American Urological Association Guidelines Regarding Cryoablation

Prostate Cancer
Clinicians should inform localized prostate cancer patients considering whole gland cryosurgery that cryosurgery has similar progression-free survival as did non-dose escalated external beam radiation (also given with neo-adjuvant hormonal therapy) in low- and intermediate-risk disease, but conclusive comparison of cancer mortality is lacking.

auanet.org/guidelinesclinically-localized-prostate-cancernew-2017

Renal Masses
Physicians should consider thermal ablation (radiofrequency ablation or cryoablation) as an alternative approach for the management of cT1a renal masses < 3 cm in size.

auanet.org/guidelinesrenal-mass-and-localized-renal-cancer-new-2017

CRYOABLATION OF THE PROSTATE AND KIDNEY

safe, precise, effective
PROSTATE CRYO SURGERY

This illustration demonstrates the use of six V-PROBE cryoprobes positioned on both sides of the prostate separated by < 2.0 cm. A full gland freeze encapsulates the entire prostate with lethal ice (< -40˚C). In this illustration, the ice balls from the cryoprobes are still forming and will eventually coalesce (typically at 10 minutes). An extra safety margin is created by extending the ice a minimum of 1 cm beyond the prostate.

V-PROBE 5 POSITION VARIABLE CRYOPROBE INSTRUMENT

- Patented next generation technology allows physicians to adjust the length of the isotherm to fit the prostate.
- Works with Endocare’s intraoperative prostate planning software to calculate cryoprobe placement and iceball length.
- Variable slider creates 5 different isotherms from the same cryoprobe: 1.5cm to 5.0cm.

PROSTATE CRYO SURGERY

- Minimally invasive.
- Outpatient procedure.
- Can be performed with spinal block.
- Appropriate for low, moderate and high risk patients.
- Treatment option for post-radiation recurrence patients.
- Technology improvements provide precise treatment.

FULL GLAND FREEZE

This illustration demonstrates the use of six V-PROBE cryoprobes positioned on both sides of the prostate separated by < 2.0 cm. The V-PROBE isotherms are adjusted based on the size of the prostate so that only the prostate is encapsulated in lethal ice (< -40˚C). In this illustration, the ice balls from the V-PROBE cryoprobes are still forming and will eventually coalesce (typically at 10 minutes).

PRIMARY & SALVAGE EXAMPLES

FULL GLAND FREEZE

This illustration demonstrates the use of six V-PROBE cryoprobes positioned on both sides of the prostate separated by < 2.0 cm. A full gland freeze encapsulates the entire prostate with lethal ice (< -40˚C). In this illustration, the ice balls from the V-PROBE cryoprobes are still forming and will eventually coalesce (typically at 10 minutes). An extra safety margin is created by extending the ice a minimum of 1 cm beyond the prostate.

CryoCare CS™ System

- Integrated ultrasound imaging.
- CRYOGUIDE™ planning software.
- Individual probe control.
- TEMPROBE™ temperature monitoring system.
- Closed-loop urethral warming system.

Renal Tumor Freeze Using One 3.8mm Cryoprobe

This illustration demonstrates the use of one 3.8mm right angle cryoprobe positioned at the center of the tumor. The freeze encapsulates the entire tumor with lethal ice (< -40˚C). In this illustration, the ice ball from the cryoprobe is still forming and will eventually reach its maximum size (typically at 10 minutes). An extra safety margin is created by extending the ice a minimum of 1 cm beyond the tumor.

RENAL CRYO SURGERY

- Nephron sparing treatment.
- Ability to treat tumors involving the collecting system.
- Minimally invasive method of treating incidental tumors.

Renal Tumor Freeze Using Two 2.4mm Cryoprobes

This illustration demonstrates the use of two 2.4mm right angle cryoprobes positioned on both sides of the tumor and separated by < 1.0cm. The freeze encapsulates the entire tumor with lethal ice (< -40˚C). In this illustration, the ice balls from the cryoprobes are still forming and will eventually coalesce (typically at 10 minutes). An extra safety margin is created by extending the ice a minimum of 1 cm beyond the tumor.

Renal Tumor Freeze Using One 3.8mm Cryoprobe

This illustration demonstrates the use of one 3.8mm right angle cryoprobe positioned at the center of the tumor. The freeze encapsulates the entire tumor with lethal ice (< -40˚C). In this illustration, the ice ball from the cryoprobe is still forming and will eventually reach its maximum size (typically at 10 minutes). An extra safety margin is created by extending the ice a minimum of 1 cm beyond the tumor.

Renal Tumor Freeze

- Using Two 2.4mm Cryoprobes
- Using One 3.8mm Cryoprobe
- Using Three 1.7mm Cryoprobes
- Using One 3.8mm Cryoprobe
- Using One 3.8mm Cryoprobe

Renal CRYO Applications

- Minimally invasive.
- Outpatient procedure.
- Can be performed with spinal block.
- Appropriate for low, moderate and high risk patients.
- Treatment option for post-radiation recurrence patients.
- Technology improvements provide precise treatment.