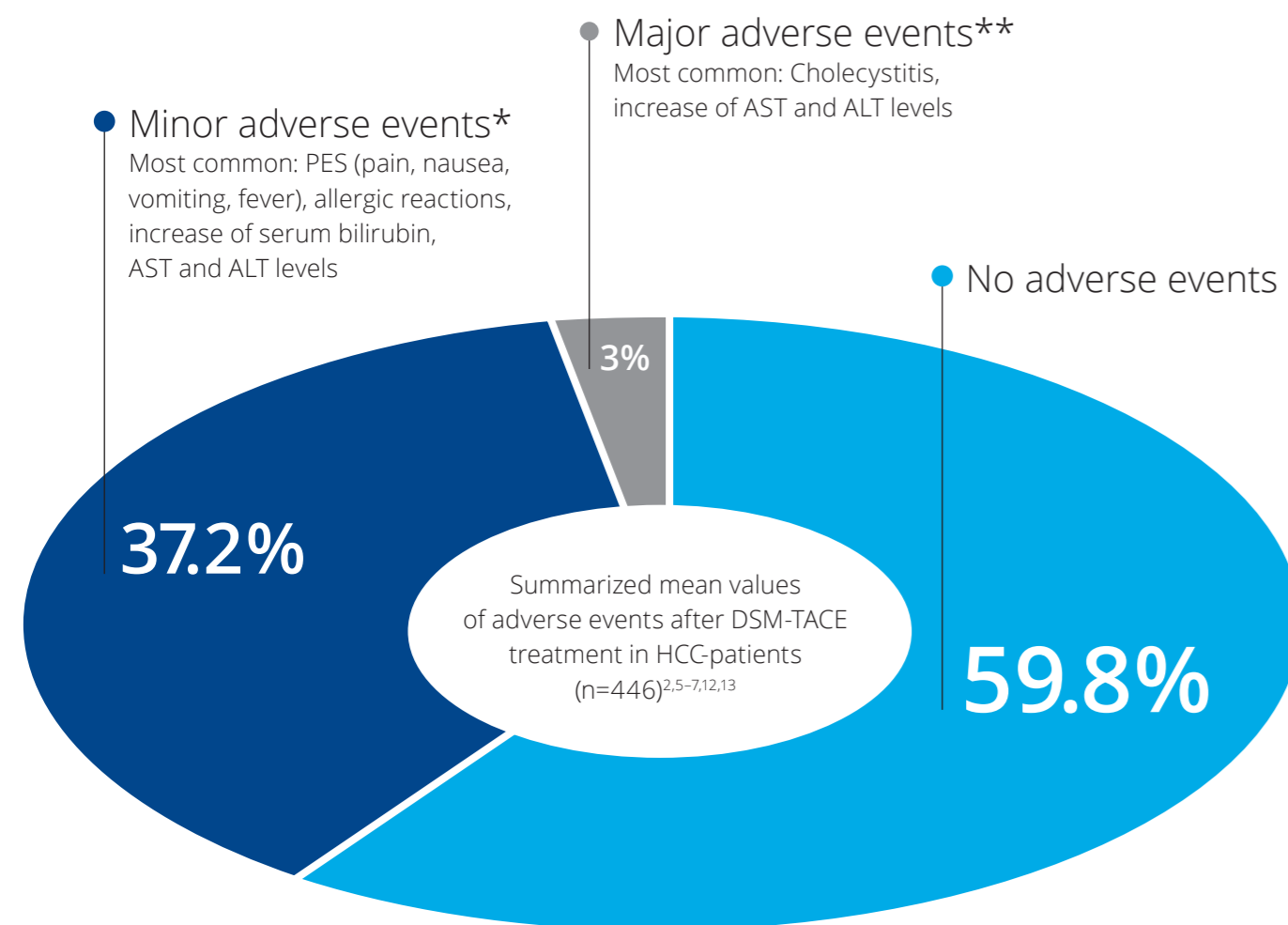


DSM-TACE has an **excellent safety profile** and preserves liver function^{2,5-7,9}



Repetitive DSM-TACE can be performed safely with no tendency to overall worsening of liver function⁷

* Defined as minor complications by SIR¹⁴ or grade 1-2 AEs/complications according to CTCAE¹⁵ or CIRSE¹⁶
** Defined as major complications by SIR¹⁴ or grade 3-5(6) AEs/complications according to CTCAE¹⁵ or CIRSE¹⁶

Fight liver tumors and preserve liver function with DSM-TACE

- Simple application¹⁷
- Well tolerated^{6,18}
- Boosts tumor necrosis due to temporary ischemia¹⁹
- Preserves liver function over time⁷
- Degradability of DSM allows vascular reperfusion after ca. 90 minutes²⁰
- Can be combined with any chemotherapeutic drug¹⁷
- Repeated applications possible at short intervals⁵⁻⁷



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^A Concerns the former products EmboCept® or EmboCept® S, manufactured by Serumwerk Bernburg AG



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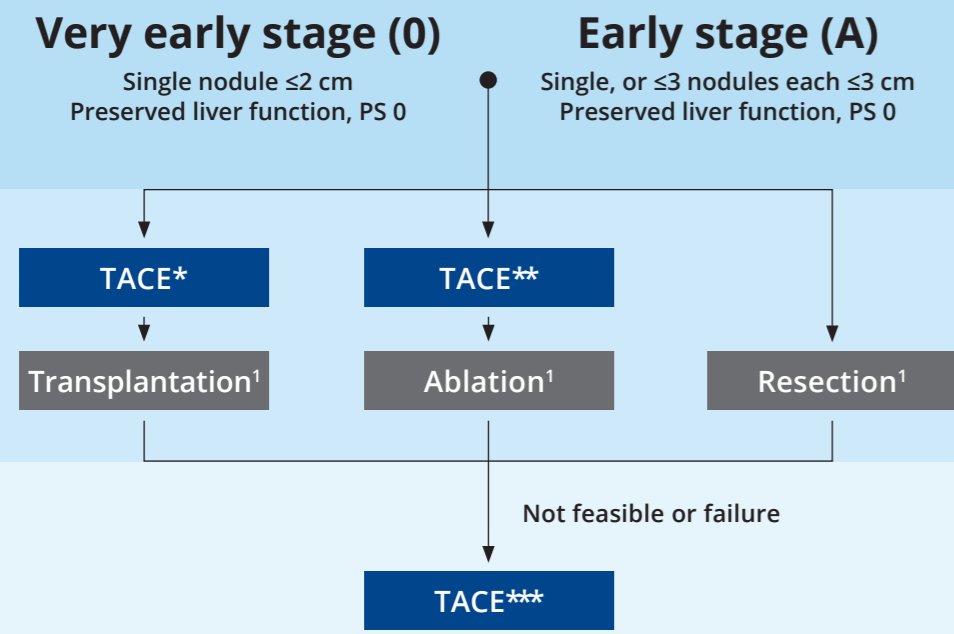
Fight HCC and preserve liver function with DSM-TACE

EmboCept® S DSM 50 µm:
Degradable starch microspheres (DSM) for transarterial chemoembolization (TACE) in hepatocellular carcinoma (HCC)



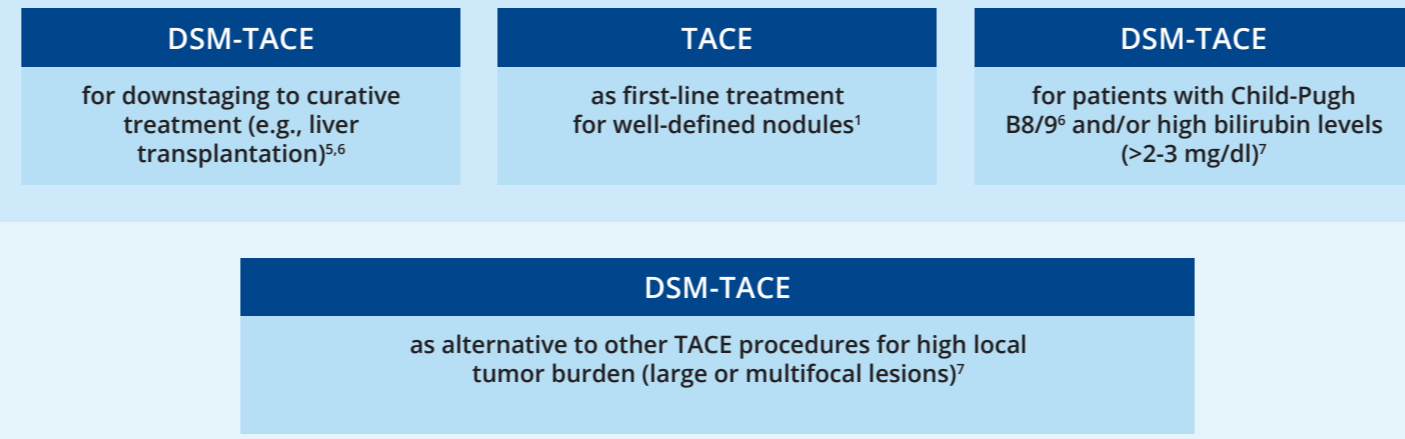
BCLC staging¹

Treatment options



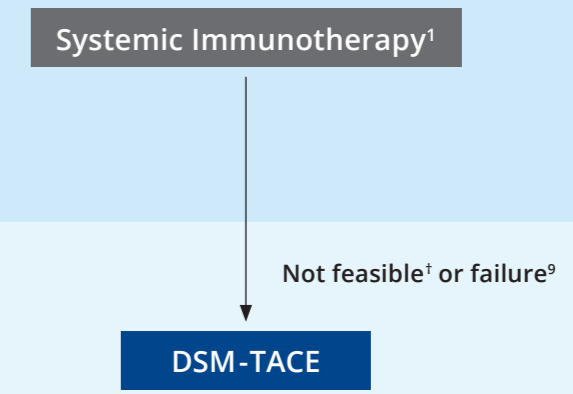
Intermediate stage (B)

Multinodular
Preserved liver function, PS 0

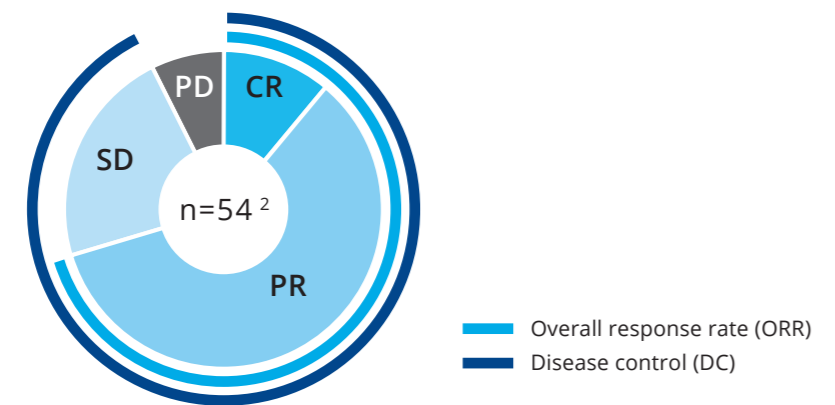


Advanced stage (C)

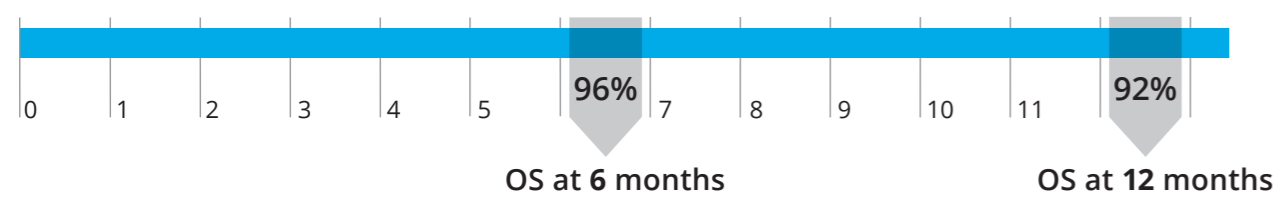
Portal invasion and/or extrahepatic spread
Preserved liver function, PS 1-2



Best response rates (mRECIST) of **BCLC A** patients with Child-Pugh B in DSM-TACE bridging study²



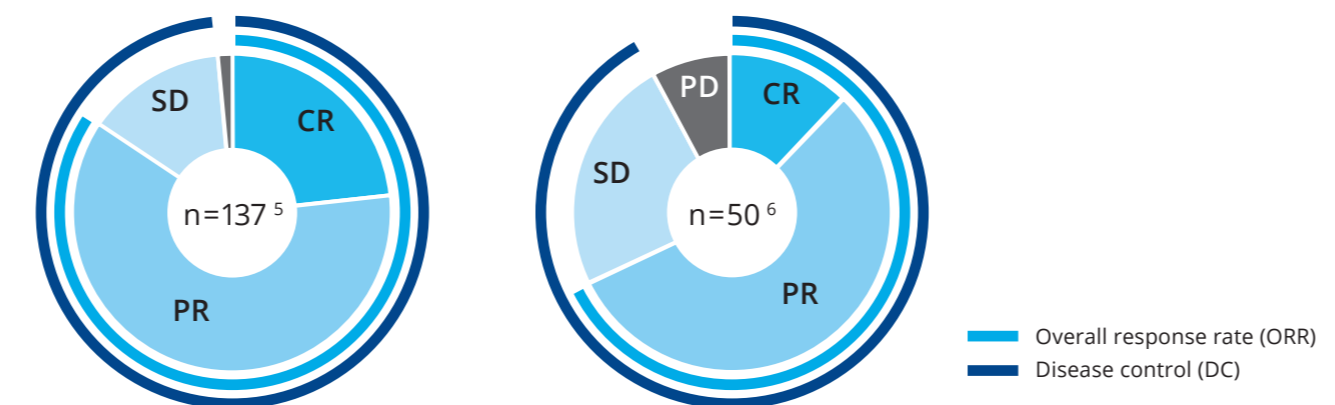
Low tumor-specific dropout from the transplant waiting list and high overall survival (OS) rates when bridging with DSM-TACE²



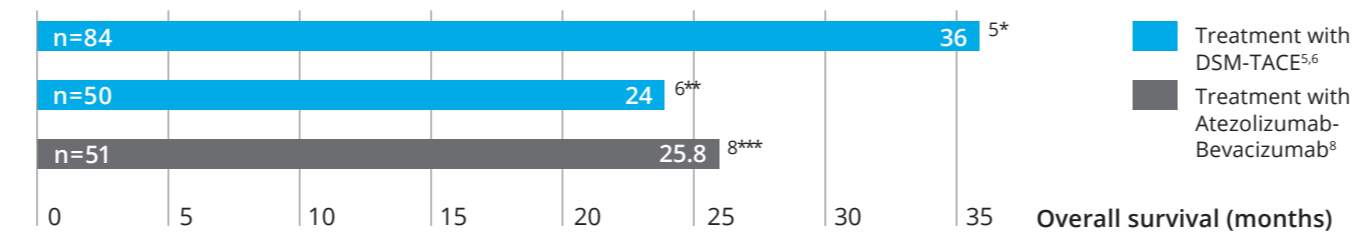
Early HCC-patients can profit from DSM-TACE combined with first-line therapies and if first-line treatments are not feasible or have failed.

* DSM-TACE used successfully for bridging to liver transplantation.^{2,3}
** TACE is suggested before thermoablation if lesion >3 cm and <5 cm.⁴
*** TACE is suggested as alternative treatment if first-line therapy fails or is not feasible.¹

Response rates (mRECIST) of mainly⁵ or exclusively⁶ **BCLC B** patients after DSM-TACE in two independent studies



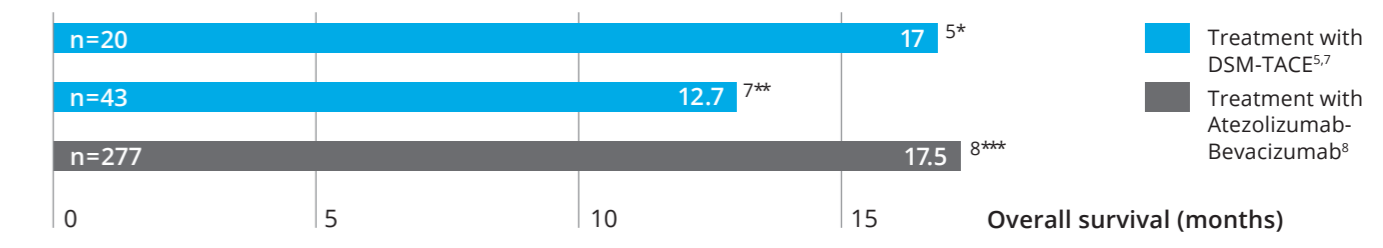
Median overall survival (mOS) in **BCLC B** patients



Intermediate-stage HCC-patients can profit from DSM-TACE as first-line therapy even with high tumor burden and poor liver function.

* Only Child-Pugh A/B patients were included in the study.⁵
** Only Child-Pugh B8/9 patients were included in the study.⁶
*** Only Child-Pugh A5/6 patients were included in the study.⁸

Median overall survival (mOS) in **BCLC C** patients



Advanced-stage HCC-patients can be successfully treated with DSM-TACE, if immunotherapy is not feasible or has failed.

AE adverse event; ALT alanine transaminase; AST aspartate aminotransferase; BCLC Barcelona Clinic Liver Cancer; CR complete response; PD progressive disease; PES post-embolization syndrome; PR partial response; PS performance status; SD stable disease

† E.g., Atezolizumab-Bevacizumab: possible contraindications include Child-Pugh >A¹⁰, vascular disorders, severe autoimmune disorders, prior transplantation¹¹, arterial hypertension, gastric or oesophageal varices, previous stroke.¹¹
* Only Child-Pugh A/B patients were included.⁵
** Child-Pugh A-C patients were included, and in most patients, DSM-TACE was second-line treatment or patients were considered ineligible for other therapies.⁷
*** Only Child-Pugh A5/6 patients that had not previously received systemic therapy were included.⁸