RENOVO | RX



Investor Presentation

NASDAQ | RNXT

Delivering therapy where it matters®

November 2026

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Cautionary Note Regarding Forward-Looking Statements

This presentation and statements of the Company's management made in connection therewith contain forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, and Section 21E of the Securities Exchange Act of 1934, including but not limited to statements regarding (i) our clinical trials and studies (including expectations for trial completion and data read out of our Phase III TIGeR-PaC clinical trial), (ii) the potential for our product candidates and our TAMP technology (enabled by RenovoCath®) to treat or provide clinically meaningful outcomes for certain medical conditions or diseases, (iii) our efforts to commercialize our RenovoCath and TAMP technology for use in treating pancreatic and other solid tumor cancers, (iv) our expected financial results from such efforts, including our estimates for 2026 annual revenue and anticipated active commercial sites, as well as statements regarding our cash runway and (v) our estimates regarding total addressable market and serviceable addressable market for RenovoCath. Statements that are not purely historical are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "anticipate," "believe," "can," "continue," "could," "estimate," "expect," "intend," "may," "might," "objective," "goal," "aim," "ongoing," "plan," "potential," "predict," "project," "future," "should," "will," "would," "in the future" or the negative or derivations of these terms or other comparable terminology referring to the future, although not all forward-looking statements contain such terminology. Forward-looking statements are based upon our current expectations and beliefs regarding future events, many of which, by their nature, are inherently uncertain, outside of our control and involve assumptions that may never materialize or may prove to be incorrect. Our estimates, projections and statements are subject to significant known and unknown risks and uncertainties that may cause actual results to differ materially and adversely from those expressed or implied by these forward-looking statements. These risks include, among others: (i) the risk that our commercial efforts for our TAMP technology (enabled by RenovoCath) may not lead to the achievement of our revenue forecasts or to viable, revenue generating operations in general or to the attainment of the number of active cancer center customers we expect; (ii) the timing of the initiation, progress, completion and potential results (including the results of interim analyses and final trial data) of our preclinical studies, clinical trials, and our research programs (notably with respect to our Phase III TIGeR-PaC trial); (iii) the possibility that interim results may not be predictive of the outcome of our clinical trials, which may not demonstrate sufficient safety and efficacy to support regulatory approval of our IAG product candidate; (iv) that applicable regulatory authorities may disagree with our interpretation of the data, research, and clinical development plans and timelines, and the regulatory process for our product candidates; (v) our ability to use and expand our TAMP therapy platform for drug-delivery to treat other forms of cancer or to build a pipeline of product candidates; (vi) the timing or likelihood of regulatory filings and approvals, which is uncertain; (vii) our ability to successfully manufacture and supply RenovoCath as part of our commercial or clinical efforts; (viii) risks regarding expenses, potential future revenue, capital requirements, needs for additional financing, our ability to obtain additional capital when needed and our ability to maintain the listing of our common stock on Nasdaq; (ix) the sufficiency of our existing cash and cash equivalents to fund our future operating expenses and capital expenditure requirements; (x) our ability to retain the continued service of our key personnel and to identify, hire and retain additional qualified personnel; (xi) the scope of protection we are able to establish and maintain for intellectual property rights, including our therapy platform, product candidates, and research programs; (xii) the pricing, coverage, and reimbursement for RenovoCath and our IAG product candidate, if approved; and (xiii) developments relating to our competitors and our industry, including competing products, product candidates and therapies. Information regarding the foregoing and additional risks may be found in the section entitled "Risk Factors" in documents that we file from time to time with the Securities and Exchange Commission. As a result of the foregoing, you are cautioned not to place undue reliance on forward-looking statements. Forward-looking statements included herein are made as of the date hereof, and RenovoRx does not undertake any obligation to update publicly such forward-looking statements to reflect subsequent events or circumstances, except as required by law.

RenovoRx at a Glance

Commercial-stage company with high margin life sciences business scaling rapidly

Driving adoption of **FDA-cleared RenovoCath®** across **26 U.S. commercial cancer centers (as of 11/5/26) and growing**, accelerating market penetration and strengthening commercial momentum.

Estimated targeted annual revenue opportunity of ~$400 million for RenovoCath as standalone device.[1]

Developing combination therapies based on **proprietary Trans-Arterial Micro-Perfusion (TAMP™) platform**; awarded 3 FDA Orphan Drug Designations.

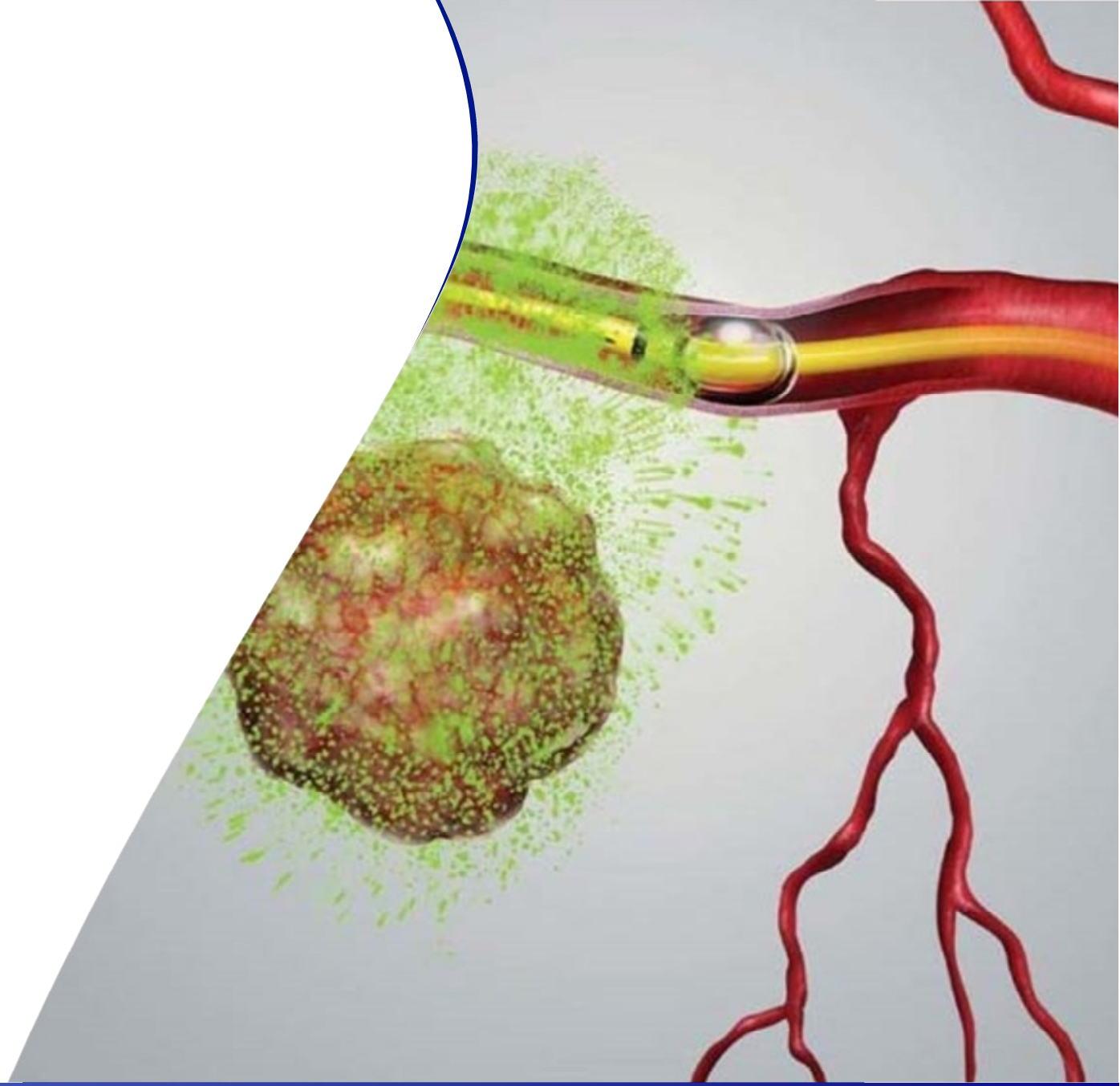
Phase III TIGeR-PaC achieved full enrollment in August 2026; initial topline data anticipated in the second half of 2027. TIGeR-PaC is evaluating intra-arterial gemcitabine delivered via RenovoCath (known as "**IAG**") in locally advanced pancreatic cancer (LAPC).

Led by **experienced Leadership** Team and Board of Directors.

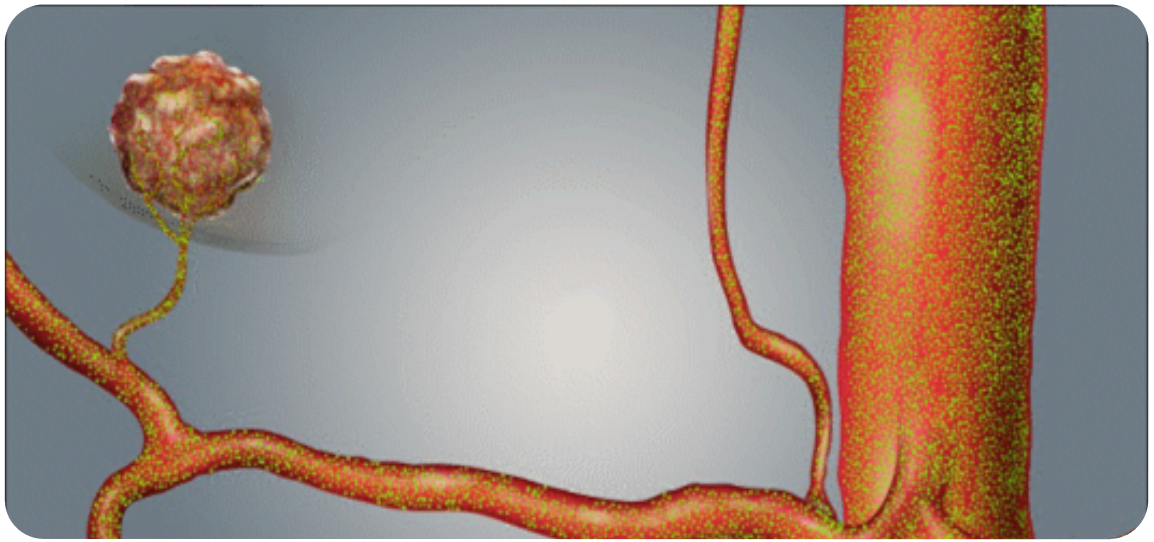
[1] *Based on Internal RenovoRx Estimates*

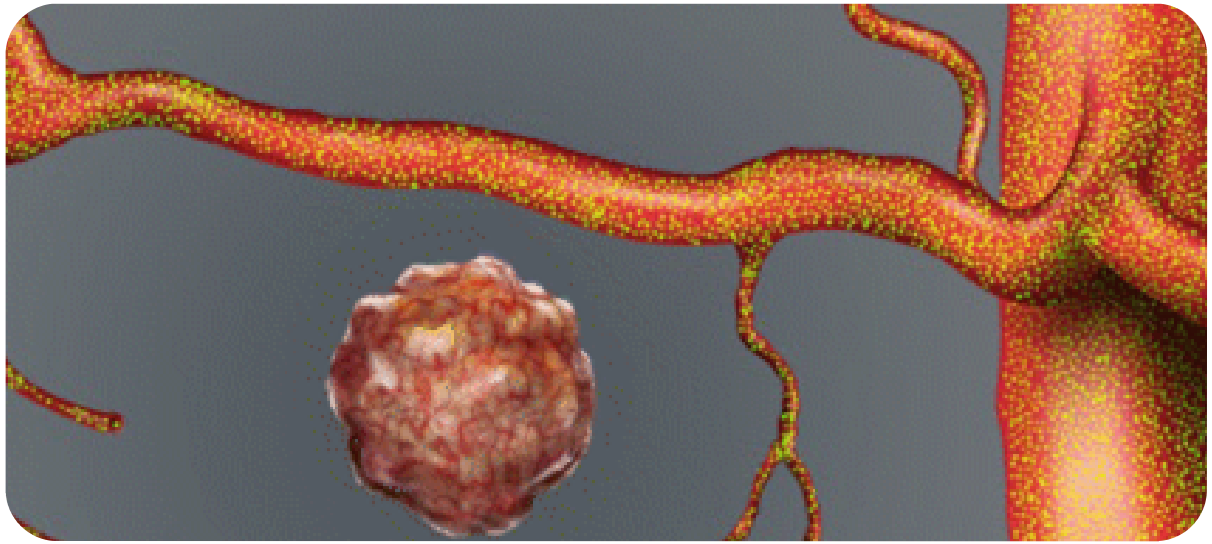
Proprietary Trans-Arterial Micro-Perfusion (TAMP) Therapy Platform

Enabled by RenovoCath



Addressing a Significant Problem in Cancer Treatment





Hypervascular tumors are inadequately treated with current therapies

For example, liver tumors are highly vascularized

- Large tumor feeders = possible access for systemic therapy
- Feeders can be accessed and treated with current local therapy techniques
- Despite the abundance of blood vessels, systemic therapy may not always be effective due to drug delivery challenges
- Techniques like trans-arterial chemoembolization (TACE) and radioembolization are commonly used

Hypovascular tumors = major barrier to chemotherapy treatment success

Many tumors, like pancreatic tumors, bile duct tumors, etc. have poor blood supply

- No visible tumor feeder vessels
- Systemic therapy does not reach tumor tissue in high concentrations
- Inability to identify or engage tumor feeder vessels: local therapy ineffective
- Poor perfusion impacts drug delivery, leading to lower treatment efficacy

RenovoRx addresses this unmet medical need

TAMP

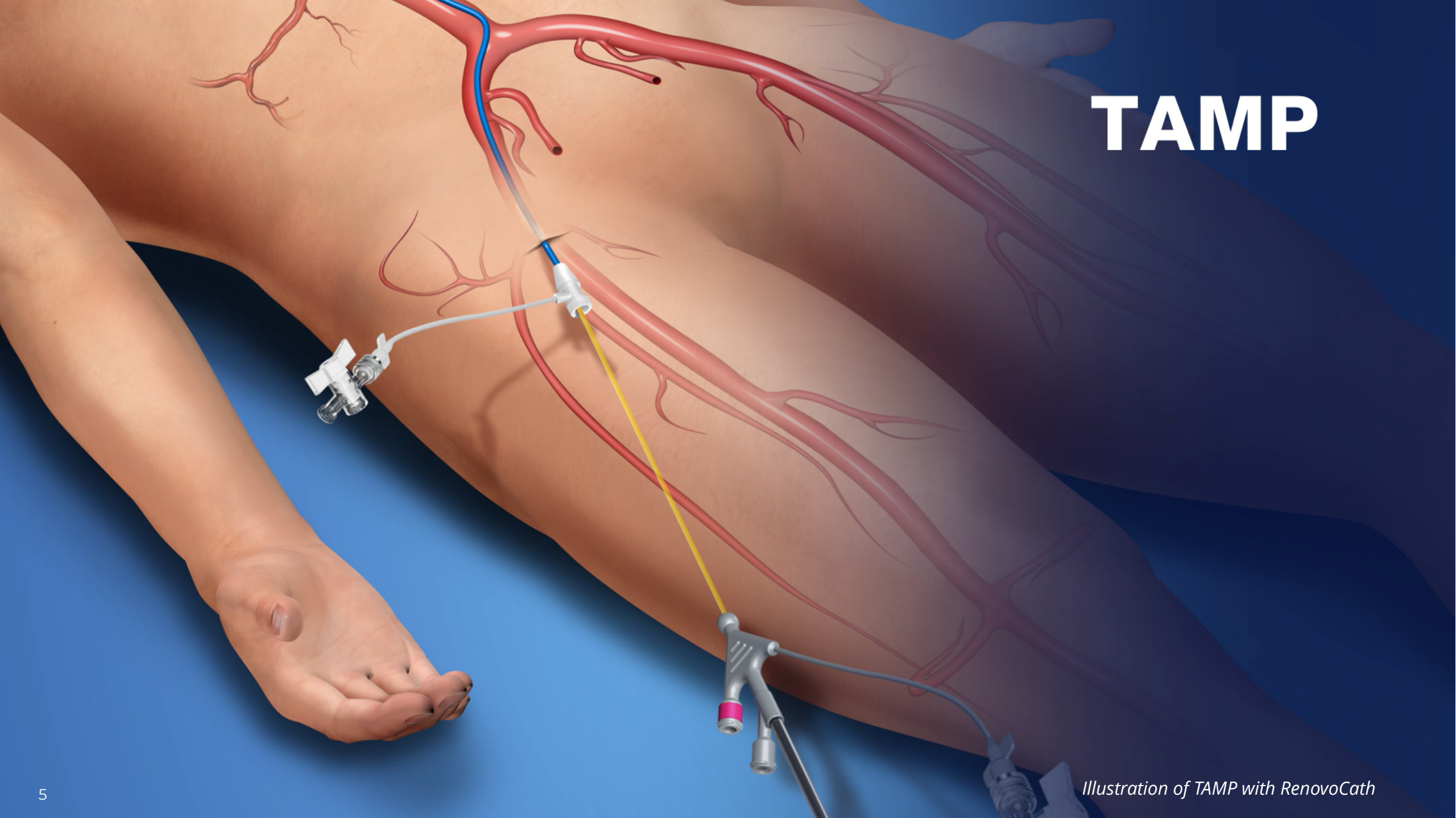
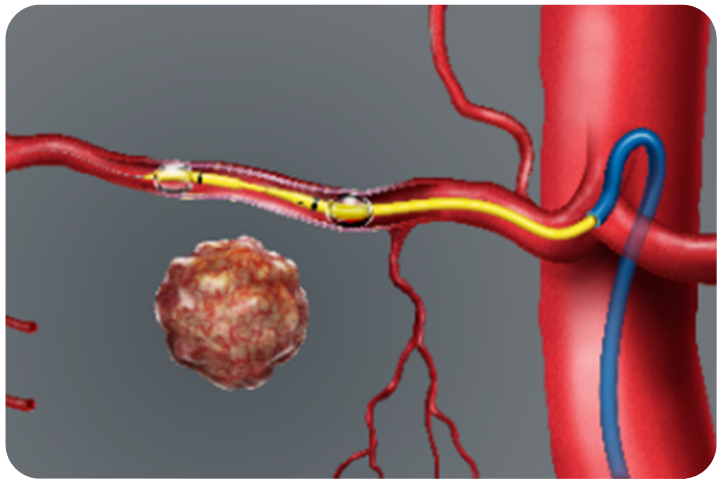
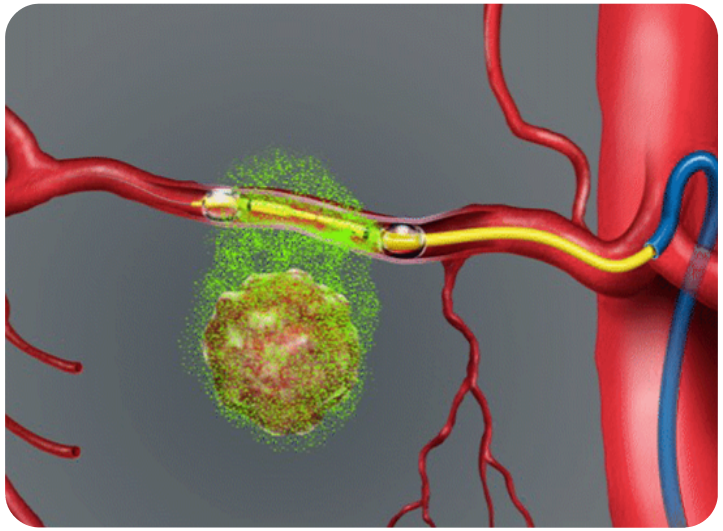


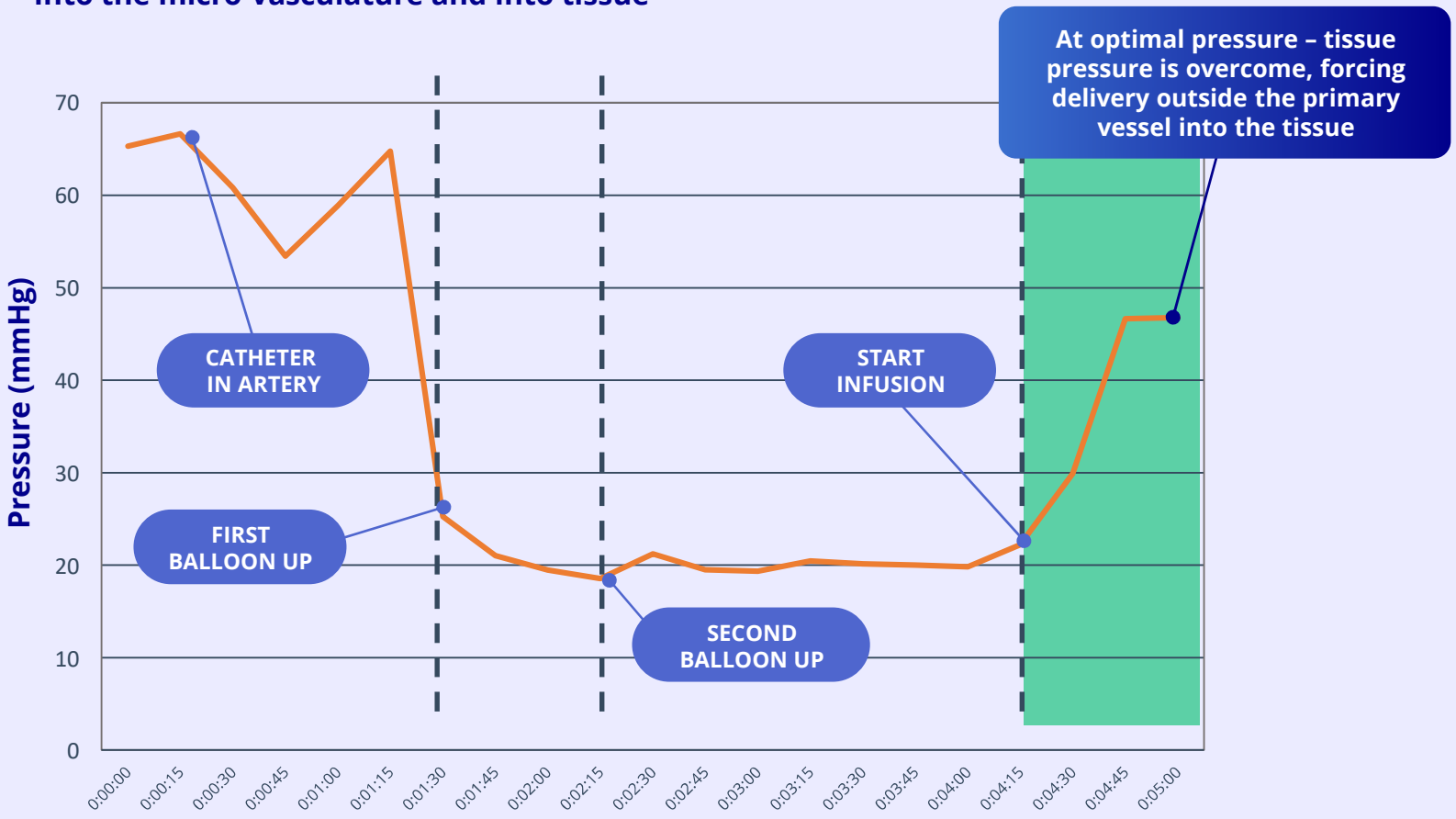
Illustration of TAMP with RenovoCath

Mechanism: Trans-Arterial Micro-Perfusion (TAMP)





Mechanism: after vessel isolation, increase in pressure forces drug across the artery wall into the micro-vasculature and into tissue

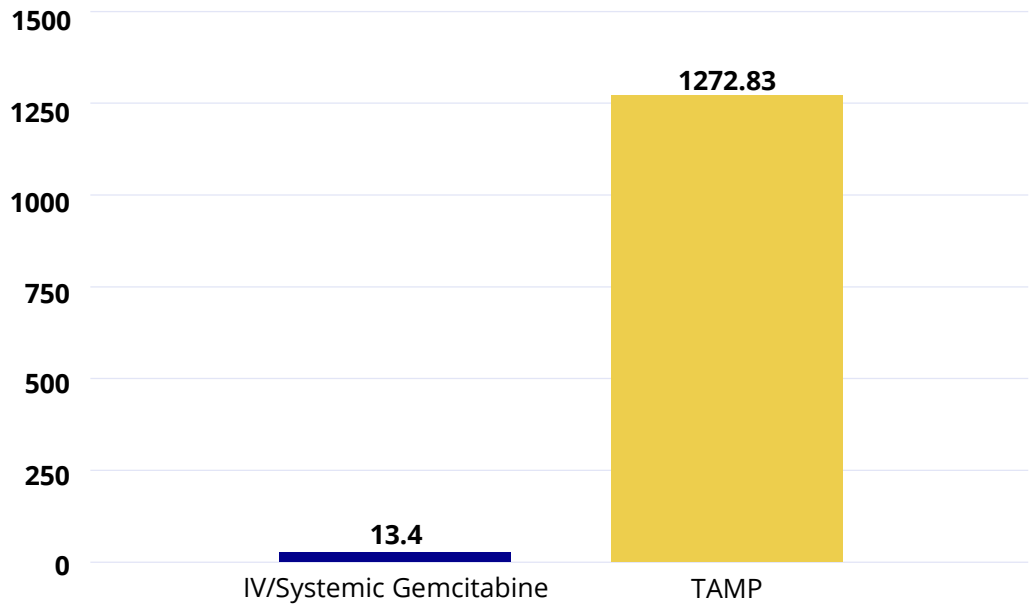


Source – RenovoRx Internal Animal Data presented at medical conferences.

TAMP Improves a Drug's Therapeutic Index

Increases Drug Concentration to Target Pathological Site by ~100X[1]

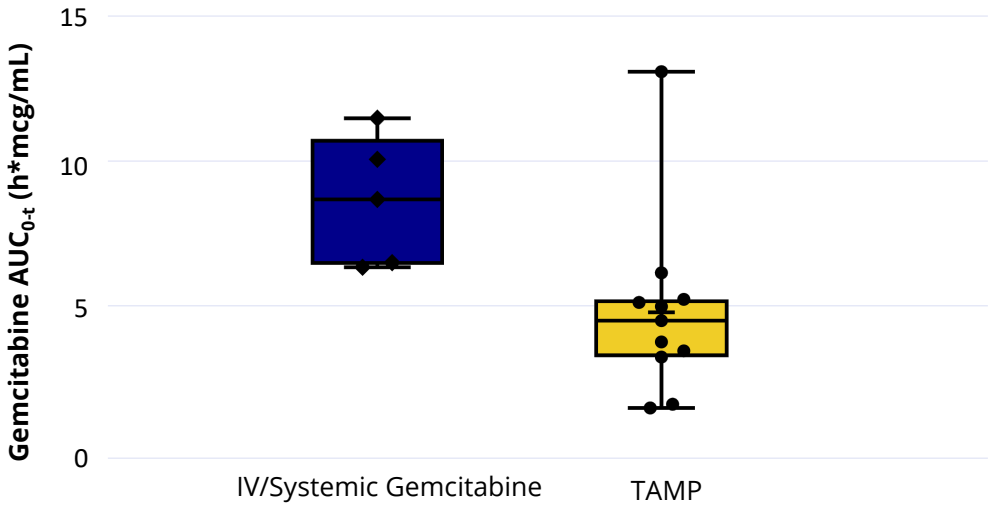
Tissue Concentration Gem (mcg/g)



[1]Compared to IV Administration, as demonstrated in animal studies published in JVIR 2024 Article

IA Reduces Systemic Drug Exposure by 46.6% Compared to IV Administration[2]

Drug Exposure IA vs. IV route



Impact of route of administration on drug exposure (area under the plasma concentration curve from time 0 to the last observable concentration [AUC0-t]; h*mcg/mL; p=0.018)

[2] Novelli PM, et al. *Cancer Chemotherapy Pharmacology*. 2026;96:91. doi:10.1007/s00280-026-04939-0.

New PK data, presented at ASCO-GI 2026, from sub-study in Phase III trial strengthens scientific basis for TAMP as a targeted drug-delivery approach. These data show significantly lower systemic drug exposure compared to IV and provide further evidence that TAMP and IAG may offer the potential to deliver treatment more efficiently, improving local effectiveness while minimizing chemotherapy-related side effects.

Patient and Physician Experience

RenovoCath

RenovoCath Patient Experience

- Typically, 5-10 treatments per year with disposable device (no implant)
- 20-minute infusion; ~90-minute **outpatient procedure** (shorter for subsequent procedures)
- Patients generally not put under general anesthesia (primarily conscious sedation for comfort)

RenovoCath Physician Experience

- Procedure easy to learn for interventional radiologists
- Transferable techniques utilized in liver-directed therapies resulting in fast learning curve for physicians
- Physicians demonstrate expertise after 2-3 proctored procedures and can train their colleagues

VS

Other Treatment Options

Other Patient Experience

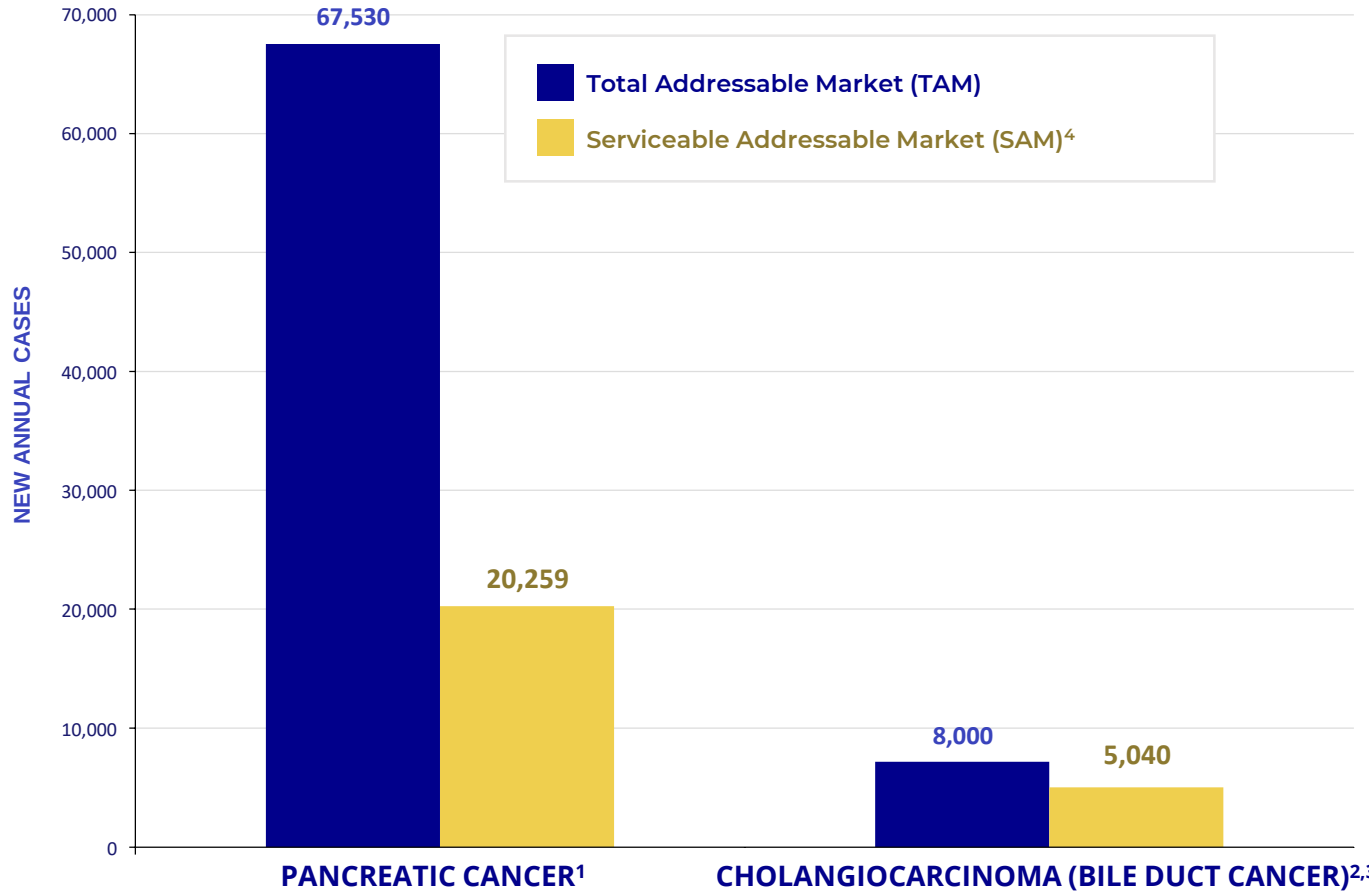
- Traditional systemic gemcitabine + Abraxane: 12 hospital/clinic visits over 4-month period or longer
- Other technologies may require overnight stay
- Other technologies may require general anesthesia
- Systemic chemo associated with days of lasting side effects

Other Physician Experience

- Majority of novel technologies require large sales/physician proctoring efforts with training courses and/or on-site support for every procedure

RenovoCath: A Drug-Delivery Platform Able to Serve Multiple Markets

INITIAL TARGETED ONCOLOGY APPLICATIONS IN UNITED STATES



US TAM $	$3.4 B	$408 M
US SAM $	$1.0 B	$257M

GROWTH POTENTIAL

Expansion Opportunities Could Increase SAM:

- Near-Term:
  - Borderline resectable pancreatic cancer
  - Metastatic pancreatic cancer
  - Sarcoma
  - Cholangiocarcinoma
- Longer-Term
  - Non-small cell lung cancer
  - Glioblastoma
  - Pelvic tumors
  - Other indications

1. seer.cancer.gov/statfacts/html/pancreas.html
2. https://www.cancer.gov/pediatric-adult-rare-tumor/rare-tumors/rare-digestive-system-tumors/cholangiocarcinoma
3. https://pmc.ncbi.nlm.nih.gov/articles/PMC4492336/
4. https://curesarcoma.org/sarcoma-education/2026-sarcoma-statistics/
5. Serviceable Addressable Market is Based on Percentages of RenovoRx's Internal Analysis of Total Addressable Market

Commercial Opportunity
RenovoCath Standalone, FDA-Cleared Drug-Delivery Device



High Margin Large Market Opportunity for RenovoCath Standalone Device

RenovoCath US Market Opportunity

Analogous pressure-mediated delivery catheter ASPs	**$8k-$8.5k/unit[1]**
Annual average procedures	**~5-10 per patient[2]**
Annual revenue opportunity	**$400M[3]**

[1] https://trisaluslifesci.com/wp-content/uploads/2025/01/TLSI-corporate-deck-011425-Final-2.pdf
[2] Internal estimate based current patient data
[3] Assuming attaining 33% of RenovoRx estimated addressable market (SAM)

High Margin Business Model

Gross Margins (Actual)	**~85%**
Required overhead	**Low**
Operating Margins (Target)	**30%**

Patented Highly Defensible Position

RenovoRx holds a robust global IP portfolio of 10 issued or allowed US patents, 10 issued OUS patents, 6 pending US cases, 7 pending OUS cases and 2 pending PCT applications.

- Patent protection through 2045
- TAMP-specific cases (covering pressure-mediated trans-arterial delivery) expire 2038
- RenovoRx kit claims expire 2032
- Dual-occlusion device patent expires 2031
- First RenovoRx patent expires December 2030

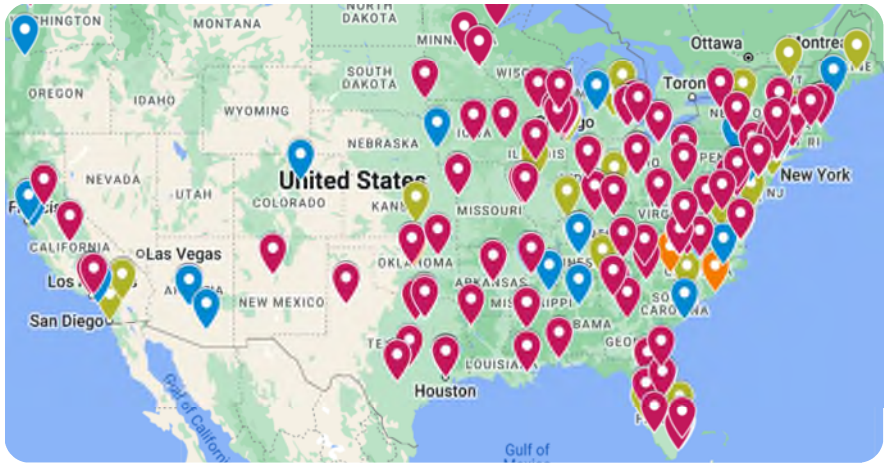
Disclaimer – We have based our estimates of total addressable market size, peak annual sales projections and similar matters above and elsewhere in this presentation on our market research, third-party reports and publicly available information which we consider reliable. However, readers are cautioned our projected sales and similar metrics are merely our current, preliminary estimates and are subject to many risk factors, many of which are or may be beyond our control. As such, no assurances are given that such estimates will prove to be accurate.

RenovoCath Go-to-Market Strategy

2026 Commercialization Ramp Builds on 2025 Limited Market Launch, Delivering Record Revenue Growth

Concentrated Market: fewer than 200 hospitals treat majority of estimated patients where RenovoCath is seeing interest in utilization

Top 25 hospitals account for ~40% of all pancreatic cancer diagnoses, and top 100 hospitals represent ~75% of total diagnoses



RenovoCath potential high-volume centers[1]

Initial target customers have expressed interest in treating a minimum of 6-12 patients with RenovoCath annually (>5 treatments per patient)[2]

[1] For illustrative purposes only, [2] 70+ physician interviews

Go-To-Market Strategy

Broadening adoption momentum: Customer pipeline continues to expand across high-volume NCI-designated centers, academic institutions, and large community centers.

Capital-efficient commercialization with disciplined scale-up underway

- **Record Q3 2026 revenue of $1.07M**, exceeding million-dollar threshold, representing >four-fold increase YoY
- **Nine-months 2026 revenue reached $2.5M**, demonstrating strong momentum and continued acceleration
- **Lean, fully staffed sales team (VP and 5 reps)** with deep market expertise can cover the top 100+ hospitals within the existing operating budget, supporting scalable growth in 2026 and beyond

RenovoCath Commercialization Update (as of 11/5/26)

Commercialization Activities Demonstrate Momentum Building Across Business and Reinforce Confidence into 2027

RenovoCath customers actively treating patients: 26 cancer centers

Additional RenovoCath customers in various stages of evaluation, approval, and onboarding: >40 cancer centers

Customer pipeline expansion: >65 total centers in commercial funnel

- Key performance indicators predict future revenue: new account activations + repeat ordering + commercial funnel
- Revenue stability and growth: 2026 providing improved visibility into timing of cashflow breakeven, with revenue ramp underway
- Cash position provides runway to fund operations into the second half of 2027, as RenovoRx continues to work towards our goal of cash flow positive operations
- With patient enrollment complete, Phase III TIGeR-PaC trial sites that have used RenovoCath are positioned to transition into commercial cancer center customers, several have already begun transitioning
- 2026 annual revenue guidance in range of $3.75M to $4.25M

Combination Pipeline, Registry & IIT Strategy

Centers can bill for the TAMP procedure regardless of the target tumor or agent administered.
RenovoRx is running Phase III TIGeR-PaC (fully enrolled as of August 2026) and supports* Investigator Initiated Trials *(IITs) and registry studies across agents and tumor types.

Drug	Indication	Development Stage	Participating Site	Notes
Gemcitabine	Locally Advanced Pancreatic Cancer (LAPC)	Phase III (TIGeR-PaC), fully enrolled	—	Orphan Drug Status
	Borderline Resectable Pancreatic Cancer	Single Center IIT ongoing; additional IITs under consideration	University of Vermont Cancer Center; Others – TBD	Orphan Drug Status
	Extrahepatic Cholangiocarcinoma	Exploratory IIT collaboration	City of Hope Cancer Center	Orphan Drug Status
Oxaliplatin	Metastatic Pancreatic Cancer	Exploratory IIT collaboration	Moffitt Cancer Center, Tampa	Orphan Drug Status
Various	Solid tumors	Post-Marketing Registry (RR5)	Baptist Health Miami Cancer Institute; University of Pittsburgh Medical Center	—
Additional agents under exploration: KRAS inhibitors, oncolytic viruses, others				

Registry and IIT Objectives

Expand real-world safety and efficacy data of TAMP in solid tumors. These **capital-efficient** studies could enable label expansion, inform future trials, and support reimbursement and broader adoption.

RR5 Registry feedback

"This study provides a crucial opportunity to evaluate how RenovoCath can improve drug-delivery in patients diagnosed with solid tumors, while potentially, and importantly, improving survival and quality-of-life outcomes."

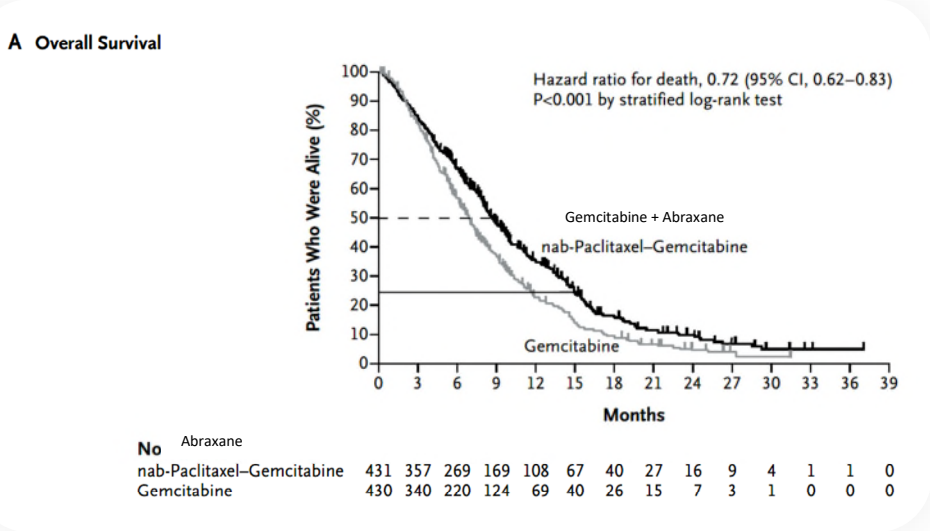
–Dr. Conor O'Neill, University of Vermont Cancer Center

Pivotal Phase III TIGeR-PaC Clinical Trial (NCT03257033) in Locally Advanced Pancreatic Cancer (LAPC)



Significant Unmet Need

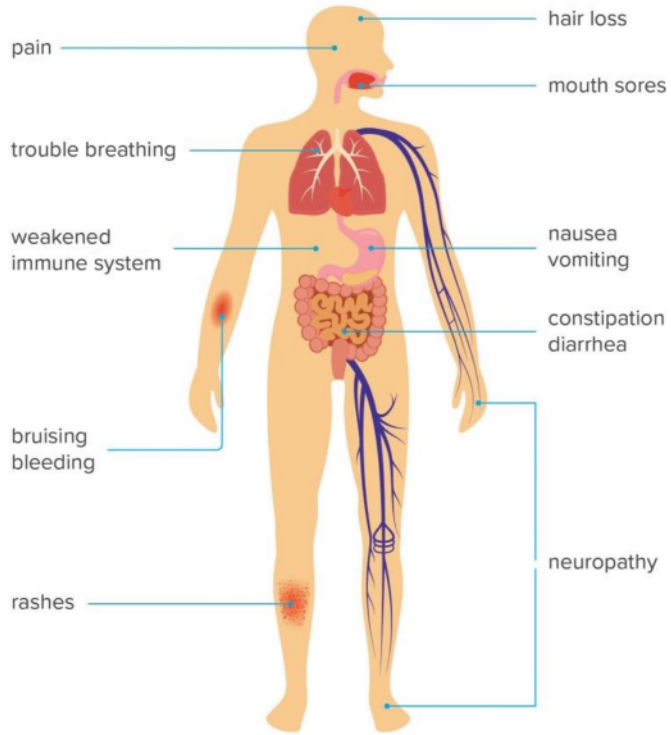
Three FDA approvals for first line pancreatic cancer in the last 10 years showed minimal Median Overall Survival (OS) benefit and increased toxicity[1]



Abraxane obtained FDA approval in 2013 on a **7-week** Median Overall Survival (OS) benefit[2]



38% Grade 3 or Higher Neutropenia and **17% Neuropathy[4]**

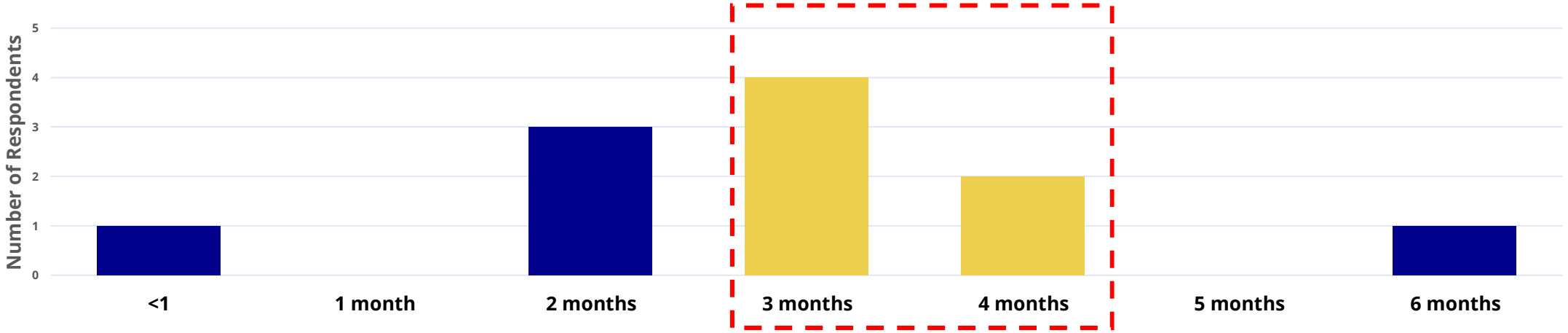


Olaparib received full FDA approval in 4Q 2019 with no Median OS Difference (<4-mo PFS benefit); Onivyde received FDA approval on a 1.9-mo Median OS benefit in 2015[3].

[1] https://www.cancer.gov/news-events/cancer-currents-blog/2015/irinotecan-liposome-pancreatic
[2] https://www.accessdata.fda.gov/drugsatfda_docs/nda/2013/021660Orig1s037.pdf
[3] https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-olaparib-gbrcam-metastatic-pancreatic-adenocarcinoma
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7479547/

Potential Market Penetration Based on Modest Efficacy from TIGeR-PaC

Independent interviews suggest oncologists likely to adopt gemcitabine delivered via RenovoCath w/ at least 3–4-month OS benefit and toxicity improvement are met



Source – FSI Interviews (multiple responses permitted per respondent)

Testimonials

"Any amount of time, if it is from a phase III. ***We started using erlotinib about 15 years ago based on a 14-day benefit.****"*

– Abushahin, MedOnc, The Ohio State University

"The idea of an infusional therapy, ***avoiding systemic toxicity is appealing.****"*

– Iyer, MedOnc, Roswell

"This targets local vessel involvement and ***you can up the delivery of concentration.****"*

– Astsaturov, HemOnc, Fox Chase

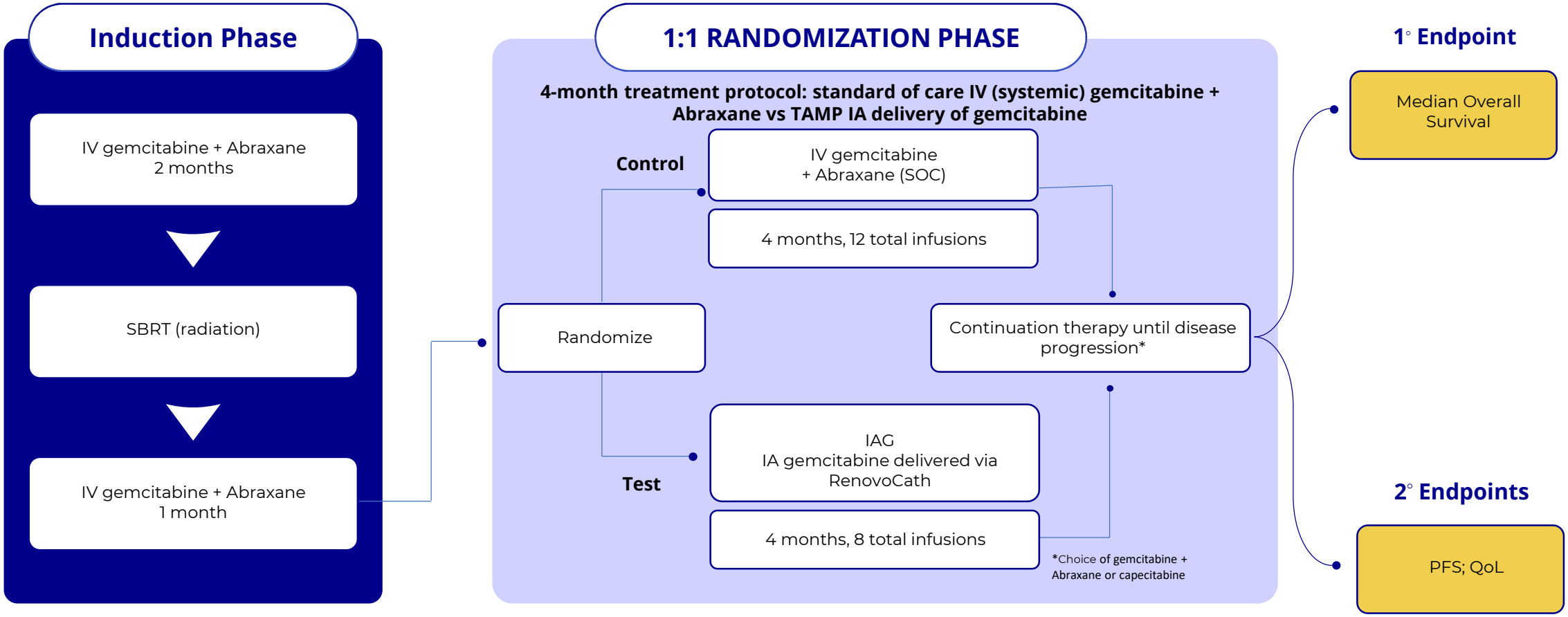
"What do we do with the [unresectable] patients that don't develop metastatic disease for a while? We've essentially talked only about two lines of treatment. But eventually, ***toxicity builds up*** *and they can't tolerate treatment. For that subset of patients…it would be* ***highly attractive to offer them something like this.****"*

– Mettu, MedOnc, Duke

Disclaimer – This data is based upon independent interviews conducted by Fletcher Spaght, Inc. in 2019. Intra-arterial delivery of gemcitabine via the RenovoCath® is currently in an ongoing Phase III randomized multi-center study evaluating its use for the treatment of locally advanced pancreatic cancer, this drug/device combination has not been approved by the FDA or any regulatory authority and is limited to investigational use only. The mechanism of action for this combination is theoretical only, based on currently available scientific evidence and product design, and may not be reflective of what happens in the human body.

TIGeR-PaC Phase III Randomized Trial Design

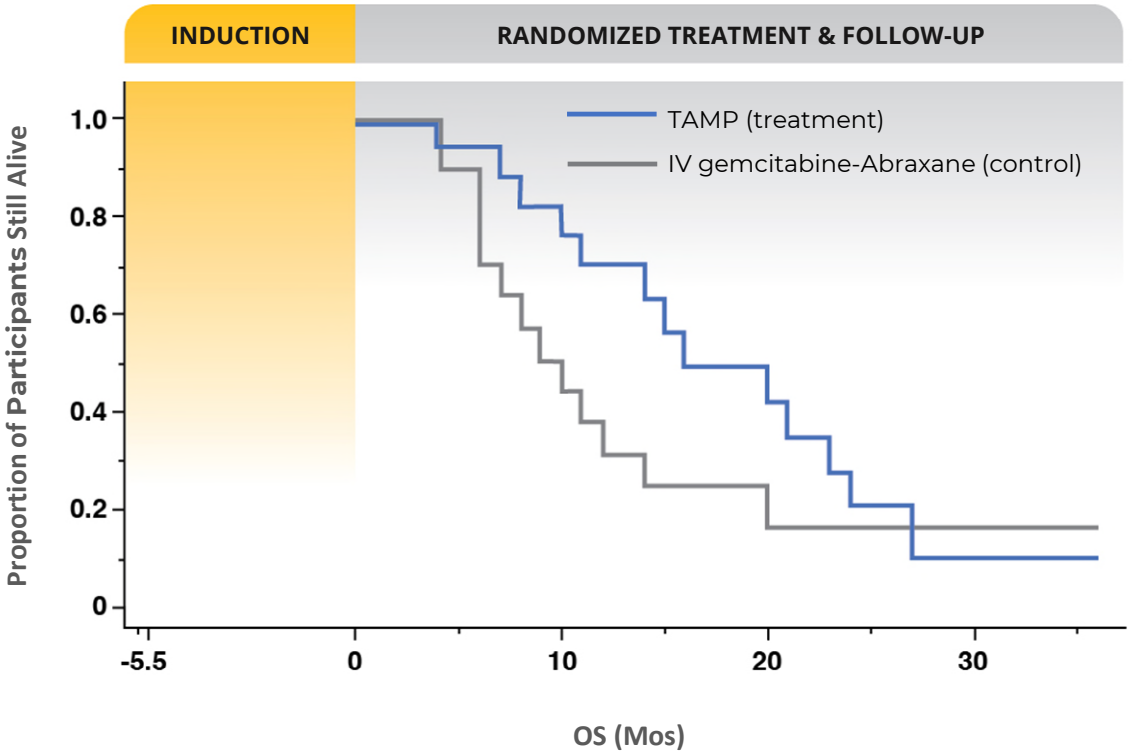
Combination Product Trial for TAMP Delivery of Intra-Arterial (IA) Gemcitabine (IAG) via FDA-Cleared RenovoCath in Locally Advanced Pancreatic Cancer (LAPC)



First Pre-Planned Interim Analysis presented at AACR and ESMO GI 2023

TAMP (IA Gemcitabine via RenovoCath): 6-Month Median OS Benefit vs. IV (Systemic) Gemcitabine + Abraxane

TIGeR-PaC phase III first interim analysis



Data Presented at AACR 2023 and ESMO GI 2023

Data on 45 patients randomized

- 23 randomized to RenovoCath plus Gemcitabine
- 22 randomized to IV gemcitabine + Abraxane

Median Overall Survival Difference: 6 Months

TAMP (test arm)

Avg 5.5 mos dx to randomization

~16 mos from randomization

~21.5 Months from diagnosis

Approx. 21.5 months from diagnosis

IV Gem+Abraxane (control arm)

Avg 5.5 mos dx to randomization

~10 mos from randomization

~15.5 Months from diagnosis

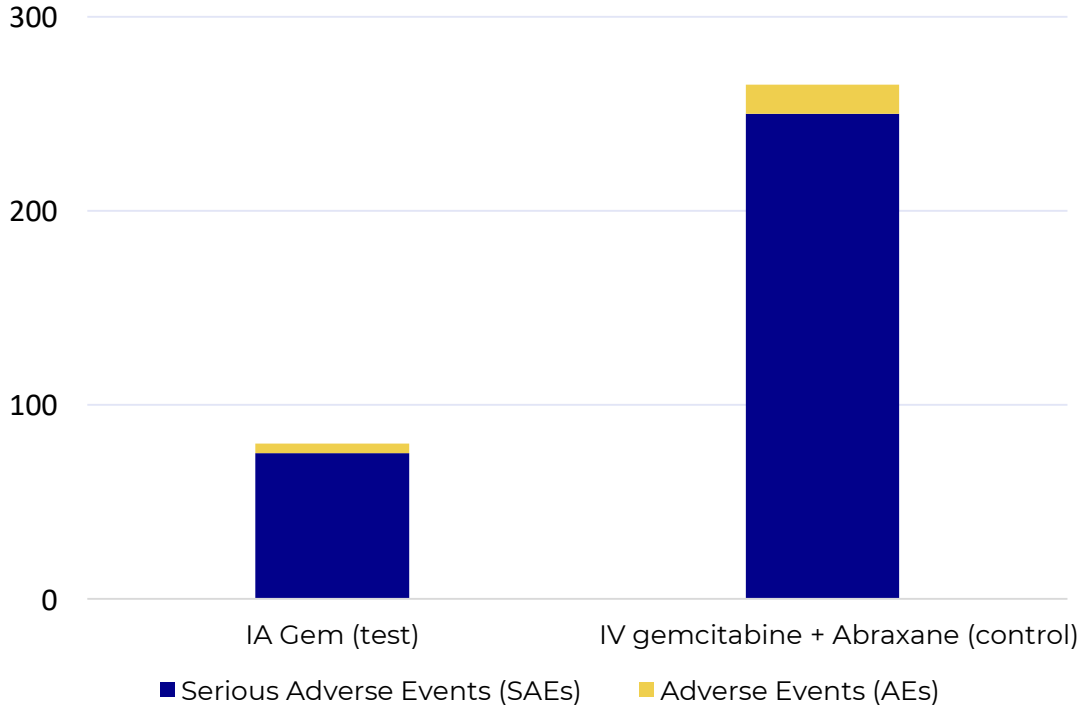
Approx. 15.5 months from diagnosis

Statistical significance was not reached to stop the study early

TAMP (IA Gem) via RenovoCath: Fewer AEs and SAEs vs IV (systemic) Gemcitabine + Abraxane

TIGeR-PaC phase III first interim analysis

65% fewer total AEs and SAEs in IA vs. IV arm



Data Presented at AACR 2023 and ESMO GI 2023

Fewer AEs in 11/13 categories with greater than 10% frequency in each arm (All Grades)

Adverse Events	IV Gem + Pac	IA Gem
Neutropenia	81%	21%
Anemia	48%	8%
Thrombocytopenia	38%	4%
Elevated AST	33%	4%
Elevated ALT	29%	13%
Fatigue	19%	8%
Neuropathy	19%	0%
Dehydration	19%	8%
Hypertension	14%	4%
Hypokalemia	14%	4%
Hypoalbuminemia	14%	4%
Abdominal Pain	0%	21%
Nausea	10%	17%

RNXT Financial Highlights

Record Q3 2026 Revenue of $1.07M, exceeding million-dollar threshold, up > four-fold YoY

- Driven by accelerating commercial adoption
- Nine months ended September 2026 revenue: $2.5M, up 138% YoY;
- Phase III TIGeR-PaC trial enrollment completed in August 2026
- Phase III TIGeR-PaC trial initial topline data expected in 2H 2027

Executed On All 3 Core Priorities

- **Revenue Growth:** Delivered third consecutive record revenue quarter
- **Commercial Momentum:** Achieved five new cancer center activations
- **Technology Expansion:** Expanded the application of our technology beyond locally advanced pancreatic cancer (LAPC)

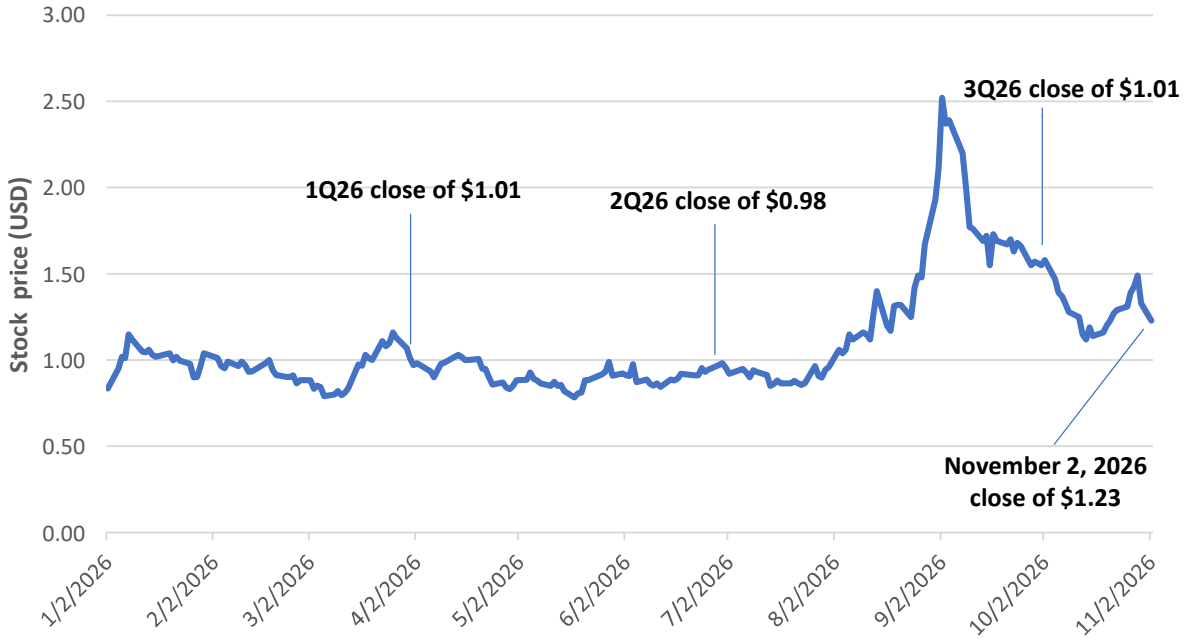
Ownership

- Institutional: 20.6% or ~9.9M shares[1]
  - Backed by multiple fundamental healthcare institutional investors
- Insider: 3.6% or ~1.8M shares[1]

Increased 2026 Outlook

- Revenue guidance in range of $3.75-4.25M
- Strong commercial activity: Targeting at least 36 active commercial cancer centers by year-end; footprint of 26 active commercial cancer centers as of November 5, 2026

RNXT Daily Performance
2026 YTD through November 2, 2026



New 52-Week High:	$2.59
Average Daily Volume YTD through 11/2/2026:	0.46M shares
Market Cap:	$56.86M[1]
Shares Outstanding:	48.19M[1]

[1] *As of 11/2/26, Factset*

Experienced Management Team



Shaun R. Bagai
Chief Executive Officer & Board Member

- HeartFlow (>$2B IPO)
- Ardian (Acquired for > $900M)
- Medtronic Vascular
- TransVascular (Acquired by Medtronic)



Leesa Gentry
Chief Clinical Officer

- Evotec
- Otsuka America Pharmaceuticals
- Omnicare Clinical Research



Ramtin Agah, MD
Chief Medical Officer, Founder & Executive Chairman

- Interventional Cardiology, El Camino Hospital
- Consultant, Abbott Vascular



Thomas Kelly
Vice President, Quality & Operations

- Perclose/Abbott Vascular, Cierra, Arstasis, Tioga Cardiovascular
- Stryker (Orthopedics)
- ForSight Vision4/Genentech (Ophthalmology)
- AEGEA/CooperSurgical (Women's Health)



Mark Voll
Chief Financial Officer

- Techwell, Inc. (IPO in 2006, acquired by Intersil in 2010)
- Montage Technology (IPO in 2013, acquired by PDSTI in 2014)
- Aquantia Corporation (IPO in 2017, acquired by Marvell Technology in 2019)



Phil Stocton
Vice President, Sales & Market Development

- Sirtex
- Varian
- AngioDynamics
- Nipro Corporation

Board of Directors



Ramtin Agah, MD
Executive Chairman, Chief Medical Officer, & Founder

- Interventional Cardiology, El Camino Hospital
- Consultant, Abbott Vascular



Shaun R. Bagai
Director & Chief Executive Officer

- HeartFlow (>$2B IPO)
- Ardian (Acquired for > $900M)
- Medtronic Vascular
- TransVascular (Acquired by Medtronic)



Angela Macfarlane
Director

- CEO, Perceive Biotherapeutics ($78M raised led by JJDC)
- CEO, Foresight Labs



Laurence J. Marton, MD
Director

- Board: Cellsonics, TOMA Biosciences, xCures



Una S. Ryan, PhD, OBE
Director

- Board: Cortexyme, Elemental Machines



Robert J. Spiegel, MD
Director

- CMO, PTC Therapeutics
- CMO, Schering-Plough ($41.1B merger with Merck)

RenovoRx Scientific Advisory Board



Timothy Donahue, MD

- Director of the UCLA Agi Hirshberg Center for Pancreatic Diseases
- Garry Shandling Chair in Pancreatic Surgery, David Geffen School of Medicine at UCLA



Michel Ducreux, MD, PhD

- Head of the Gastrointestinal Oncology Unit and Gastrointestinal Oncology Tumor Board at Gustave Roussy
- Professor of Oncology at Paris-Saclay University in France
- Vice-Chair of ESMO GI



Margaret A. Tempero, MD

- Professor of Medicine and Director of the UCSF Pancreas Center
- Editor-in-Chief of JNCCN
- Former ASCO President



Karyn A. Goodman, MD, MS

- Professor and Vice Chair of Clinical Research, Department of Radiation Oncology, Icahn School of Medicine at Mount Sinai
- Associate Director of Clinical Research, The Tisch Cancer Institute at Mount Sinai



Mike Pishvaian, MD, PhD

- Associate Professor, Department of Oncology Director of the Gastrointestinal, Developmental Therapeutics, and Clinical Research Programs at the NCR Kimmel Cancer Center at Sibley Memorial Hospital
- Johns Hopkins University School of Medicine

RenovoCath Medical Advisory Board



Nadine Abi-Jaoudeh, MD

- Chief of Interventional Radiology and Director of Clinical Research in the Department of Radiology at the University of California, Irvine



Khashayar Farsad, MD, PhD

- Josef Rosch Professor and Chair of the Department of Interventional Radiology, Oregon Health and Science University
- Director of Dotter Interventional Institute, and Director of Research, Oregon Health and Science University



Paula Marie Novelli, MD

- Interventional Radiologist at University of Pittsburgh Medical Center



Mustafa Al-Roubaie, MD

- Interventional Radiologist at Moffitt Cancer Center
- Associate Professor of Radiology and Oncologic Sciences at the University of South Florida School of Medicine



Ripal Gandhi, MD

- Interventional Radiologist at Baptist Health South Florida



Jonathan Kessler, MD

- Chief of the Division of Interventional Radiology at City of Hope Comprehensive Cancer Center

How Hospitals are Using TAMP with RenovoCath in Oncology Management*

Visit https://ir.renovorx.com/news-events/clinical-news to Learn More

	CBS News HealthWatch featured Hernando Salcedo, an 83-year-old grandfather with Stage 3 pancreatic cancer who struggled with systemic chemotherapy at Miami Cancer Institute until a clinical trial helped him beat the odds.
	Nebraska Now reports on the arrival of TAMP in Nebraska in “A New Way to Deliver Chemotherapy Shows Less Side Effects, Comes to Nebraska” (August 21, 2026).
	Spectrum News shares a Moffitt Cancer Center patient story highlighting TAMP. After extensive chemotherapy and radiation for locally advanced pancreatic cancer, Richard Martin received treatment via TAMP and returned to biking, fishing, and sharing meals with friends.
	NBC News highlighted the potential of TAMP. Dr. Gregory Tiesi, Medical Director of Hepatobiliary Surgery, is interviewed about his patient receiving treatment with TAMP at Hackensack Meridian Health.
	Spectrum News 1 SoCal recently featured an interview with Dr. Jonathan Kessler, Chief of Interventional Radiology at City of Hope, highlighting how has the potential to reshape oncology management for patients diagnosed with difficult-to-treat tumors, like pancreatic cancer.
	"Trans-Arterial Micro-Perfusion is a drug-delivery platform that delivers chemotherapy directly near the target tumor." Dr. Ripal Gandhi, a vascular interventional radiologist at Baptist Health Miami Cardiac & Vascular Institute and Miami Cancer Institute, spoke with Fox News about the challenges of treating pancreatic cancer and the potential of the TAMP platform as a targeted drug-delivery option.

The RenovoCath® device is indicated for temporary vessel occlusion in applications including arteriography, preoperative occlusion, and chemotherapeutic drug infusion. RenovoRx is evaluating the use of RenovoCath-enabled TAMP with gemcitabine as a combination product (known as intra-arterial gemcitabine) for the treatment of locally advanced pancreatic cancer (LAPC), including in the ongoing Phase III TIGeR-PaC trial, under a U.S. Investigational New Drug Application. Ongoing clinical studies continue to evaluate safety and clinical outcomes in patients with LAPC.. For the full FDA-cleared indications for use for RenovoCath and associated contraindications, warnings, and precautions please visit: https://renovorx.com/#ifu

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Thank You

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