American Urological Association
Statements Regarding Cryoablation

Prostate Cancer
In summary, a review of the historical evolution of cryosurgery provides two overriding messages, the first being that there is evidence of therapeutic benefit, and the second, that treatment-associated morbidity has been reduced as technological refinements have emerged.

Renal Masses
For Index Patient No. 2: A patient with major comorbidities/increased surgical risk and a clinical T1a (≤4.0cm) enhancing renal mass
Recommendation: Thermal ablation should be discussed as a less-invasive treatment option which may be advantageous in this high surgical risk patient, acknowledging the increased risk of local tumor recurrence compared to surgical excision.
PROSTATE CRYOSURGERY

V-PROBE®

5 POSITION VARIABLE CRYO PROBE INSTRUMENT

- 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.

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 1cm beyond the prostate.

PRIM ARY & SALVAGE EXAMPLES

FULL GLAND FREEZE USING THREE 1.7MM CRYO PROBES

This illustration demonstrates the use of three 1.7mm right angle cryoprobes positioned on both sides and center to the tumor and separated by <1.0cm. A 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 1cm beyond the tumor.

RENAL PROBES

- Multiple ice ball sizes, probe lengths and diameters.

RENAL TUMOR FREEZE USING TWO 2.4MM CRYO PROBES

This illustration demonstrates the use of two 2.4mm right angle cryoprobes positioned on both sides of the tumor and separated by <2.0cm. 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 1cm beyond the tumor.

RENAL TUMOR FREEZE USING ONE 3.8MM CRYO PROBE

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 1cm beyond the tumor.

RENAL TUMOR FREEZE USING THREE 1.7MM CRYO PROBES

This illustration demonstrates the use of three 1.7mm right angle cryoprobes positioned on both sides and center to the tumor and separated by <1.0cm. A 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 1cm beyond the tumor.

CryoCare CS® SYSTEM

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

CRYOCARE TECHNOLOGY

- Patented Vacuum Insulation minimizes freezing up the shaft and patient skin damage.

RENA L CRYO APPLICATIONS

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

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.