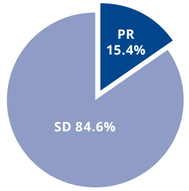
Proven **efficacy**

Non-Small-Cell-Lung-Cancer (NSCLC)

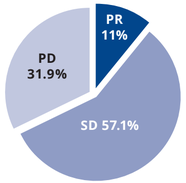


100 %

of patients (n=13) with unresectable NSCLC showed partial response or stable disease after DSM-TPCE[6]

Figure 3: *Tumor response (RECIST 1.1)[8] following DSM-TPCE in patients with NSCLC (modified from Vogl et al., 2020)[6]*

Lung metastases



68.2 %

of patients (n=336) with unresectable lung metastases showed partial response or stable disease after DSM-TPCE (data pooled from[3, 5-7])

Average mOS from a total of 359 patients was 21.4 months (data pooled from[3, 5, 7])

Figure 4: *Tumor response (RECIST 1.1)[8] following DSM-TPCE in patients with unresectable lung metastases of different origin (modified from Vogl et al., 2008; 2019; 2020; 2023)[3, 5-7]*

DSM-TPCE is safe and effective for patients with unresectable lung tumors

- Well tolerated[3-7]
- Reversible[3]
- Suitable for primary lung tumors and lung metastases[3-7]

PR = partial response (≥30% decrease of tumor size)
SD = stable disease (<30% decrease and <20% increase of tumor size)
PD = progressive disease (≥20% increase of tumor size)

DSM-TACE quick facts

- Simple application[9]
- Well tolerated[3-7]
- Boosts tumor necrosis due to temporary ischemia[10]
- Preserves lung function over time[5, 11]
- Degradability of DSM allows vascular reperfusion after ca. 90 minutes[12]
- Can be combined with any chemotherapeutic drug[9]
- Repeated application possible at short intervals[3-7]

References

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3. *Vogl TJ, Lehnert T, Zangos S et al. 2008. Eur. Radiol. 18(11):2449-2455. Doi: 10.1007/s00330-008-1056-0* [A]
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7. *Vogl TJ, Hammann L, Adwan H. 2023. J. Clin. Med. 10;12(10):3394. Doi: 10.3390/jcm12103394* [B]
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[A] *Concerns the former product Spherex®, manufactured by Pharmacia AB*

[B] *Concerns the former products EmboCept® or EmboCept® S, manufactured by Serumwerk Bernburg AG*

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20230802-01/2023

Fight primary and secondary lung tumors with Transpulmonary Chemoembolization using Degradable Starch Microspheres

EmboCept® S DSM 50 µm: Degradable starch microspheres for temporary transpulmonary chemoembolization (TPCE)

EmboCept® S
DSM 50 µm

Unlocking the benefits of DSM-TPCE

Thanks to excellent tolerability and high efficacy, transpulmonary chemoembolization (TPCE) with DSM helps to **achieve a significant reduction in tumor volume**

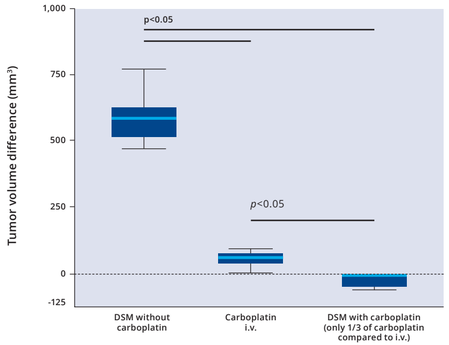

Figure 1: *Tumor volume differences before and after treatment in a solitary lung metastasis rat model of CC531 adenocarcinoma (modified from Schneider et al. 2002)*[1]

Temporary embolization
Half-life of 30 – 40 minutes[2]

Precisely calibrated
At least 95% of microspheres are between 20-90 µm, with 50 µm mean size[2]

Well tolerated

- No major complications[3-7]
- No pulmonary hemorrhage, cardiac failure, or pneumothorax[4]
- No non-target embolization, e.g., to the brain[4]

How to perform TPCE with **Degradable Starch Microspheres**

1. Preinterventional evaluation
Control of lab parameters, clinical status, and CT/MRI scans

2. Regional anesthesia
Application of 1% mepivacain via 7F sheath into right femoral vein

3. Catheter insertion
Insertion of 5F headhunter catheter into left or right pulmonary artery via transvenous access

4. Angiography
Injection of 20 ml of contrast medium to survey arterial system

5. Balloon catheter (optional)
Insertion of catheter (diameter: 6–8 mm, length: 100–300 mm) into segmental pulmonary artery

6. Catheter advancement
Using guidewire, catheter is advanced further into subsegmental pulmonary arteries

7. Angiography
Contrast-enhanced angiographic series (with catheter blocked) for detection of arteriovenous shunts

TPCE steps based on Vogl et al. 2008 [3]

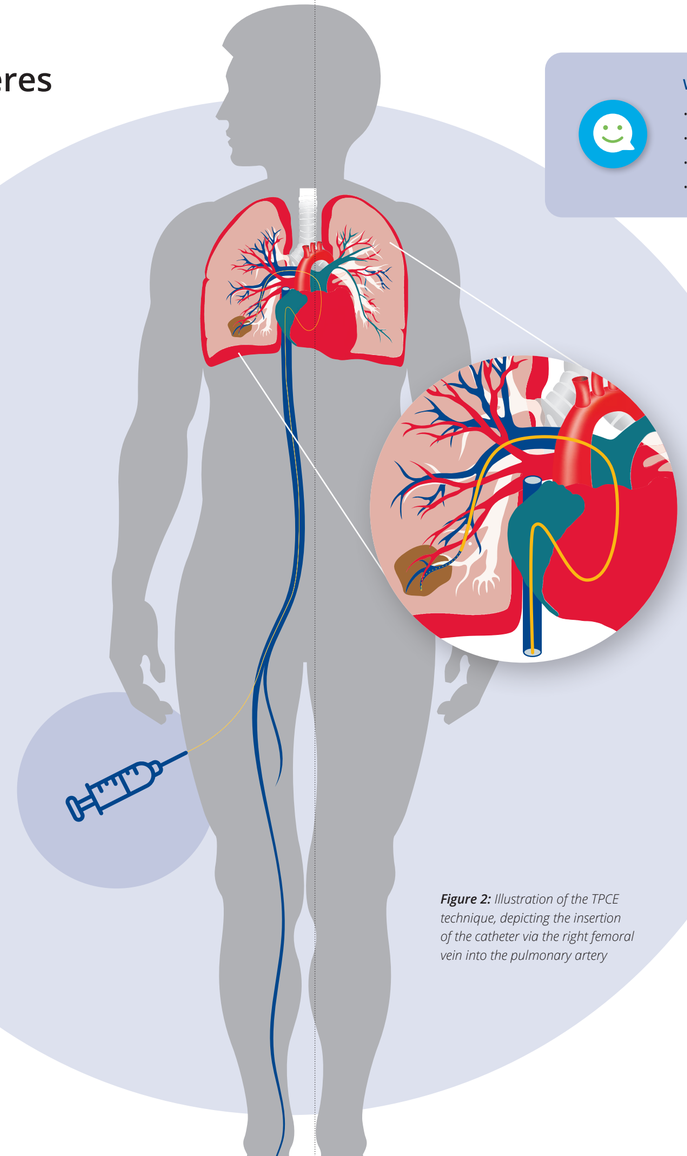

Figure 2: *Illustration of the TPCE technique, depicting the insertion of the catheter via the right femoral vein into the pulmonary artery*

Who is eligible for DSM-TPCE?[5-7]

- Patients in good general condition
- Without or with only minor cardiovascular comorbidities
- With sufficient lung function
- Non-thrombosed A. pulmonalis

8. Chemoembolization
To achieve blood flow stasis: injection of chemotherapeutic agent mixed with DSM under fluoroscopic guidance

DSM-TPCE can be combined with various chemotherapeutic agents[2-5]

- Mitomycin C
- Cisplatin
- Gemcitabine
- Irinotecan

9. Pressure dressing
Application following removal of catheters

10. Postinterventional evaluation
Control of lab parameters, clinical status, and CT/MRI scans

11. Repetition of treatment
At least 2–3 rounds of treatment, with intervals of four weeks