

## Real-World Evidence suggests TriNav may reduce post-embolization complications

The mitigation and management of post-procedural complications is essential when treating patients with TACE or TARE.



Post-embolization syndrome (PES), which typically presents with fever, nausea, abdominal pain, and fatigue, is a common complication.<sup>1</sup> While more frequently seen post-TACE, PES has also been reported following TARE.<sup>1</sup> When not addressed, symptoms can significantly impact a patient's quality of life (QoL) following treatment.<sup>2</sup>

A recent Real-World Evidence (RWE) study analyzed TACE and TARE claims between 2019 and 2022 and provides new insights into post-treatment complications including, for example, fatigue, and the role of Pressure-Enabled Drug Delivery™ (PEDD™).

**In patients with colorectal liver metastases, the results demonstrate the potential benefits of PEDD in mitigating clinical complications like fatigue after embolization. The PEDD patients showed a trend (p=0.07) toward reduced fatigue vs. those treated with traditional microcatheters.<sup>3</sup>**

The authors hypothesize that the mitigated post-embolic complications may be related to less off-target delivery to normal liver tissue in the PEDD group, with TriNav having been shown to augment the T:N ratio in liver-directed therapy procedures.<sup>3,4,5,6</sup>

**TriNav's PEDD approach increases therapeutic delivery to the tumor,<sup>5</sup> while simultaneously decreasing non-target delivery.<sup>6</sup> These factors may mitigate PES symptoms and support your patient's QoL. Learn more about the real-world evidence that supports the use of TriNav in TARE and TACE.**

[Click Here to Learn More About the Study](#)

#### Indications For Use

The TriNav Infusion System is intended for use in angiographic procedures. It delivers radiopaque media and therapeutic agents to selected sites in the peripheral vascular system.<sup>7</sup>

#### Contraindications

TriNav is 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 Infusion System, refer to the Instructions for Use.

#### References

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3. Keziah Cook, Deepshikhar Gupta, Yunjuan Liu, Chris Miller-Rosales, Fangzhou Wei, Edward Tuttle, Steven C. Katz, Richard Marshak & Alexander Y. Kim (2024) Real-world evidence of Pressure-Enabled Drug Delivery for trans-arterial chemoembolization and radioembolization among patients with hepatocellular carcinoma and liver metastases, *Current Medical Research and Opinion*, 40:4, 591-598, DOI: 10.1080/03007995.2024.2322057
4. d'Abadie P, Walrand S, Goffette P, et al. Antireflux catheter improves tumor targeting in liver radioembolization with resin microspheres. *Diagn Interv Radiol* 2021; 27:768–773.
5. Titano, J. J. et al. End-hole Versus Microvalve Infusion Catheters in Patients Undergoing Drug-Eluting Microspheres-TACE for Solitary Hepatocellular Carcinoma Tumors: A Retrospective Analysis. *Cardiovasc. Intervent. Radiol.* 42, 560–568 (2019).
6. Pasciak, A. S., McElmurray, J. H., Bourgeois, A. C., Heidel, R. E. & Bradley, Y. C. The impact of an antireflux catheter on target volume particulate distribution in liver-directed embolotherapy: a pilot study. *J. Vasc. Interv. Radiol.* JVIR 26, 660–669 (2015).
7. TriSalus™ TriNav® Infusion System, Instructions for Use