Delcath®

CORPORATE PRESENTATION

The Future of Liver-Directed Oncology Therapy

NASDAQ: DCTH

November 2026

DISCLOSURES

Forward-Looking Statements

The Private Securities Litigation Reform Act of 1995 provides a safe harbor for forward-looking statements made by the Company or on its behalf. This presentation contains forward-looking statements, including statements regarding commercialization of the HEPZATO KIT™, clinical development timelines, reimbursement, supply chain, and financial guidance, which are subject to certain risks and uncertainties that can cause actual results to differ materially from those described. The words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "will," "would" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

Factors that may cause such differences include, but are not limited to, uncertainties relating to: the Company's ability to successfully commercialize the HEPZATO KIT; contributions to adjusted EBITDA; the Company's successful management of the HEPZATO KIT supply chain, including securing adequate supply of critical components necessary to manufacture and assemble the HEPZATO KIT; successful FDA inspections of the facilities of Delcath and third-party suppliers/manufacturers; the Company's successful implementation and management of the HEPZATO KIT Risk Evaluation and Mitigation Strategy; the potential of the HEPZATO KIT as a treatment for patients with primary and metastatic disease in the liver; our ability to obtain reimbursement for commercialized product; the Company's ability to successfully enter into any necessary purchase and sale agreements with users of the HEPZATO KIT; the timing and results of the Company's clinical trials; our determination whether to continue a clinical trial program or to focus on other alternative indications; the impact of the presentations at major medical conferences and future clinical results consistent with the data presented; uncertainties relating to the timing and results of research and development projects; and uncertainties regarding the Company's ability to obtain financial and other resources for any research, development, clinical trials and commercialization activities. These factors, and others, are discussed from time to time in our filings with the Securities and Exchange Commission. You should not place undue reliance on these forward-looking statements, which speak only as of the date they are made. We undertake no obligation to publicly update or revise these forward-looking statements to reflect events or circumstances after the date they are made, except as required by law.

This presentation may include certain financial measures that were not prepared in accordance with accounting principles generally accepted in the U.S. (GAAP), such as Adjusted EBITDA. We believe that the non-GAAP financial measures provide additional insight into the ongoing economics of our business. Non-GAAP financial measures are in addition to, not a substitute for, or superior to, measures of financial performance prepared in accordance with GAAP. Reconciliations are available in the Company's earnings releases.

This presentation should be read together with the Company's most recent Annual Report on Form 10-K for the fiscal year ended December 31, 2025 (filed with the SEC on February 26, 2026), and Quarterly Report on Form 10-Q for the quarter ended September 30, 2026 (filed with the SEC on November 9, 2026), together with the Company's other filings made with the SEC from time to time.

INVESTMENT SNAPSHOT

Delcath at-a-Glance: Year 3 of US Commercialization

HDS Platform

Approved therapy with potential for indication and product expansion

$35.1M

Total revenue, Q3 2026

33

Active HEPZATO centers
Expectation of 36 by Year End

EBITDA +

$104.3M Cash & investments, no debt (9/30/26)

First & only FDA-approved whole-liver directed therapy

HEPZATO KIT, Aug 2023; included in NCCN Guidelines for mUM

mUM beachhead (~800-patient / $600M US TAM)

Current pipeline

- Clinical Stage: mCRC and mBC
- Pre-IND: CCA and oxaliplatin-based PHP

Revenue momentum

72% HEPZATO Volume Growth YoY

HEPZATO $32.7M
CHEMOSAT $2.4M

$115M–117M

FY26 guidance, raised Nov 9, 2026

Path to activation

Activation pace and per-center utilization drive near-term revenue

15+ Sites in active conversation

- ~80% of active centers are NCI Comprehensive Cancer Centers;
- ~50% are NCCN members

Experienced Sales Team in 9 Regions

Current mUM approval adequate to fund pipeline expansion

Gross margin 89%

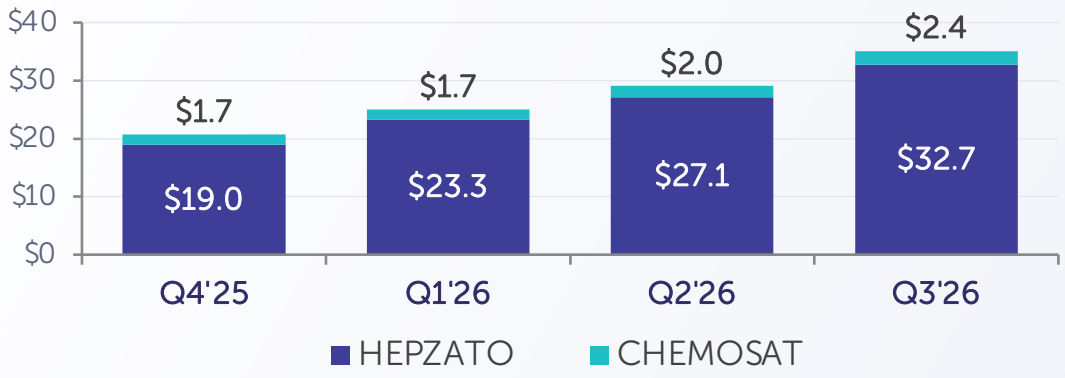
Adjusted EBITDA:

- Q3 2026: $11.5M (vs. $5.3M Q3'25)
- Q1 – Q3 2026: $22.5M

FINANCIAL SUMMARY

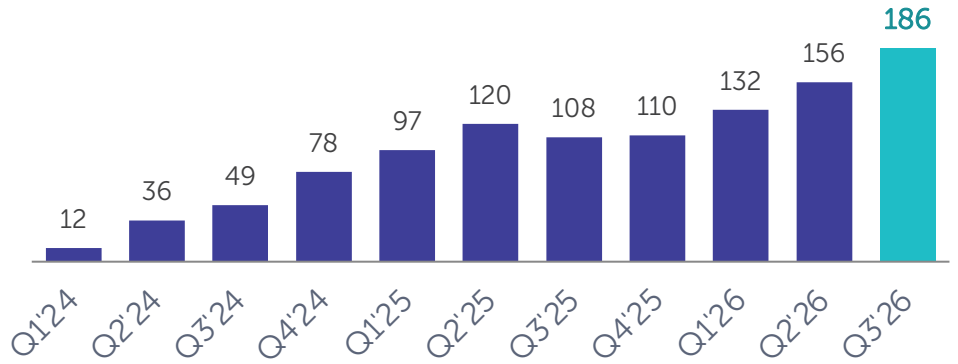
Revenue Trend, Guidance & Balance Sheet

Quarterly Revenue ($M)



Q3'26: $35.1M revenue (+72% YoY) | 89% gross margin | $7.0M net income | $11.5M adj. EBITDA

HEPZATO KIT Volume by Quarter (kits)



Operating Cash Flow by Quarter

Quarter	Q4'25	Q1'26	Q2'26	Q3'26
Cash from operations	$8.3M	$0.9M	$5.7M	$8.2M

FY2026 guidance

$115M–$117M total revenue (raised Nov 9, 2026); 87%–89% gross margin; positive adj. EBITDA.

Balance sheet Sep 30, 2026

$104.3M cash & investments (vs. $91.0M at Dec 31, 2025); no debt.

CAPITAL STRUCTURE

Capitalization, Coverage & Shareholder Base

37.9M
Total shares outstanding
As of Sep 30, 2026

47.1M
Fully diluted
Incl. pref. + warrants

~61%
Institutional ownership
Approximate

5
Sell-side firms
Covering DCTH

Capitalization (as of Sep 30, 2026)

COMPONENT	SHARES	% OF TOTAL
Common stock outstanding	34.8M	92%
Preferred stock (as converted)	1.8M	5%
Pre-funded warrants	1.3M	3%
Total shares outstanding	**37.9M**	**100%**
Stock options & RSUs outstanding	9.2M	19.5%*
Fully diluted (incl. pref. + warrants)	**47.1M**	

Shareholder base (approximate)



~61% Institutional
~8% Insiders & affiliates
~31% Retail & other

Sell-side coverage

Covered by five sell-side firms:

H.C. Wainwright · Craig-Hallum · Canaccord Genuity · BTIG · Clear Street

Analyst ratings, price targets and estimates are the analysts' own views; Delcath neither endorses nor accepts responsibility for them.

*Shown as a % of fully diluted shares including preferred and warrants. Shareholder base approximate, as of the Q2 2026 (6/30/26) most recent 13F reporting period; institutional and insider percentages from public filings and third-party aggregators, which lag and may differ by source.

Delcath®

THE OPPORTUNITY

High Unmet Need in Primary & Metastatic Liver Cancers

THE OPPORTUNITY

The Liver is Often the Life-Limiting Organ

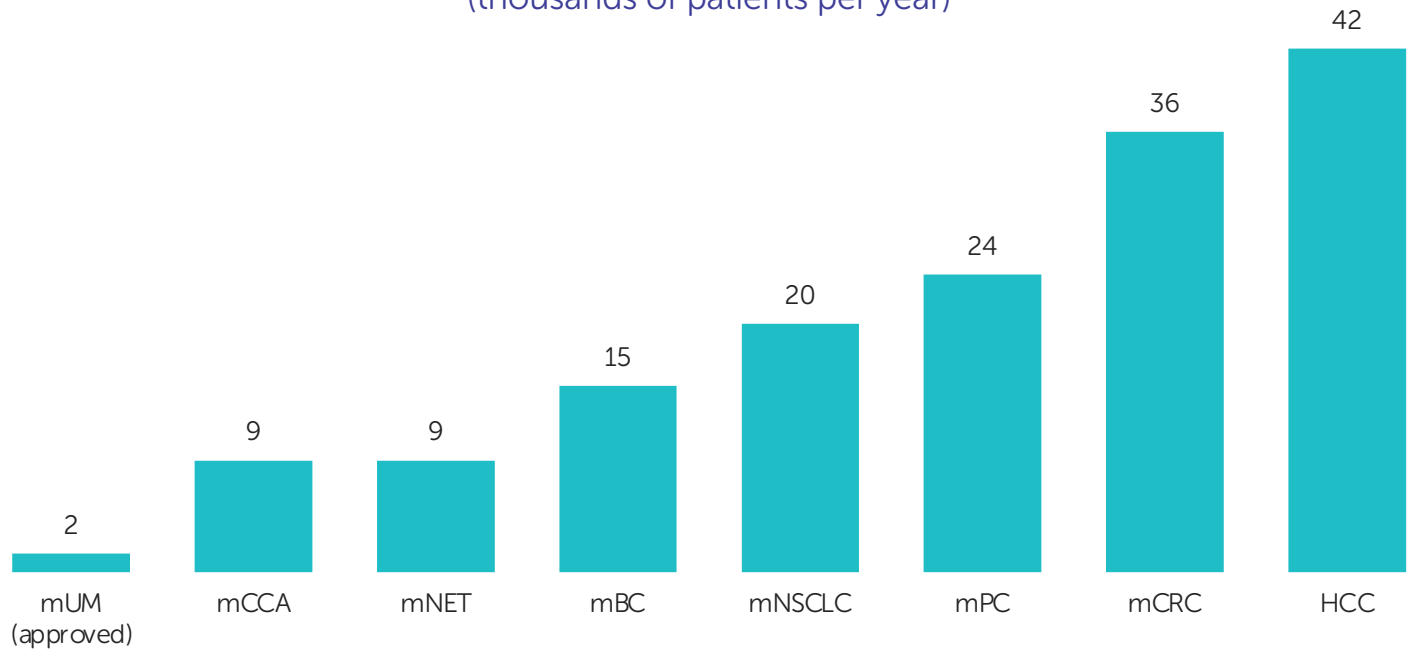
Up to 80%

of patients with liver metastases are not surgical candidates due to tumor burden.

Why current options fall short

- Systemic therapies show low efficacy in the presence of liver metastases
- Immuno-oncology agents lose effectiveness once disease reaches the liver
- Focal therapies cannot treat diffuse or micro-metastatic disease.

US incidence of primary / metastatic liver-involved cancers
(thousands of patients per year)

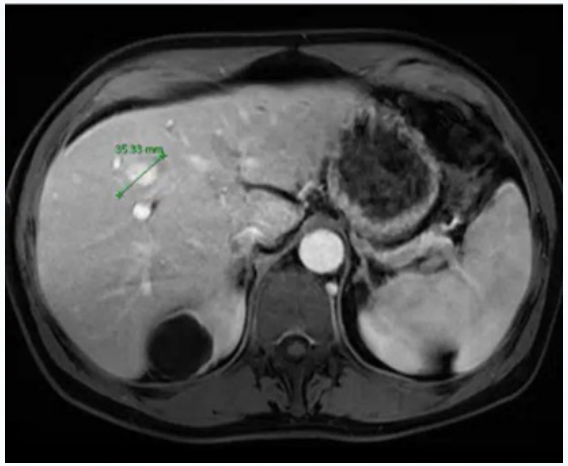


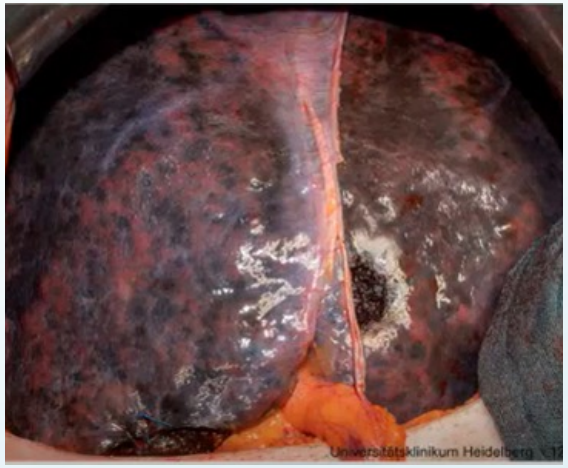
mUM = metastatic uveal melanoma | mCCA = metastatic cholangiocarcinoma | mNET = metastatic neuroendocrine tumors
mBC = metastatic breast cancer | mNSCLC = metastatic non-small cell lung cancer | mPC = metastatic pancreatic cancer
mCRC = metastatic colorectal cancer | HCC = hepatocellular carcinoma

THE OPPORTUNITY

Liver Metastases are Often Multi-focal

- Solitary liver lesions are often treated with surgery or ablation.
- Radiographically, metastatic disease can initially present only as focal lesions.
- Micrometastases are difficult to detect – recurrence is common.
- Traditional liver-directed therapy mechanism of action is not optimal if a whole-liver treatment is needed.
- Whole-organ therapy delivers medication to a specific organ then filters out the medication to minimize systemic exposure.





Pre-operative imaging (top) and intra-operative view (bottom): actual mUM patient sent for a liver resection based upon radiographic diagnosis*

* Delcath, ata on file.

Delcath®

OUR PLATFORM

HEPZATO KIT™
Whole-Liver Directed Therapy

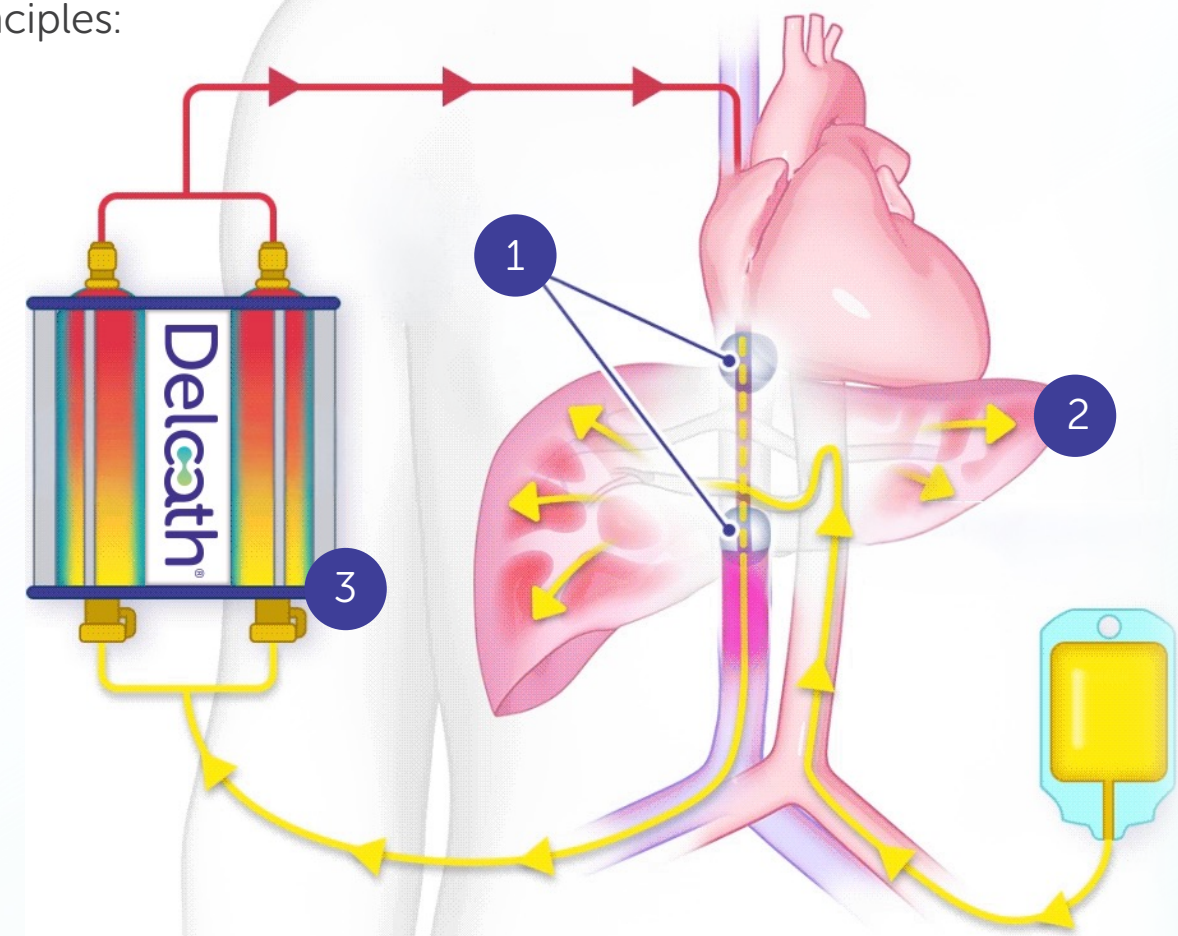
Percutaneous Hepatic Perfusion (PHP)

The PHP Procedure with **HEPZATO KIT** is based on 3 principles:

1. **Isolation**
   Hepatic venous flow is isolated, enabling >6x greater local chemotherapy concentration

2. **Saturation**
   Melphalan treats micro and macro lesions simultaneously, regardless of location in the liver

3. **Filtration**
   Proprietary filters remove >85% of chemotherapy from the body before it re-enters systemic circulation



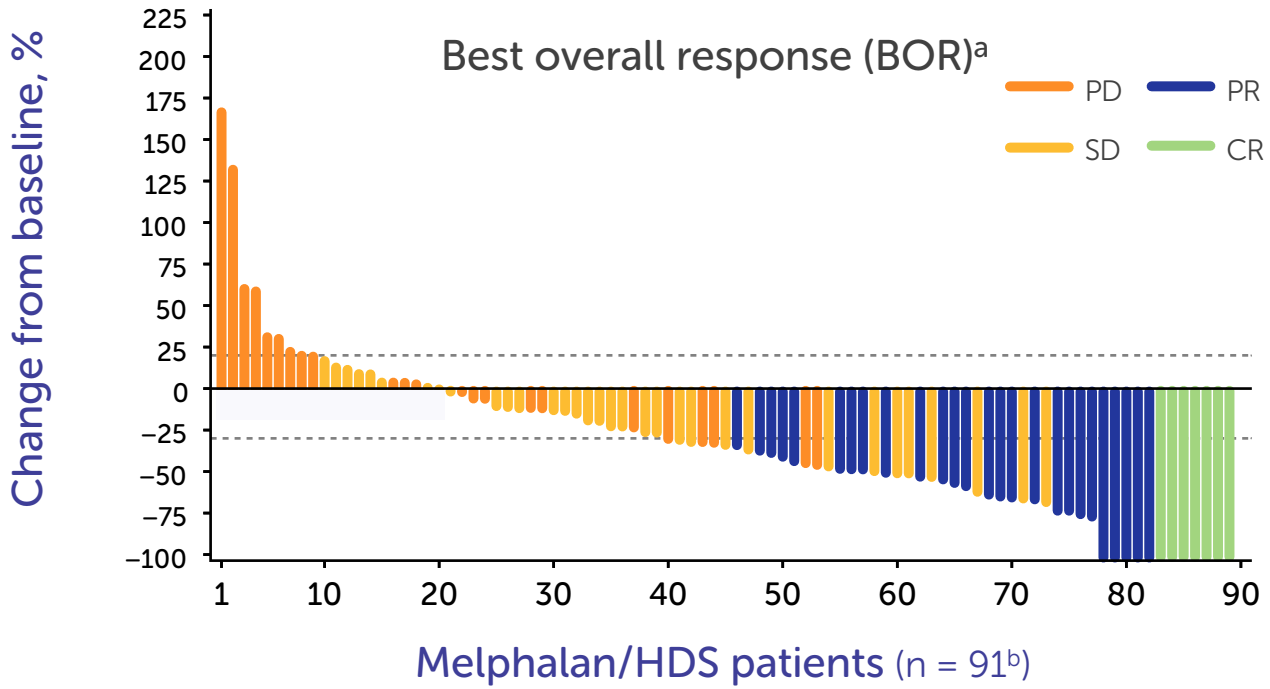
Why it matters

HEPZATO/CHEMOSAT is the **only whole-liver directed therapy** that can be **used repeatedly** (up to 6 cycles) and **treats diffuse, multi-focal, and micro-metastatic disease** that focal, tumor-by-tumor approaches cannot reach **without the hepatotoxicity or vasculature damage** that limits retreatment with those modalities.

FOCUS TRIAL

FOCUS Pivotal Trial Results in mUM

Endpoints	HEPZATO KIT (N=91)
ORR, n	33 (36.3%)
DOR, Median in months	14.0
DCR, n	67 (73.6%)
PFS, Median in months	9.0
OS, Median in months	20.5



CR, complete response; HDS, hepatic delivery system; NE, not evaluable; PD, progressive disease; PR, partial response; SD, stable disease.
[a]BOR is based on status of target, nontarget, and new lesions; therefore, a 30% or 100% reduction in target lesion tumor burden does not necessarily indicate BOR of PR or CR.
[b]Two patients, 1 with BOR of SD and 1 with BOR of NE, were excluded, because their target lesion response was NE.
Delcath, data on file.

SCIENTIFIC RATIONALE & CLINICAL PROOF

CHOPIN: PHP Plus Immunotherapy in First-Line mUM

Liver metastases suppress immunotherapy — PHP may reverse that tolerance, and CHOPIN shows it in the clinic.

THE PROBLEM

Liver immune tolerance

- Liver metastases restrain immunotherapy via macrophage-mediated T-cell elimination
- Regulatory T-cells suppress systemic anti-tumor immunity
- Liver metastases "siphon off" the immunotherapy response
- Result: IO agents become markedly less effective once cancer reaches the liver

THE PHP EFFECT

Restoring IO sensitivity

- High-dose melphalan treats macro and micro hepatic disease across the whole liver
- Appears to turn a "cold," low-TMB tumor "hot" and reverse the liver's immune tolerance
- May re-sensitize both hepatic and extra-hepatic disease to checkpoint inhibition

THE PROOF

CHOPIN

Randomized IIT (Leiden Univ., N=76):
PHP + ipi/nivo vs. PHP alone, first-line mUM

Endpoint	PHP + Ipi/Nivo	PHP Alone	p / HR
ORR	76.3%	39.5%	<0.001
Median PFS	12.8 mo	8.3 mo	HR 0.34
2-Year OS	49.6%	22.1%	HR 0.39

Historical benchmark
Ipi/nivo alone in mUM: ORR ~15%, PFS 3.8 mo, OS ~16 mo

Strategic implication: CHOPIN validates a platform rationale to pair HEPZATO with IO in liver-dominant tumors

Delcath®

HEPZATO KIT

Commercialization & Market Opportunity

COMMERCIAL OPPORTUNITY

US mUM Total Addressable Market

~2,400 UM incidence per year
5–6 cases / million US

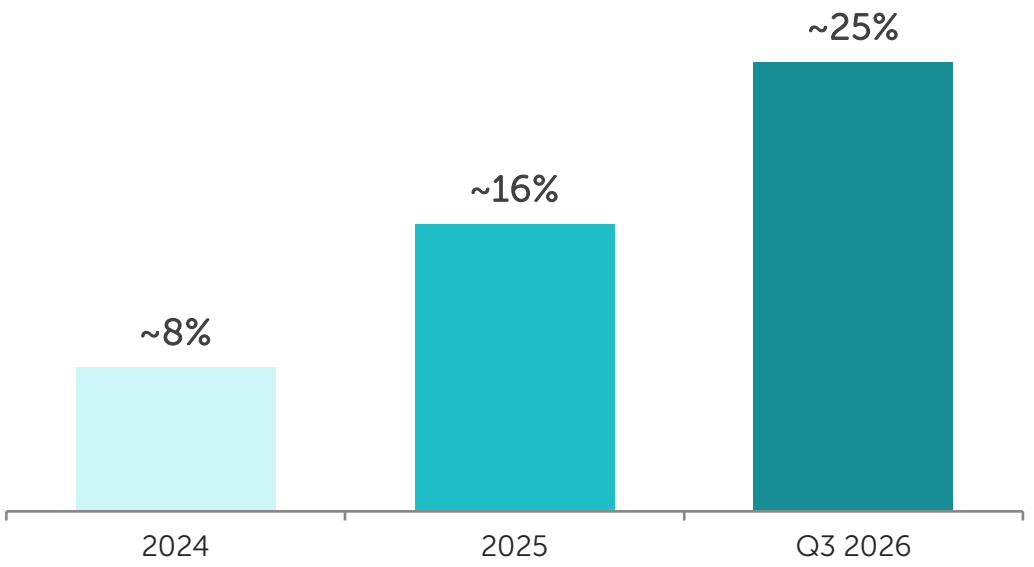
~1,200 Develop metastatic disease
~50% of UM cases

~800 HEPZATO-eligible TAM
<50% liver involvement, fit for anesthesia

COMMERCIAL OPPORTUNITY

~$600M US mUM TAM at ultra-orphan pricing

Estimated US mUM TAM share



~25% mUM TAM share estimated through Q3 2026, up from 8% in 2024 and 16% in 2025 — roughly 3x expansion in two years, with record quarterly procedures and kits sold.

COMMERCIALIZATION

Framework for Growth

Maximizing HEPZATO in mUM through three reinforcing growth drivers.



Open sites

- Right sites: high mUM volume + geographic coverage
- Accelerate pace of Center of Excellence activation
- ~60 activated sites can reach >80% of TAM



Timely referrals

- Reach community MDs within weeks of diagnosis
- Multi-channel engagement + EHR/claims triggers
- Virtual tumor boards link to certified sites



Change prescribing patterns

- Position PHP as first-line whole-liver therapy
- Generate evidence to support combination usage with systemics
- Treat early

COMMERCIALIZATION

US Footprint and Commercial Infrastructure

Certified treatment centers, regional field teams and Medical Science Liaisons across the U.S.

33
Active treating centers

39
Accepting referrals

Trained treating team

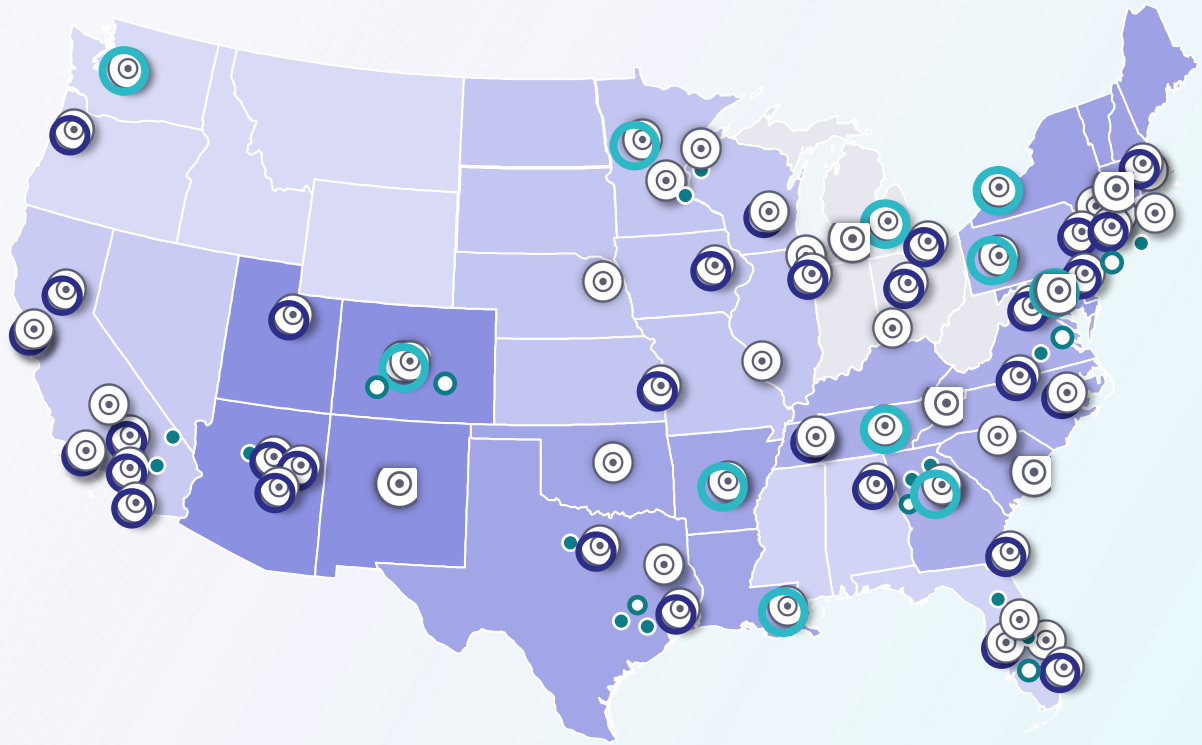
Each center completes REMS-required training across three roles: Interventional Radiologist, Perfusionist and Anesthesiologist.

9

Currently 9 regions each employ a specialized, targeted sales team including a Liver Directed Therapy Manager, Clinical Specialist and Oncology Manager.

Click here

View the HEPZATO KIT Healthcare Setting Locator and sites now accepting referrals



- Priority targeted site
- Delcath commercial field rep
- Active site
- Delcath Medical Science Liaison (MSL)
- Targeted site

COMMERCIALIZATION

Network Expansion Increases National Patient Access

Metric	Current network	Priority expansion	Future network
Treatment centers	33	15+	48–60
Est. 120-minute population access	~60%	+20%	~80%
Est. population served	~206M	+50M	~256M

Treatment Center Selection Criteria



Patient volume

Prioritize centers already treating the most mUM patients today — existing caseload signals near-term HEPZATO demand.



Liver-center leadership

Target leading regional liver / interventional oncology centers positioned to expand into new indications as the label grows. Targeting Oncology and IR KOLs.



Geographic coverage

Build the network so a certified site sits within ~60 miles of 80% of the U.S. population to fully reach all mUM patients in the US (and offer Canadian patients options).

COMMERCIALIZATION

Reimbursement: Established Pathway

Medicare and Medicaid Patients

- J-Code assigned and active April 1, 2024
- NTAP Status Approval October 1, 2024
- Medicare pays separately for HEPZATO at ASP + 6%
- July 1, 2025, began selling at 340B prices to eligible treating centers

Private Payer Patients

- Follow Medicare guidelines
  - For rare disease
  - Patients to be treated as outpatients
- Medical prior-authorization is required for majority of patients.
  - Delcath has engaged a hub service to assist with benefit verification and navigation

Included in NCCN Guidelines for mUM

Regional Isolation Perfusion

PHP is part of current NCCN Guidelines as a liver-directed therapy option for metastatic uveal melanoma. Delcath continues to engage NCCN panel members and KOLs following the CHOPIN publication to support a stronger first-line guideline position.

Delcath®

Competitive Landscape

COMPETITIVE LANDSCAPE

Liver-Directed Treatment Options

Liver-Directed Therapies

HEPZATO KIT / CHEMOSAT
Percutaneous hepatic perfusion

Whole-liver, repeatable (up to 6 cycles)

The only LDT indicated for the treatment of mUM. Whole liver treatment ideally suited for diffuse disease, a hallmark of mUM. Repeatable and little to no hepatotoxicity.

ORR 36.3% and DCR 73.6%
PFS 9.0 months and OS 20.5 months

Y-90 / SIRT
Selective internal radiation

Focal, tumor-by-tumor

Delivers radiation to individual liver tumors. As a focal approach it is not ideal for multi-lobar or micro-metastatic disease, and hepatotoxicity and vasculature damage limit retreatment.

Limited published data in mUM.

TACE
Transarterial chemoembolization

Focal, tumor-by-tumor

Delivers chemotherapy and embolic agents to individual liver tumors. As a focal approach it cannot reach diffuse or micro-metastatic disease, and vasculature damage limits retreatment.

Limited published data in mUM.

DELCATH'S VIEW

Whole-liver therapy where focal approaches fall short

HEPZATO KIT is the only whole-liver directed therapy that can be used repeatedly (up to 6 cycles) and reach diffuse and micro-metastatic disease. Liver failure remains the leading cause of death in mUM regardless of systemic regimen, reinforcing the role of HEPZATO KIT across treatment sequences and lines of therapy.

Sources: FOCUS trial, J Clin Oncol 40, no. 16_suppl (June 1, 2022) 9510, DOI 10.1200/JCO.2022.40.16_suppl.9510. ORR = objective response rate; OS = overall survival; SIRT = selective internal radiation therapy; TACE = transarterial chemoembolization; mUM = metastatic uveal melanoma.

COMPETITIVE LANDSCAPE

mUM Systemic Treatment Options

Systemic Therapies

KIMMTRAK (tebentafusp)
Immunocore

HLA-A*02:01-positive (~45% of patients)

- Only approved systemic therapy

- Infused systemic therapy
- OS 21.6 vs 16.9 months (HR 0.67)
- Liver is still the life-limiting organ

- Increasing use in combination with HEPZATO

Ipilimumab + Nivolumab
BMS

HLA-A*02:01-negative and positive

- Off-label use in mUM

- Infused systemic therapy
- Limited Phase 2 and real-world data: ORR ~16–21%, median OS roughly 12–19 months
- Liver is still the life-limiting organ

- Increasing use in combination with HEPZATO

Darovasertib + Crizotinib
IDEAYA (NOT YET APPROVED)

Likely HLA-A*02:01-negative

- NDA submitted Q3 2026 (RTOR).

- Oral systemic therapy
- Phase 2/3 single-arm data: PFS: 6.9 months vs 3.1 months and ORR 37.1% vs 5.8%
- Liver likely is still the life-limiting organ

- Strong investigator interest to study combination use with HEPZATO

DELCATH'S VIEW

Complementary to liver-directed therapy

We view currently available and emerging systemic therapies for mUM as complementary to, rather than substitutes for, liver-directed therapy. Published and conference-presented data consistently show that liver failure remains the leading cause of death in mUM regardless of systemic regimen, reinforcing the role of HEPZATO KIT across treatment sequences and lines of therapy.

Ipi = ipilimumab; Nivo = nivolumab;; mUM = metastatic uveal melanoma.

COMPETITIVE POSITION

Barriers to Entry for a Me-Too Combination Product in the US

Protection runway

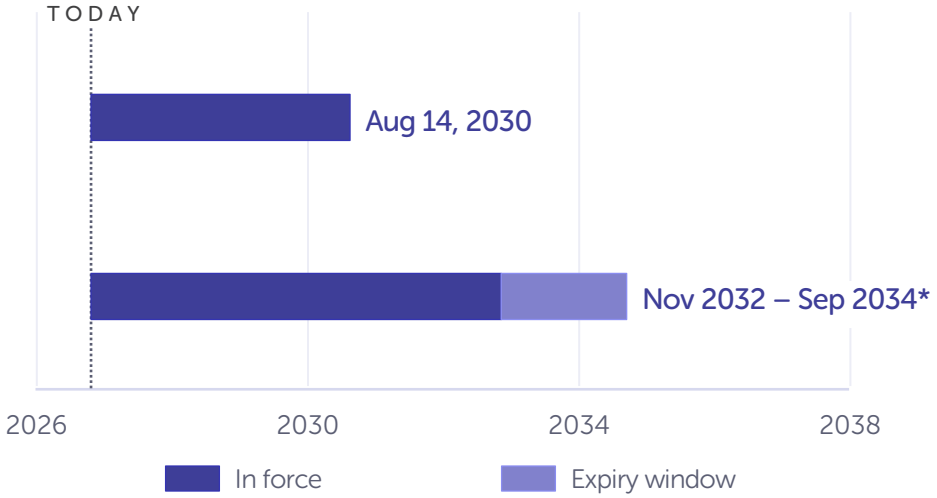
FDA exclusivity and patent protection relating to the HEPZATO KIT

FDA EXCLUSIVITY

Orphan drug exclusivity
Blocks a same-drug, same-use approval

PATENT PORTFOLIO

Ten FDA-listed patents
Run from November 2032 to September 2034*



BEYOND THE PATENT DATES

4

active patent families plus trade secrets

Four active patent families plus trade secrets cover the filter media, the filter apparatus, agent selection, and our manufacturing process.

HEPZATO KIT's complexity makes an ANDA pathway unlikely.

ANDA = Abbreviated New Drug Application

* Patent term extension requested; no decision to date and approval is not guaranteed.

Delcath®

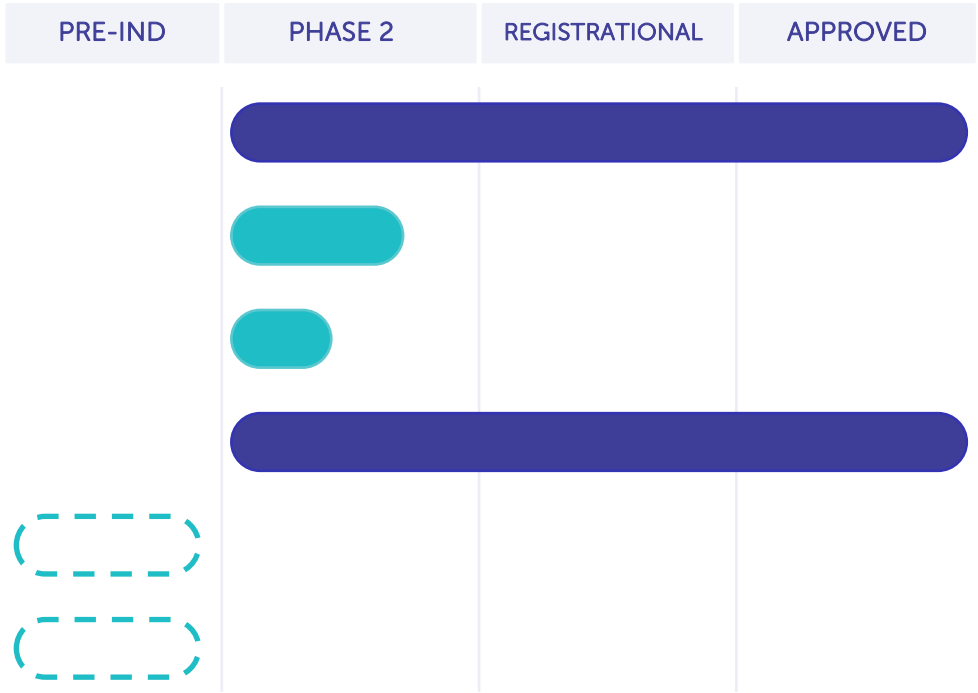
BEYOND MUM

Pipeline: A Platform

PIPELINE

Approved, In-Clinic & Planned Development Pipeline

INDICATION	STATUS
mUM Liver-dominant, any line	FDA approved Aug 2023; in NCCN Guidelines
mCRC* Liver-dominant, 3rd line	17 active trial sites; enrolling
mBC** Liver-dominant HER2-, 2nd/3rd line	First patient dosed (Milan); 6 sites active
CHEMOSAT (EU) Device-only, tumor-agnostic label	CE Mark since 2011; commercial in 5 EU markets
CCA Unresectable, 2nd/3rd line	Planned Phase 2 trial with anticipated 2027 start
Oxaliplatin-PHP Preclinical; next drug on HDS platform	Planned Phase 1 trial with anticipated 2027 start



Approved / commercial In clinic Planned (IND not yet filed)

*Evaluation of the safety and efficacy of HEPZATO in combination with SOC compared to SOC alone in patients with liver-dominant mCRC receiving 3rd line treatment. SOC is trifluridine-tipiracil and bevacizumab. ~90 patients will be enrolled in this randomized, controlled trial. Primary endpoint = hepatic progression-free survival (hPFS).
**Evaluation of the safety and efficacy of HEPZATO in combination with SOC versus SOC alone in patients with liver-dominant HER2-negative mBC following the failure of previous treatments. The SOC options will be the physician's choice of eribulin, vinorelbine or capecitabine. ~90 patients will be enrolled in this randomized, controlled trial. Primary endpoint = hPFS.

Delcath®

LEADERSHIP

Experienced Team, Strong Governance

LEADERSHIP

Multi-Disciplinary Experienced Leadership Team

Gerard Michel
Chief Executive Officer

30+ years in pharma and medtech; prior C-suite roles at Vericel, Biodel and NPS Pharmaceuticals

Sandra Pennell
Chief Financial Officer

20+ years in biotech finance; formerly at Invivyd and Vericel

Kevin Muir
Chief Commercial Officer

20+ years in medtech and biotech sales and marketing; formerly at BTG and Kyphon

Vojislav Vukovic, MD, PhD
Chief Medical Officer

25+ years in pharma and biotech; formerly at J&J, Pfizer, Aileron, Taiho and Synta

Martha S. Rook, PhD
Chief Operating Officer

25+ years in molecular biology, process development, manufacturing and quality

David Hoffman
General Counsel & Chief Compliance Officer

25+ years in biotech legal; formerly at Vericel

PREVIOUSLY AT
Prior companies

Aileron · Biodel · BTG · Invivyd · J&J · NPS Pharmaceuticals · Pfizer · Synta · Taiho · Vericel

BOARD OF DIRECTORS

John R. Sylvester (Chairman) · Gerard Michel · Bridget Martell, MA, MD
Elizabeth Czerepak · Steven Salamon · Gil Aharon, PhD

Thank You

INVESTOR RELATIONS

ICR Healthcare
InvestorRelations@Delcath.com

CORPORATE INFORMATION

Delcath Systems, Inc.
NASDAQ: DCTH
Delcath.com

HEPZATO KIT REMS: HEPZATOKITREMS.com
HEPZATO KIT ACCESS 360: HEPZATOKITACCESS.com

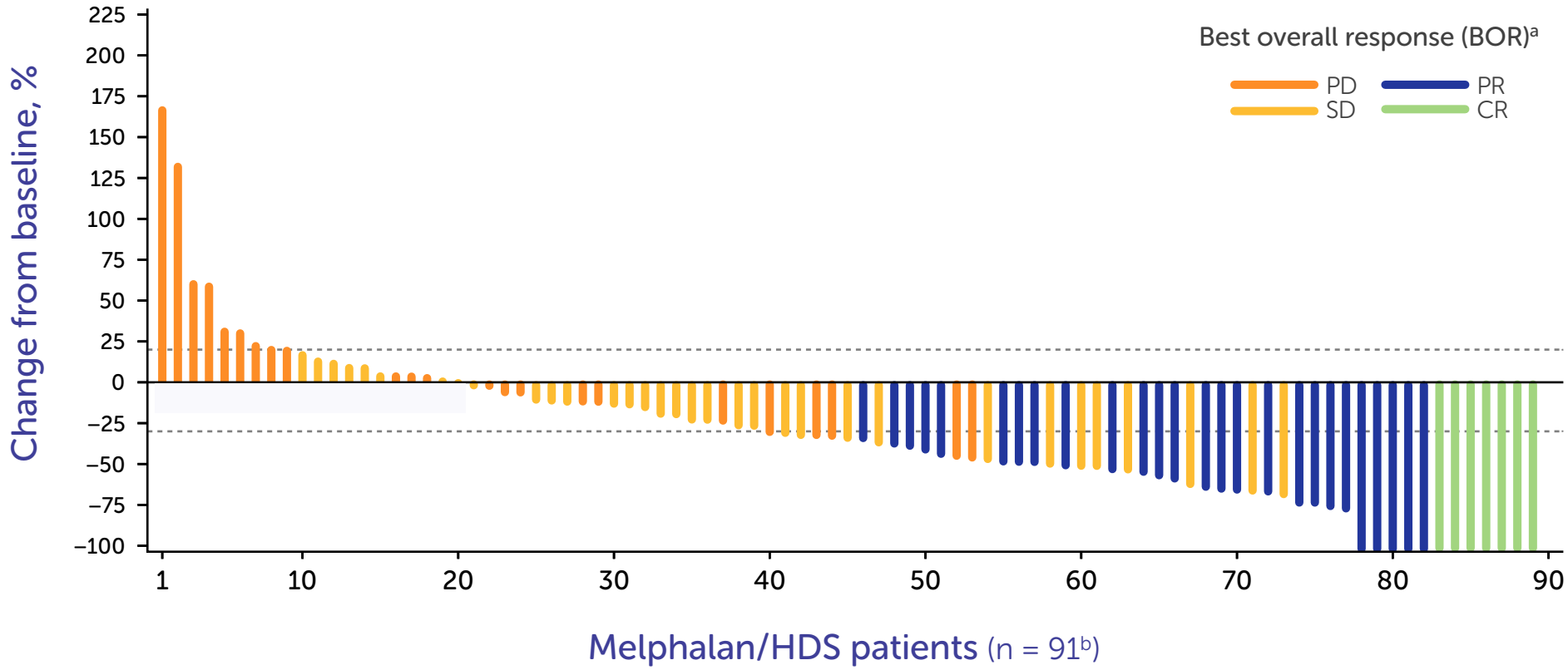
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APPENDIX

Supporting Clinical & Safety Data

Delcath®

Best Percent Change in Target Lesion Volume: FOCUS Pivotal Trial



CR, complete response; HDS, hepatic delivery system; NE, not evaluable; PD, progressive disease; PR, partial response; SD, stable disease.
[a]BOR is based on status of target, nontarget, and new lesions; therefore, a 30% or 100% reduction in target lesion tumor burden does not necessarily indicate BOR of PR or CR.
[b]Two patients, 1 with BOR of SD and 1 with BOR of NE, were excluded, because their target lesion response was NE.
Delcath, data on file.

FOCUS TRIAL

Summary of Efficacy Results

Endpoints	HEPZATO KIT (N=91)
ORR, n	33 (36.3%)
DOR, Median in months	14.0
DCR, n	67 (73.6%)
PFS, Median in months	9.0
OS, Median in months	20.5

- HEPZATO Tx every 6–8 weeks up to a maximum of 6 cycles
- Prescribing Information includes ORR, DOR and response categories
- Trial powered to show an ORR advantage over a meta-analysis of Best Alternative Care (checkpoint inhibitors, chemotherapy, other liver-directed therapy)
- Lower bound of FOCUS ORR (26.4%) is significantly higher than the upper bound of the meta-analysis (8.3%)

DOI: 10.1200/JCO.2022.40.16_suppl.9510. Journal of Clinical Oncology 40, no. 16_suppl (June 01, 2022) 9510-9510.

FOCUS TRIAL

Published mUM Prospective and Retrospective Studies*

Clinical Study / Publication	Study Type	Treatment	N	Median OS (months)	1-year OS	Median PFS (months)
FOCUS	Single-Arm	HEPZATO	91 AL	20.53	80%	9.03
Khoja et al 2019[9]	Meta-Analysis	systemic and liver-directed therapies	912	10.2	NA	3.3
Rantala et al 2019[10]	Meta-Analysis	systemic and liver-directed therapies	2,494	12.84	NA	NA
Piulats et al 2021[11]	Single-Arm	ipi plus nivo	52 TN	12.7	NA	3.0
Heppt et al 2019[12]	Single-Arm	ipi plus (pembro or nivo)	64 AL	16.1	NA	3.0
Nathan et al 2021[13]	Randomized	tebentafusp	252 TN	21.7	73%	3.3
		control	126 TN	16	59%	2.9

TN = Treatment Naïve, AL = Any Line | Ipi = ipilimumab, nivo = nivolumab, pembro = pembrolizumab | *Studies from 2019 or later with >50 patients

9 Khoja L, et al. Ann Oncol 2019 Aug 1, 30(8): 1370-1380. 10 Rantala, E, et al. Melanoma Res. 2019 Dec; 29(6): 561–568. 11 Piulats, J, et al. J Clin Oncol 39, no. 6 (February 20, 2021) 586-598. 12 Heppt, M, et al. J Immunotherapy Cancer. 2019 Nov 13;7(1):299. 13 Nathan, P, et al. N Engl J Med 2021; 385:1196-1206. Full citations on References slide.

Adverse Reactions Related to Study Treatment (≥10% of Patients, N=95)

Adverse reaction	All grades (%)	Grades 3 or 4 (%)
Thrombocytopenia*	64	55
Leukopenia*	44	34
Anemia*	61	33
Neutropenia*	35	29
International normalized ratio increased	29	8
Activated partial thromboplastin time prolonged	26	8
Aspartate aminotransferase increased	27	3
Hypocalcemia	12	3
Blood bilirubin increased	11	3
Alanine aminotransferase increased	31	2
Blood alkaline phosphatase increased	25	2
Troponin I increased	12	2
Abdominal pain upper	18	1

Adverse reaction	All grades (%)	Grades 3 or 4 (%)
Dyspnea	11	1
Nausea	47	0
Fatigue	43	0
Vomiting	27	0
Contusion	16	0
Asthenia	13	0
Back pain	13	0
Decreased appetite	13	0
Abdominal pain	12	0
Lethargy	12	0
Groin pain	11	0
Headache	11	0

Most hematological side effects result from melphalan. Side effect profile like standard melphalan use. Adverse reactions are described further in the HEPZATO KIT PI.

*Anemia includes anemia, febrile bone marrow aplasia, hemoglobin decreased, normochromic normocytic anemia, red blood cell count decreased. Leukopenia includes leukopenia, lymphocyte count decreased, lymphopenia, and white blood cell count decreased. Neutropenia includes neutropenia and neutrophil count decreased. Thrombocytopenia includes thrombocytopenia and platelet count decreased.

APPENDIX

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