CLAIMS

1. A toll-like receptor 9 (TLR9) agonist having the structure: 5'-TCG AAC GTT CGA ACG TTC GAA CGT TCG AAT-3' (SEQ ID NO: 1) for use in the treatment of a liver metastasis of uveal melanoma.

2. The use of claim 1, wherein the TLR9 agonist is to be administered through a device by hepatic arterial infusion (HAI).

3. The use of claim 1, wherein the-TLR9 agonist is to be administered through a device by portal vein infusion (PVI).

4. The use of claim 1, wherein the TLR9 agonist is to be administered in an amount selected from the group consisting of 0.5 mg, 1 mg, 2 mg, 4 mg, or 8 mg.

5. The use of claim 1, wherein the TLR9 agonist is to be administered through a catheter device.

6. The use of claim 5, wherein the catheter device comprises a one-way valve that responds dynamically to local pressure changes.

7. The use of claim 5, wherein the TLR9 agonist is to be administered through the catheter device via pressure-enabled drug delivery.

8. The use of claim 7, wherein the TLR9 agonist is to be administered at a rate of infusion of about 1 cc/min to about 5 cc/min.

9. The use of claim 7, wherein the TLR9 agonist is to be administered for a period of time about 25 minutes.

10. The use of claim 1, wherein the TLR9 agonist is to be administered in combination with one or more checkpoint inhibitors, wherein the checkpoint inhibitors are to be administered systemically, either concurrently, before, or after the TLR9 agonist is to be administered.

11. The use of claim 10, wherein the one or more checkpoint inhibitors include at least one of nivolumab, pembrolizumab, and cemiplimab, atezolizumab, avelumab, and durvalumab, and ipilimumab.

12. The use of claim 1, wherein the TLR9 agonist is to be administered according to a dosing regimen comprising cycles, in which one or more of the cycles comprise wherein the TLR9 agonist is to be administered via a catheter device by hepatic arterial infusion followed by a checkpoint inhibitor to be administered systemically.

13. The use of claim 10, wherein the one or more checkpoint inhibitors include at least one of nivolumab, pembrolizumab, and cemiplimab, atezolizumab, avelumab, and durvalumab, and ipilimumab.