

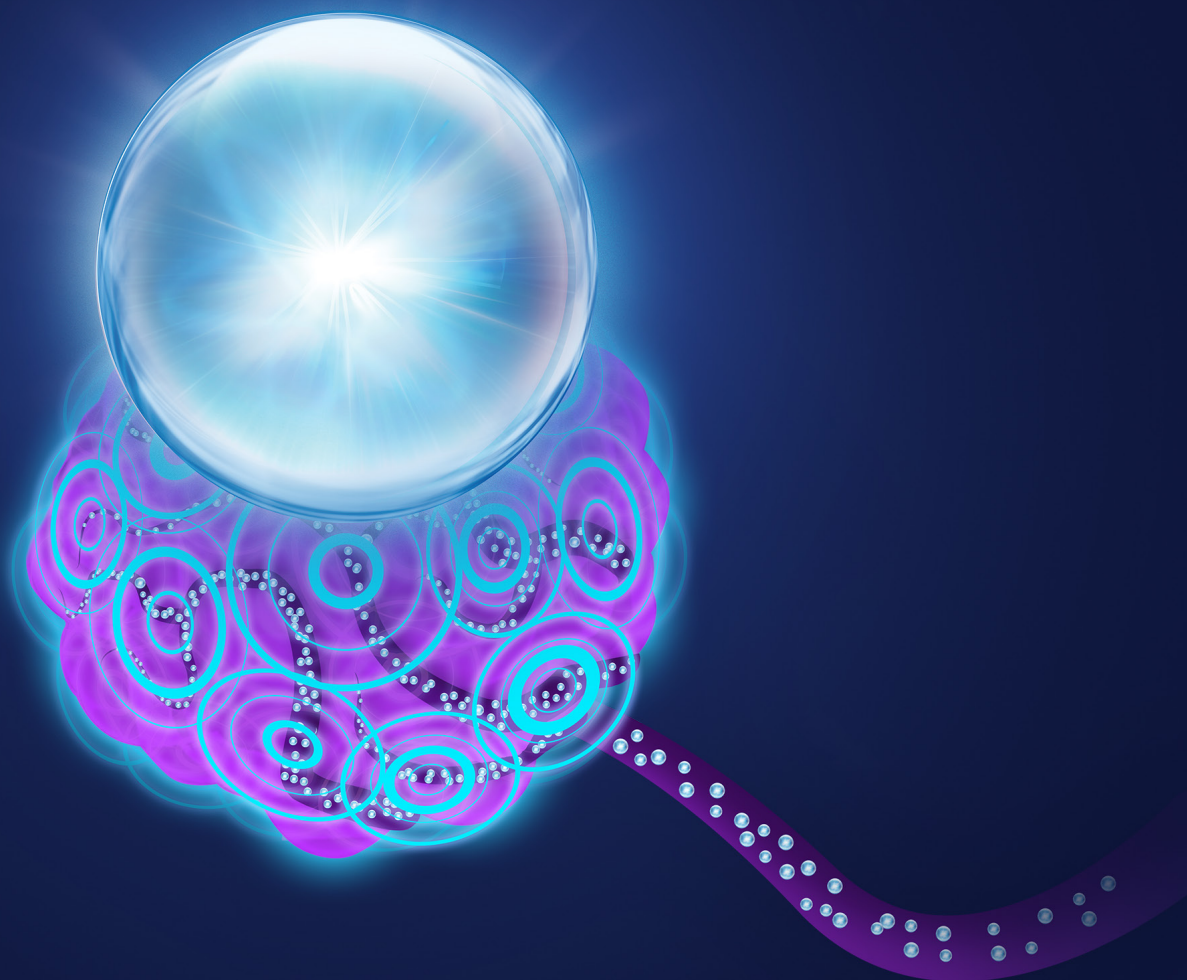


THERASPHERE™

Y-90 Glass Microspheres

Dose Matters.

Deliver a targeted dose to tumor with
unmatched radiation per microsphere*



*Radiation per microsphere (RPM) is a number that refers to the specific activity (SA) of a microsphere (Bq/Sphere).

Mechanism of action = radiation

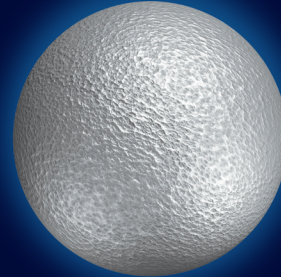
THERASPHERE IS UNIQUELY ENGINEERED TO HAVE **UNMATCHED RADIATION PER MICROSPHERE (RPM)**, MAXIMIZING LETHAL HITS TO TUMOR DNA AND DRIVING TUMOR CELL DEATH

TheraSphere Y-90 Glass Microsphere



Radiation is **embedded within** the glass matrix, providing **greater RPM**

Y-90 Resin Microsphere

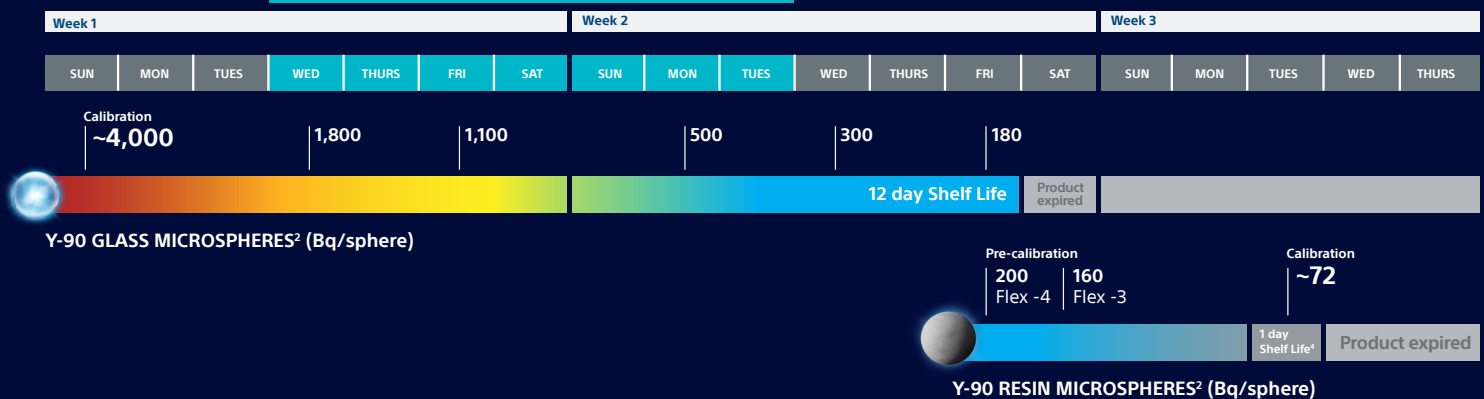


Radiation is **only coated** onto the surface area of the resin sphere¹, **limiting RPM**

THERASPHERE Y-90 GLASS MICROSPHERES MAINTAIN A **HIGHER RPM** OVER TIME

With unmatched RPM, TheraSphere maximizes repetitive and cumulative radiation exposure to tumor cells to achieve complete pathological necrosis (CPN) at ablative doses

Dosimetry Steering Committee recommended treatment days³



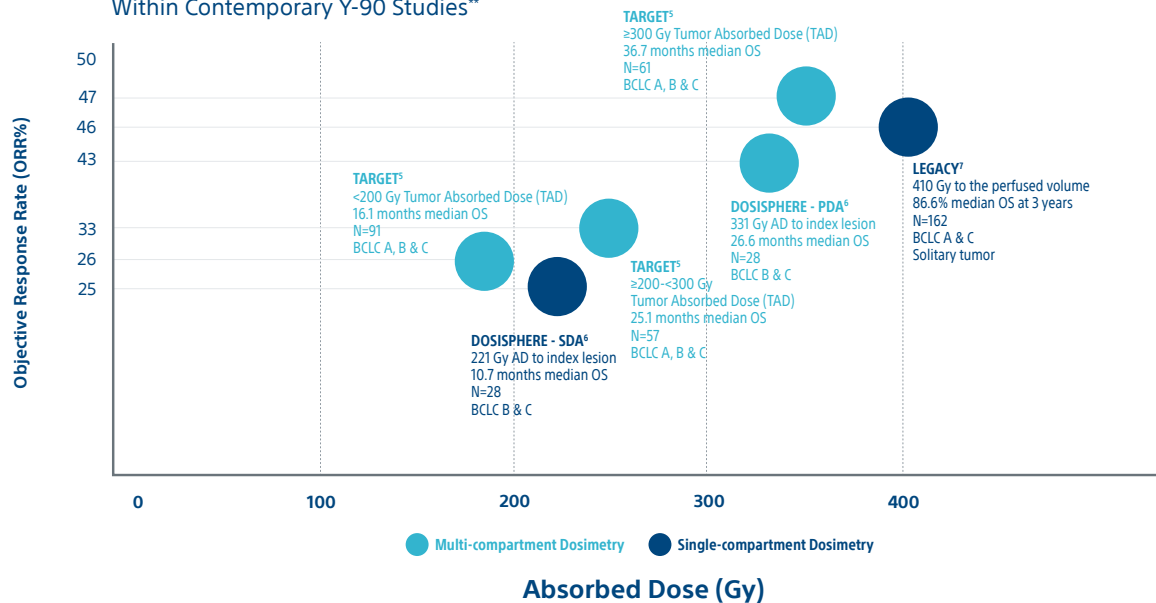
Deliver proven, durable outcomes

TheraSphere **has demonstrated** tumor absorbed dose to overall tumor response and survival correlation

KEY NOTABLE TRIALS, DOSISPHERE-01 AND TARGET CONFIRMED THE IMPORTANCE OF **OPTIMAL DOSING**. **TARGET DEMONSTRATED** AN ASSOCIATION BETWEEN TUMOR ABSORBED DOSE AND BOTH TUMOR RESPONSE AND OVERALL SURVIVAL.

ABSORBED DOSE AND RESPONSE (RECIST 1.1) RELATIONSHIP: GLASS

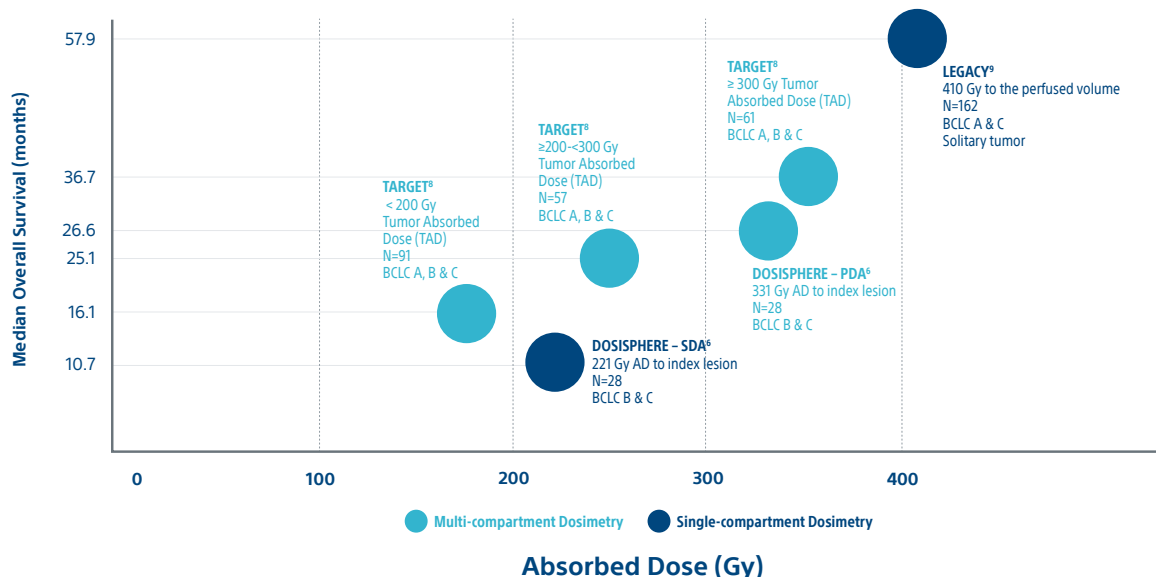
Within Contemporary Y-90 Studies**



DOSISPHERE-01 DEMONSTRATED A 16-MONTH **IMPROVEMENT OF OVERALL SURVIVAL** IN ADVANCED HCC PATIENTS WHO RECEIVED A PERSONALIZED THERASPHERE DOSE AS COMPARED TO THE CONTROL ARM*

ABSORBED DOSE AND OVERALL SURVIVAL RELATIONSHIP: GLASS

Within Contemporary Y-90 Studies**

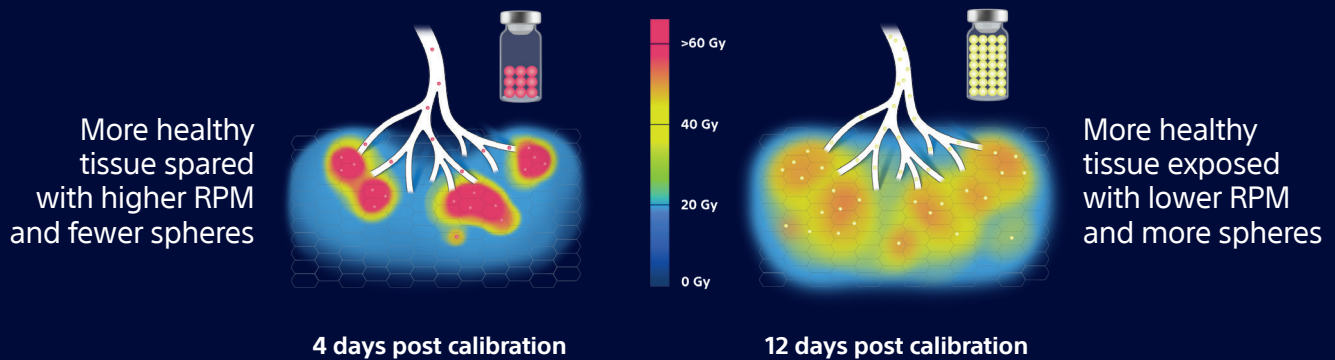


*See DOSISPHERE - SDA (control arm) and DOSISPHERE - PDA (personalized arm) data points in graph above. ** Studies not designed for head-to-head comparisons

Designed for targeted delivery and control

DOSES COMPRISED OF FEWER SPHERES AND **HIGHER RADIATION PER MICROSPHERE** (RPM) SPARE MORE NORMAL TISSUE

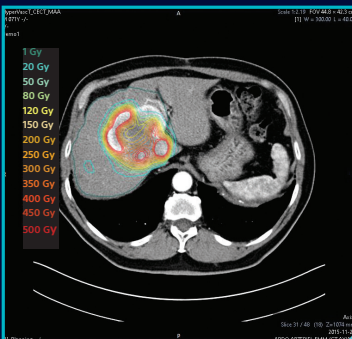
Pre-clinical study using TheraSphere Y-90 Glass Microspheres confirmed treatments at or before 8 days post calibration decreases normal liver toxicity¹⁰



UNMATCHED RPM OF THERASPHERE PRESERVES TUMOR-TO-NORMAL RATIO

Dose distribution retrospectively investigated using Simplicit⁹⁰Y™ to analyze SPECT/CT images and calculate tumor-to-normal ratio (TNR)¹¹

Variable	TheraSphere Y-90 Glass Microspheres	Y-90 Resin Microspheres	P value
Tc99m MAA TNR	3.47 ± 3.33	3.22 ± 3.04	0.08
Realized TNR	3.07 ± 1.68	2.24 ± 1.21	0.01
Perfused volume (mL)	439.4 ± 379.8	437.6 ± 225.1	0.49
Total liver volume (mL)	1775.9 ± 658.1	1667.4 ± 488.3	0.23
Percent liver treated	23.6% ± 13	26.0% ± 9.4	0.20





Simplicit⁹⁰Y™ personalized dosimetry software, developed exclusively for TheraSphere, enhances consistency and efficiency of dosing calculations. The software enables visualization of prospective dose distribution and assessment of the absorbed dose delivered.

Latest dosing recommendations

DOSIMETRY STEERING COMMITTEE RECOMMENDATIONS INFLUENCED BY THERASPHERE DATA³

Based on published data and consensus from an international, multidisciplinary group of Y-90 thought leaders

CURATIVE INTENT

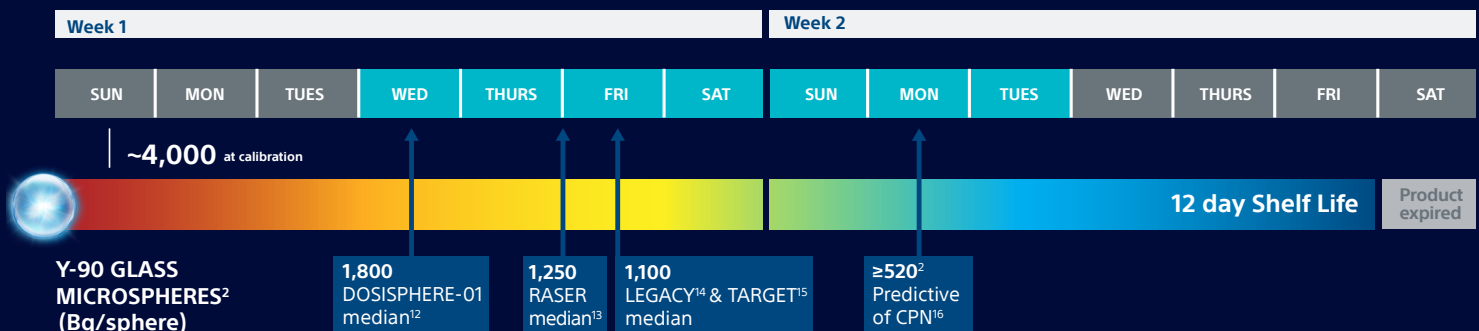
Treatment Approach	 Radiation Segmentectomy Localized HCC (≤2 segments) or subsegmental (angiosome)	 Radiation Lobectomy Unilobar HCC (Disease control & contralateral hypertrophy)	
Patient Selection	CP A/B7* UNOS T1-T3	CP B7-C** UNOS T1-T3	CP A*** UNOS T2-T3, Unilobar T4a
Treatment planning and delivery	Single Compartment Perfused volume dose ≥400 Gy	Single Compartment Lobar dose 140-150 Gy	Multicompartment Segmental dose ≥400 Gy + Lobar 100 Gy Tumor ≥205 Gy + Normal tissue <120 Gy
	Week 1 Wednesday – Week 2 Tuesday		
Recommendation	Strongly Recommended: A ≥ 80% consensus: Strong		Recommended: B ≥ 80% consensus: Strong

*Select B7 **May consider CP B7-C (rare scenario) if bridging/downstaging to transplant and segmental infusion possible. ***Unresectable due to inadequate FLR, biologic test of time, tumor retraction from hepatic vein/IVC, surgical delay or definitive treatment.

THERASPHERE OUTCOMES ACHIEVED WITHIN RECOMMENDED TREATMENT DAYS

Radiation per microsphere (RPM) across TheraSphere Y-90 Glass Microspheres clinical data

Dosimetry Steering Committee recommended treatment days³



See the latest



dosing consensus

Contact your TheraSphere Consultant or visit www.TheraSphere.com to learn more

1. Grosser OS, Ruf J, Pethé A, Kupitz D, Wissel H, Benckert C, Pech M, Rické J, Amthauer H. Urinary Excretion of Yttrium-90 after Radioembolization with Yttrium-90-Labeled Resin-based Microspheres. *Health Phys*. 2018 Jan;114(1):58-63. doi: 10.1097/HP.0000000000000734. PMID: 29049048.
2. Radiation per microsphere (RPM) is a number that refers to the specific activity (SA) of a microsphere (Bq/Sphere). The RPM for TheraSphere is calculated based on targeted values and process means. Actual RPM can vary between microspheres. All numbers as of Noon Eastern Time. Ref Technical Report 97124387.
3. Salem, R., Padia, S.A., Lam, M. et al. Clinical, dosimetric, and reporting considerations for Y-90 glass microspheres in hepatocellular carcinoma: updated 2022 recommendations from an international multidisciplinary working group. *Eur J Nucl Med Mol Imaging* 50, 328–343 (2023). <https://doi.org/10.1007/s00259-022-05956-w>
4. SIR-Spheres® Y-90 Resin Microspheres IFU <https://www.sirtex.com/media/169247/ssl-us-14-sir-spheres-microspheres-ifu-us.pdf>. Data on file.
5. ORR measured in total perfused tumor by mRECIST, 70.8% ORR for the target lesion and 61.7% ORR for all lesions. Lam, Marnix. A Global Study of Advanced Dosimetry in the Treatment of Hepatocellular Carcinoma with Yttrium-90 Glass Microspheres: Analyses from the TARGET Study. Presented at SIR. March 25, 2021.
6. Standard dosimetry arm (SDA) in DOSISPHERE received 120 +/- 20 Gy to the perfused lobe. Personalized dosimetry arm (PDA) had goal of >= 205 Gy to the index lesion, 250-300 Gy if possible and limit non-tumor tissue dose to <= 120 Gy. Survival and response were measured in the intention to treat (ITT) and modified (mITT) populations. Mean Absorbed Dose to perfused liver was 331.1±131.5 for PDA Arm, and 221.3±139.4 for SDA Arm. Garin E, et al. Personalised versus standard dosimetry approach of selective internal radiation therapy in patients with locally advanced hepatocellular carcinoma (DOSISPHERE-01): a randomised, multicentre, open-label phase 2 trial. *Lancet Gastroenterol Hepatol*. 2021; 6(1):17-29. doi:10.1016/S2468-1253(20)30290-9.
7. LEGACY reported three-year survival rate of 86.6%. Primary confirmed response rate of 72.2% by mRECIST and 46.3% by RECIST 1.1 and best response rate of 88.3% by mRECIST. Salem R, Johnson GE, Kim E, Riaz A, Bishay V, Boucher E, Fowers K, Lewandowski R, Padia SA. Yttrium-90 Radioembolization for the Treatment of Solitary, Unresectable Hepatocellular carcinoma: The LEGACY Study. *Hepatology*. 2021 Mar 19. doi: 10.1002/hep.31819.
8. Lam, Marnix. A Global Study of Advanced Dosimetry in the Treatment of Hepatocellular Carcinoma with Yttrium-90 Glass Microspheres: Analyses from the TARGET Study. Presented at SIR. March 25, 2021. 70.8% ORR for the target lesion and 61.7% ORR for all lesions and best response rate of 88.3% by mRECIST, after RECIST 1.1.
9. LEGACY reported three-year survival rate of 86.6%. Primary confirmed response rate of 72.2% by mRECIST and 46.3% by RECIST 1.1. Salem R, Johnson GE, Kim E, Riaz A, Bishay V, Boucher E, Fowers K, Lewandowski R, Padia SA. Yttrium-90 Radioembolization for the Treatment of Solitary, Unresectable Hepatocellular Carcinoma: The LEGACY Study. *Hepatology*. 2021 Mar 19. doi: 10.1002/hep.31819.
10. Pasciak, A. S., Abiola, G., Liddell, R. P., Crookston, N., Besharati, S., Donahue, D., Thompson, R. E., Frey, E., Anders, R. A., Dreher, M. R., & Weiss, C. R. (2019). The number of microspheres in Y90 radioembolization directly affects normal tissue radiation exposure. *European Journal of Nuclear Medicine and Molecular Imaging*, 47(4), 816–827. <https://doi.org/10.1007/s00259-019-04588-x>.
11. Young S., Chen T, Flanagan S et al. Realized tumor to normal ratios in hepatocellular carcinoma patients undergoing transarterial radioembolization: A retrospective evaluation. *Eur Radiol* 2022;32:4160-7
12. TheraSphere™ Y-90 Glass Microspheres DOSISPHERE-01 Study. Data on file.
13. TheraSphere™ Y-90 Glass Microspheres RASER Study. Data on file.
14. TheraSphere™ Y-90 Glass Microspheres LEGACY Study. Data on file.
15. TheraSphere™ Y-90 Glass Microspheres TARGET Study. Data on file.
16. Montazeri SA, De la Garza-Ramos C, Lewis AR, Lewis JT, LeGout JD, Sella DM, Paz-Fumagalli R, Devic Z, Ritchie CA, Frey GT, Vidal L, Croome KP, McKinney JM, Harnois D, Krishnan S, Patel T, Toskich BB. Hepatocellular carcinoma radiation segmentectomy treatment intensification prior to liver transplantation increases rates of complete pathologic necrosis: an explant analysis of 75 tumors. *Eur J Nucl Med Mol Imaging*. 2022 Sep;49(11):3892-3897. doi: 10.1007/s00259-022-05776-y. Epub 2022 Apr 20. PMID: 35441860.

TheraSphere™ Yttrium-90 Glass Microspheres

INDICATION FOR USE: TheraSphere is indicated for use as selective internal radiation therapy (SIRT) for local tumor control of solitary tumors (1-8 cm in diameter), in patients with unresectable hepatocellular carcinoma (HCC), Child-Pugh Score A cirrhosis, well-compensated liver function, no macrovascular invasion, and good performance status.

CONTRAINDICATIONS: TheraSphere is contraindicated in patients: • whose Tc-99m macroaggregated albumin (MAA) hepatic arterial perfusion scintigraphy shows any deposition to the gastrointestinal tract that may not be corrected by angiographic techniques • who show shunting of blood to the lungs that could result in delivery of greater than 16.5 mCi (0.61 GBq) of Y-90 to the lungs. Radiation pneumonitis has been seen rarely in patients receiving doses to the lungs greater than 30 Gy in a single treatment. • in whom hepatic artery catheterization is contraindicated, such as patients with vascular abnormalities or bleeding diathesis • who have pulmonary insufficiency (conventionally defined by an arterial oxygen pressure (Pa,O₂) of < 60 mmHg, or oxygen saturation (Sa,O₂) of < 90%) or severe liver dysfunction, including hepatic encephalopathy, clinically evident ascites or treatment with diuretics for ascites • with portal vein thrombosis (PVT) Type 4 involvement and lack of Tc-99m MAA deposition on the PVT seen on the Tc-99m MAA imaging with >70% tumor replacement in the liver • with comorbidities or poor overall health (e.g., ECOG performance status rating > 2) which may make the patient a poor candidate for locoregional radiation treatment. • who are pregnant. **WARNINGS:** The following pre-treatment, high-risk factors (disease characteristics) have been associated with serious adverse events deemed possibly related to use of the device: infiltrative tumor type • tumor nodules too numerous to count • AST or ALT > 5 times ULN • bilirubin > 2 mg/dL • tumor volume > 50% combined with albumin < 3 g/dL. Keep the TheraSphere dose vial upright and stored in its lead pot before and during patient treatment, except as required for radiation measurement. Do not open the dose vial acrylic shield prior to patient treatment. Post-treatment, waste materials require caution to prevent contamination and beta shielding due to residual glass microspheres. **PRECAUTIONS:** GENERAL PRECAUTIONS: As in any intra-arterial procedure, aseptic technique should be practiced, and care should be taken to ensure minimum patient anesthesia exposure extraneous to therapeutic objective. • Consideration of patient comorbidities should be used when determining the type and volume of fluid to infuse via catheter to avoid electrolyte imbalance, fluid shift, and hyperglycemia. • It is important to avoid any aggressive arterial procedure that may lead to arterial spasm that impairs TheraSphere distribution into the perfused liver target volume which may lead to underdosing or non-target deposition of TheraSphere. **PRECAUTION IN PATIENTS WITH IMPAIRED LIVER FUNCTION:** No efficacy or safety data from the LEGACY study are available to support the use of the device in patients with Child-Pugh score B or C cirrhosis. **PRECAUTION IN VULNERABLE PATIENTS:** No effectiveness or safety data are available to support the use of the device in children or breast-feeding women. **ENDOCRINE DISRUPTION, CARCINOGENICITY, MUTAGENICITY, TOXICITY TO REPRODUCTION:** Ideally the use of this radioactive device in women of childbearing capability should be performed during the first few (approximately 10) days following the onset of menses. **RADIATION SAFETY:** Radioactive products should be used only by healthcare professionals who are qualified by specific training in the safe use and handling of radionuclides and whose experience and training have been approved by the appropriate government agency authorized to license the use of radionuclides. • As in the use of any radioactive material, ensure minimum radiation exposure to the patient extraneous to the therapeutic objective, and to minimize radiation exposure to workers and others in contact with the patient. **RELEASE AND POST-TREATMENT PRECAUTIONS:** Post-treatment patient care: use universal precautions for body fluid contact. Trace Y-90 may be detectable in blood and urine; handle with gloves and dispose as normal body fluids. The radiation field is expected to be less than 1 mrem/h (10 µSv/h) at 3 ft (1 m) from the patient's abdomen. Supplemental shielding and segregation of the patient are not required to maintain exposure to others below regulated limits. • Release instructions: The patient should follow good hygiene (e.g., proper hand washing). Caregivers, family, and others do not require restrictions on patient contact; however, they can minimize their radiation exposure by avoiding prolonged time (>12 hours per day) within 1 ft (0.3 m) of the patient's abdomen for the first week post therapy. Patients should be advised that radiation emitted from the patient may be detectable at security screening (e.g., international travel). • Special precautions post-administration: If the patient requires hospitalization, surgery, medical assessment or treatment regarding any part of their thorax or abdomen within first 2 weeks of treatment, the patient should advise the hospital and treating physician of the Y-90 TheraSphere implant. The physician should consult their radiation safety staff for handling and disposal of liver tissue. • Special liver tissue handling: Special liver tissue handling may be required for post-treatment surgery, explant, or transplant since the glass microspheres remain permanently implanted in the liver tissue. Disclosure of the treatment will be required if cremation is considered. **POTENTIAL ADVERSE EVENTS:** The use of this product leads to irradiation of both tumorous and normal liver tissue. As a result, patients with compromised liver function may be at greater risk of liver function impairment and hence could experience complications. Clinical side effects usually occur within the first 4 to 6 weeks after treatment. Based on clinical trial data, literature reviews and post market surveillance, adverse events potentially associated with treatment using Y-90 microspheres, including TheraSphere, may include the following: Allergic reaction • Altered liver function, acute or chronic • Anorexia • Anxiety • Ascites • Bile Duct injury • Bleeding/hemorrhage • Chills / rigors • Cholecystitis (inflammatory or infectious) • Colitis • Death • Dehydration • Diarrhea • Dizziness • Dyspnea • Edema (any location) • Electrolyte abnormalities • Elevated BUN/creatinine • Fall • Fatigue • Fever • Gastrointestinal bleeding / hemorrhage • Gastrointestinal ulcer or ulceration • Hepatic encephalopathy • Hepatorenal failure • Hiccups • Hypertension • Hypotension • Infection (any location) • Liver failure, acute or chronic • Lymphopenia • Malaise • Mood alteration • Muscle weakness • Nausea • Neutropenia • Pain (any location) • Pancreatitis • Platelet count abnormalities • Pleural effusion • Portal hypertension • Pre-existing chronic liver disease decompensation • Pulmonary edema • Pulmonary fibrosis • Radiation hepatitis • Radiation induced disease, acute • Radio Embolization Induced Liver Disease (REILD) • Sepsis • Supraventricular arrhythmia • Thrombosis (arterial or venous) • Tumor inflammation (including tumor edema) • Tumor-lysis syndrome • Vomiting • Weight loss. Complications related to the administration procedure itself may include: Allergic reaction: Arterial injury including vessel dissection • Aspiration pneumonia • Bruising/bleeding/hematoma at site • Constipation/abdominal distension • Fatigue • Flushing • Infection • Nausea • Nerve damage. **CAUTION:** Federal (USA) law restricts this device to sale by or on order of a physician. PI-992004-AA. **Note:** Dose to the liver does not exceed 150 Gy.

Simplicity90™ Personalized Dosimetry Software

Intended Use (US Only): Simplicity90™ is intended to be used by trained medical professionals for TheraSphere™ pre-treatment dosimetry planning and post-treatment dosimetry evaluation following Y90 treatment. Simplicity90 is a medical image and information management system that is intended to receive, transmit, store, retrieve, display and process digital medical images, as well as create, display and print reports from those images. The medical modalities of these medical imaging systems include, but are not limited to, CT, MRI, SPECT and PET. Simplicity90 provides the user with the means to display, register and fuse medical images from multiple modalities. Simplicity90 provides tools to create, transform, and modify contours for the user to define objects in medical image volumes for use in TheraSphere pre-treatment dosimetry planning and for post-treatment dosimetry. The objects include, but are not limited to, tumors and normal tissues. For post-Yttrium-90 (Y90) treatment, Simplicity90 should only be used for the retrospective determination of dose and should not be used to prospectively calculate dose or for the case where there is a need for retreatment using Y90 microspheres.

Indication for Use (US Only): Simplicity90 is a standalone software device that is used by trained medical professionals as a tool to aid in evaluation and information management of digital medical images. Simplicity90 supports the reading, rendering and display of a range of DICOM compliant imaging and related formats including but not limited to CT, PT, NM, SPECT, MR, SC, RTSS. Simplicity90 enables the saving of sessions in a proprietary format as well as the export of formats including CSV and PDF files. Simplicity90 is indicated, as an accessory to TheraSphere, to provide pre-treatment dosimetry planning support including Lung Shunt Fraction estimation (based on planar scintigraphy) and liver single-compartment MIRD schema dosimetry, in accordance with TheraSphere labelling. Simplicity90 provides tools to create, transform, and modify contours/Regions of Interest for calculation of Lung Shunt Fraction and Perfused Volume. Simplicity90 includes features to aid in TheraSphere dose vial selection, dose vial ordering and creation of customizable reports. Simplicity90 is indicated for post-treatment dosimetry and evaluation following Yttrium-90 (Y-90) microsphere treatment. Simplicity90 provides tools to create, transform, and modify contours/Regions of Interest for the user to define objects in medical image volumes to support TheraSphere post-Y-90 treatment calculation and evaluation. The objects include, but are not limited to, tumors and normal tissues, and liver volumes. Simplicity90 is indicated for registration, fusion display and review of medical images allowing medical professionals to incorporate images, such as CT, MRI, PET, CBCT and SPECT in TheraSphere Yttrium-90 (Y-90) microspheres pre-treatment planning and post-Y-90 treatment evaluation. For post-Yttrium-90 (Y-90) treatment, Simplicity90 should only be used for the retrospective determination of dose and should not be used to prospectively calculate dose or for the case where there is a need for retreatment using Y-90 microspheres. PI-994110-AA

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