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 pancreatic cancer.

2. The use of claim 1, wherein the TLR9 agonist is to be administered through a device by pancreatic retrograde venous infusion (PRVI).

3. 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, 2 mg, 4 mg, 8 mg, or 12 mg.

4. The use of claim 2, wherein the TLR9 agonist is to be administered through a catheter device.

5. The use of claim 4, wherein the catheter device is a temporary occlusion device.

6. The use of claim 4, wherein the TLR9 agonist is to be administered through the catheter device via pressure-enabled drug delivery.

7. The use of claim 6, wherein the TLR9 agonist is to be administered at a rate of infusion of about 1 mL per minute to about 10 ml per minute.

8. The use of claim 7, wherein the TLR9 agonist is to be administered for a period of time of two to twenty minutes.

9. 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.

10. The use of claim 9, wherein the one or more checkpoint inhibitors include at least one of nivolumab, pembrolizumab, and cemiplimab, atezolizumab, avelumab, and durvalumab, and ipilimumab.

11. 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 pancreatic retrograde venous infusion (PRVI) followed by a checkpoint inhibitor to be administered systemically.

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