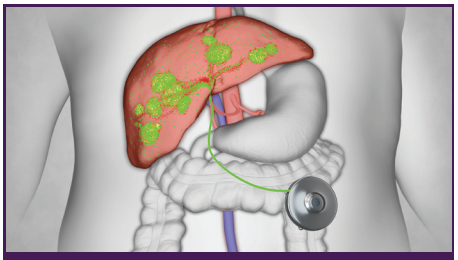
HEPATIC ARTERY INFUSION THERAPY OVERVIEW

Hepatic Artery Infusion therapy is a treatment for colorectal cancer liver metastases (CRLM) or bile duct cancer (intrahepatic cholangiocarcinoma or iCCA) that has spread to the liver.

How HAI Therapy Works

- The HAI therapy drug (floxuridine) is delivered directly to the liver via the hepatic artery using the Intera 3000® HAI Pump that is implanted in the abdomen.
- This precise delivery mechanism provides up to 400 times higher drug concentration to the tumors compared to traditional systemic chemotherapy[1].
- The healthy parts of the liver continue to receive the blood supply from a separate blood vessel, the portal vein, which is not impacted by HAI therapy[2].



View Video

HAI Therapy Advantages

- Treatment with HAI therapy has been shown to shrink tumors in patients with unresectable CRLM and iCCA. In some cases, the tumors shrink to the point that they can be surgically resected[2, 3].
- In addition, for patients undergoing resection, treatment with HAI therapy as an adjuvant therapy (an addition to surgery) has been shown to reduce tumor recurrence[4].
- Unlike traditional systemic chemotherapy that is delivered through a patient's vein resulting in toxicity that impacts the patient's entire body, the drug used in HAI therapy is delivered directly to the liver where it is rapidly metabolized, resulting in limited toxicity to the rest of the body[2].

About the Intera 3000 HAI Pump

- The Intera 3000 HAI Pump is the only FDA-approved implantable pump for HAI therapy.
- The palm-sized pump is surgically implanted just below the skin in the abdomen.
- The pump utilizes heat from the body to provide an on-going power supply to continuously deliver therapy directly to tumors in the liver.
- Every two weeks, a healthcare provider refills the pump. When not in active treatment, the interval between refills may be extended to a few months.

Learn more about HAI therapy

View additional HCP Resources and Materials

- Instructions for Use
- Videos
- Coding Guides
- Educational Materials

1 Ensminger WD, Gyves JW. Semin Oncol. 1983 Jun;10(2):176-82.
2 Dhir M, et al. Ann Surg Onc. 2017;24(1):150-158.
3 Cercek A et al. JAMA Oncol. 2020;6(1):60-67.
4 Groot Koerkamp B, et al. J Clin Oncol. 2017; 35(17): 1938–1944.