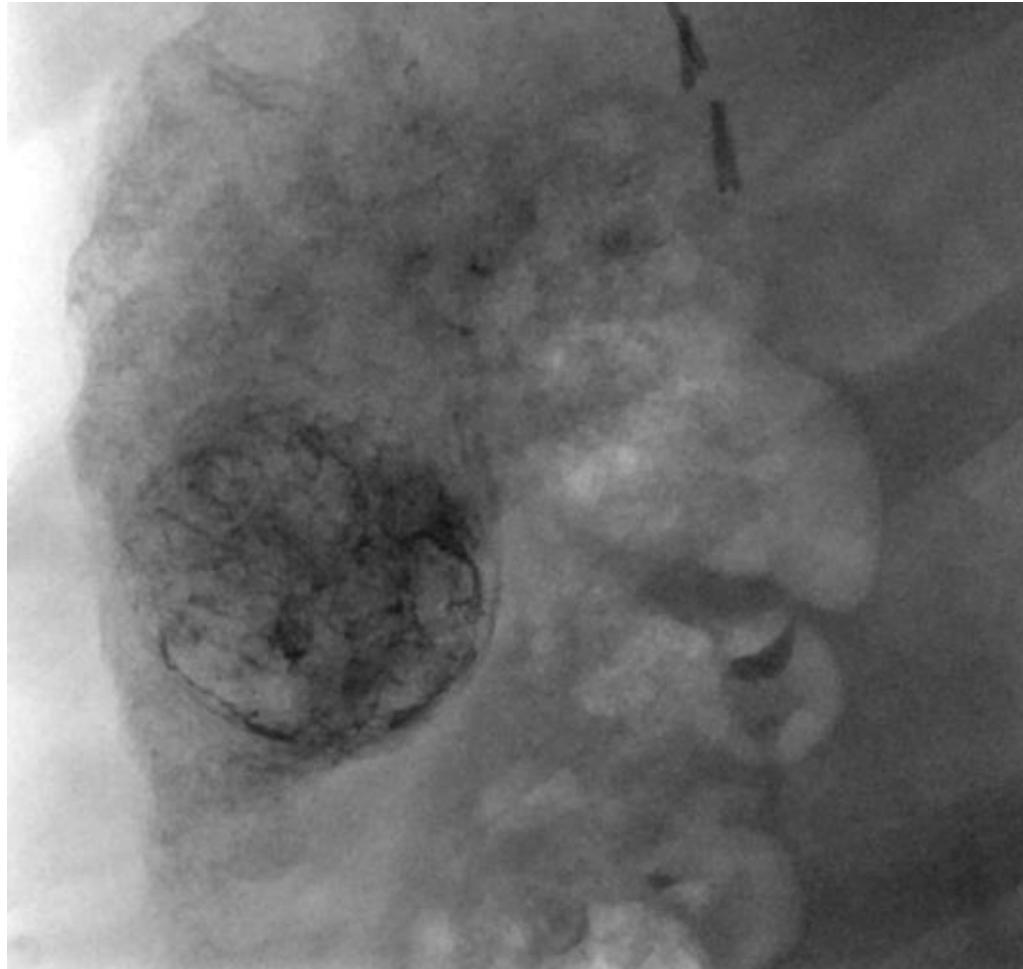
3.3 cm tumor near colon in segment 5

A number of ascites can be seen indicating liver decompensation

Angiography

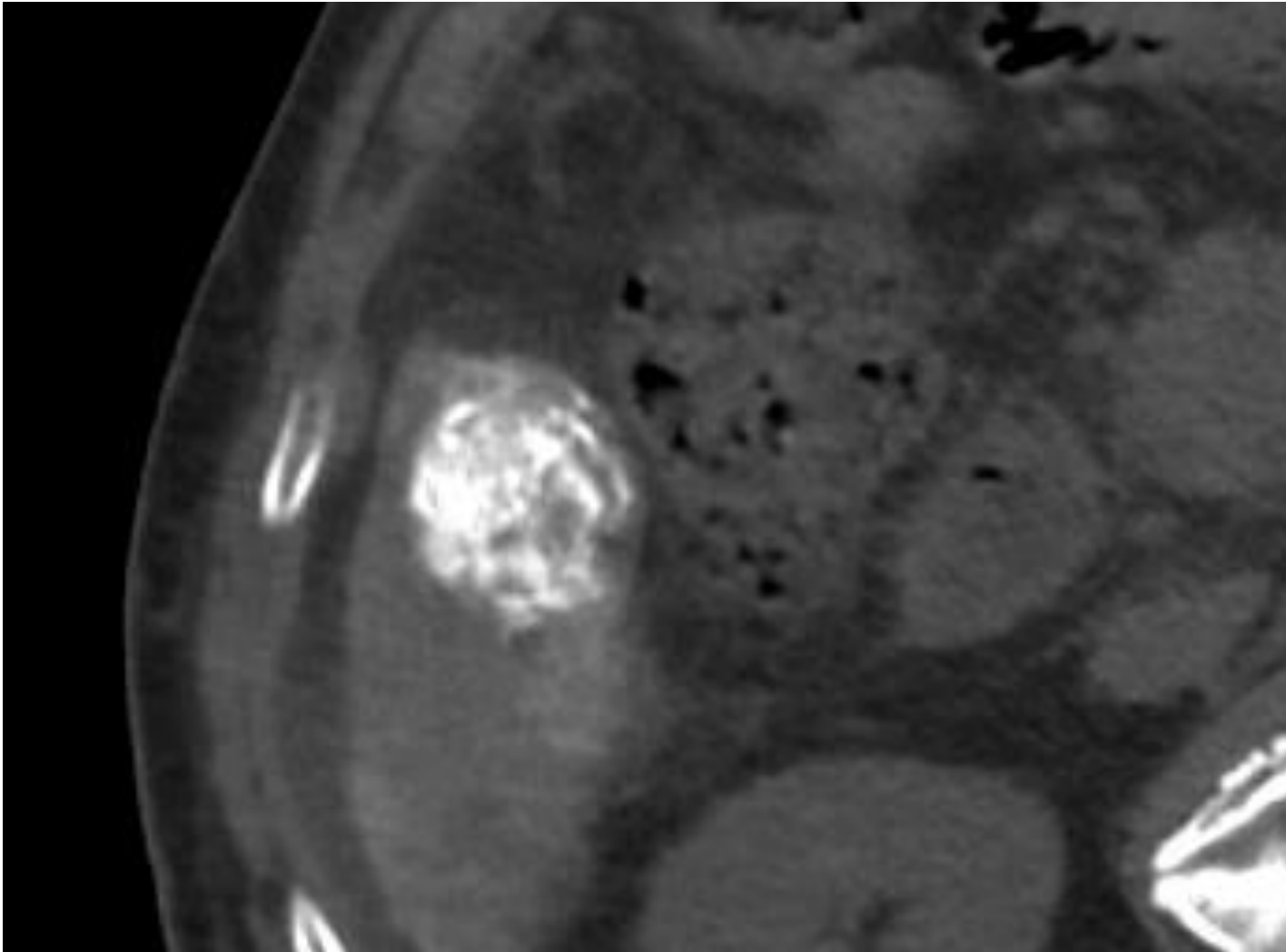


Post-Treatment Angiography



Dense lipiodol uptake in target tumor

1-Month Follow-Up Non-Contrast CT



Dense lipiodol staining at 1-month,
with limited extra-tumoral staining

Ascites no longer seen, indicating
no further decompensation



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.^{1,2}

Contraindications

The TriNav[®] and TriNav[®] LV Infusion Systems are not indicated for use in the vasculature of the central nervous system (including the neurovasculature) or central circulatory system (including the coronary vasculature).^{1,2}

Rx Only For the safe and proper use of TriNav[®] and TriNav[®] LV, refer to their individual Instructions for Use.

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