

# Real-World Evidence Demonstrates the Benefits of TriNav<sup>®</sup> Infusion System

Advancements in locoregional approaches are shifting how liver cancers are treated. A recent Real-World Evidence study analyzed TACE and TARE claims between 2019 and 2022 and compared patients who received embolization using a traditional microcatheter and those treated with the Pressure-Enabled Drug Delivery<sup>™</sup> (PEDD<sup>™</sup>) approach using the TriNav<sup>®</sup> Infusion System.<sup>1</sup>

Key findings include:

- **More complex cases:** Interventional Radiologists selected TriNav for their most challenging patients, characterized by higher Charlson comorbidity indexes, higher rates of liver-related adverse events and greater overall healthcare resource utilization.
- **Increased drug delivery:** >40% more doxorubicin delivered vs. conventional microcatheters (statistically significant).
- **Comparable outcomes:** Overall, despite greater complexity and higher burden of disease, patients in the TriNav group showed similar rates of post-embolization clinical complications, compared with patients treated with traditional microcatheters.

[Read the Full Study](#)

When propensity-matched cohorts were compared, patients in the TriNav study group demonstrated trends toward:

- **Improved liver transplant rates:** HCC patients had higher rates of post-procedure liver transplants.
- **Fewer inpatient visits:** Fewer 30-day inpatient visits.
- **Reduced complications:** Fewer overall clinical complications reported by CRCLM patients.

This study reinforces the growing body of evidence that shows PEDD<sup>™</sup> enhances therapeutic precision and improves patient outcomes in liver cancer.<sup>2-4</sup>

Visit [TriNavInfusion.com](https://www.trinavinfusion.com) to explore TriNav and the PEDD<sup>™</sup> approach.

#### 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>5,6</sup>

#### 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).<sup>5,6</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. Cook K, Gupta D, Liu Y, et al. Real-world evidence of pressure-enabled drug delivery for trans-arterial chemoembolization and radioembolization among patients with hepatocellular carcinoma and liver metastases. *Curr Med Res Opin.* 2024;40(4):591-598.
2. Titano JJ, Fischman AM, Cherian A, 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.* 2019;42(4):560-568.
3. 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).
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(6):768-773.
5. TriSalus<sup>™</sup> TriNav<sup>®</sup> Infusion System Instructions for Use.
6. TriSalus<sup>™</sup> TriNav<sup>®</sup> LV Infusion System Instructions for Use.