



Now, more than ever,
renal percutaneous cryoablation
is the treatment of choice for RCC



Renal Percutaneous Cryoablation

A minimally invasive and safe alternative to surgery for the treatment of RCC

There has never been a better time to ensure that all stakeholders know that renal cryoablation offers a **LOWER RISK** profile¹⁻³ than surgery, with **NO COMPROMISE TO EFFICACY**^{3,4} and **POTENTIAL COST AND EFFICIENCY BENEFITS.**⁵⁻⁷

See more by clicking on an icon below

FOR Patients



FOR Urologists



FOR Hospitals
(PAYERS)



RCC: Renal cell carcinoma

References



FOR Patients



Renal percutaneous cryoablation is as effective as surgery at treating your cancer and less damaging to your healthy kidney²⁻⁴

1

2

Renal Percutaneous Cryoablation vs Surgery

COMPARABLE

metastases-free
& cancer-specific
survival rates⁴

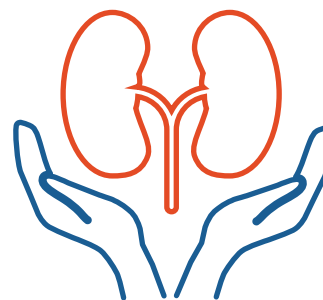


COMPETITIVE

oncologic
outcomes³

BETTER

renal function preservation²



FOR Patients



It is also a less risky procedure...¹⁻³



...and you could go home the same day^{3,10}

1

2

Renal Percutaneous Cryoablation vs Surgery



Overall
LOWER
procedural
risk profile²



SHORTER
procedural
times^{8,9}



LOWER
risk of
bleeding⁹

LOWER
post-operative complication rate^{1,2}



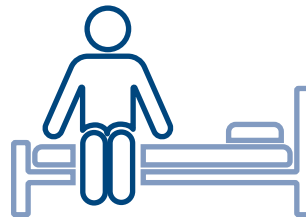
15%

VS

31%



May be
performed
as a **DAY
CASE**^{3,10}



FASTER
recovery^{8,9}



& return
to normal
activities



FOR Urologists



Cryoablation is a safe and precise ablation procedure. Cryoablation provides urologists and IRs with more therapeutic options that the dedicated teams can offer to the patient, with results comparable to surgery.

Prof Rosario Francesco Grasso
Policlinico Universitario Campus Bio-Medico
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IR: Interventional radiologist

Renal Percutaneous Cryoablation as a Treatment Option

INCREASE

THE RANGE OF PATIENTS THAT CAN BE TREATED



Patients UNSUITABLE for **SURGERY**^{3,11}
(Partial nephrectomy/PN)



Patients SUITABLE for PN but looking for a less invasive alternative¹¹



Cryoablation is also an option for patients "breaching" cancer guidelines.¹²

INCREASE

THE RESULTS & REPUTATION OF YOUR DEPARTMENT



an EFFECTIVE CURATIVE treatment option¹³



an INNOVATIVE, minimally invasive programme^{3,14}



FOR Hospitals (PAYERS)



1

2



Percutaneous renal cryoablation is a proven procedure, which may be performed as a day case under local anaesthesia¹⁰



Compared to surgery, cryoablation frees up operating and recovery capacity and resources²¹

Renal Percutaneous Cryoablation vs Surgery



LOCAL
ANAESTHESIA/
CONSCIOUS SEDATION¹⁰



GENERAL
ANAESTHESIA¹⁵



LOWER
RISK¹⁶



LOWER
use of
PACU¹⁷

PACU:
Postanaesthesia
care unit

REDUCED PROCEDURE TIME

60¹⁸ to 110¹⁹
min



≈ 210 (3-4)
min hours²⁰

REDUCED
use of operating
theatre &
routine room²¹



REDUCED
demand
on hospital
staff²¹



REDUCED
anaesthesia
medication²¹



FOR Hospitals (PAYERS)



Cryoablation has a lower complication rate than surgery, further reducing impact on resources^{1,2}



The economic benefit of the improved safety profile and resource efficiencies has been demonstrated in the US and Europe⁵⁻⁷

PCA: Percutaneous cryoablation
OPN: Open partial nephrectomy

1
2

Renal Percutaneous Cryoablation vs Surgery

LOWER
post-operative
complication rate^{1,2}



15%



31%



LOWER
post-operative
PAIN¹⁷ ↓



REDUCED PAIN MEDICATION

SHORTER
hospital stay⁵

1 DAY



4 to 5 DAYS



COST ANALYSES



PCA €



OPN €



SAVING

Chehab *et al*, 2016⁵

5,768.4

10,831.4

-5,062.9

Link *et al*, 2006⁶

3,519.1

9,354.0

-5,835.0

Piechaud-Kressmann *et al*, 2016⁷

7,076.6

8,324.7

-1,248.1

All costs brought to present value according to the Bureau of Labor Statistics Consumer Price Index and the European Central Bank Consumer Price Index. All values converted from US Dollars to Euros at an exchange rate of 0.89 Euros per US Dollar.





References



1. Bimal B, Ross JM *et al.* Outcomes After Cryoablation Versus Partial Nephrectomy for Sporadic Renal Tumors in a Solitary Kidney: A Propensity Score Analysis. *Eur Urol* 2018; 73(2):254-9.
2. Deng W, Chen L *et al.* Cryoablation versus Partial Nephrectomy for Clinical Stage T1 Renal Masses: A Systematic Review and Meta-Analysis. *J Cancer* 2019; 10(5):1226-36.
3. Breen D, King A *et al.* Image-guided Cryoablation for Sporadic Renal Cell Carcinoma: Three –and 5-year Outcomes in 220 Patients with Biopsy-Proven Renal Cell Carcinoma. *Radiology* 2018; 289(2):554-61.
4. Pierozio PM, Johnson MH *et al.* Management of Renal Masses and Localized Renal Cancer: Systematic Review and Meta-Analysis. *J Urol* 2016; 196(4):989-99.
5. Chehab C, Friedlander JA *et al.* Percutaneous Cryoablation vs Partial Nephrectomy: Cost Comparison of T1a Tumors. *J Endourol* 2016; 30(2):710-6.
6. Link RE, Permpongkosol S *et al.* Cost Analysis of Open, Laparoscopic, and Percutaneous Treatment Options for Nephron-Sparing Surgery. *J Endourol* 2006; 20(10):782-9.
7. Piechaut-Kressman J, Bellec L *et al.* Treatment of Small Renal Masses: Effectiveness and Cost-Comparison Analysis. *Prog Urol* 2016; 26(2):89-9.
8. Campbell S, Uzzo RG *et al.* Renal Mass and Localized Renal Cancer: AUA Guideline. *J Urol* 2017; 198:520-9.
9. Haramis G, Graverson J *et al.* Retrospective Comparison of Laparoscopic Partial Nephrectomy versus Laparoscopic Renal Cryoablation for Small (< 3.5 cm) Cortical Renal Masses. *J Laparoendosc Adv Surg Tech* 2012; 22(2):152-7.
10. Georgiades CS & Rodriguez R. Efficacy and Safety of Percutaneous Cryoablation for Stage 1A/B Renal Cell Carcinoma: Results of a Prospective, Single-Arm, 5-Year Study. *Cardiovasc Intervent Radiol* 2014; 37(6):1494-9.
11. Ismail M, Nielsen TK *et al.* Renal Cryoablation: Multidisciplinary, Collaborative and Perspective Approach. *Cryobiology* 2018; 83:90-4.
12. Moynagh MR, Schmit GD *et al.* Percutaneous Cryoablation of Clinical T2 (>7 cm) Renal Masses: Technical Considerations, Complications, and Short-Term Outcomes. *J Vasc Interv Radiol* 2015; 26(6):800-6.
13. Tsitskari M & Georgiades CS. Percutaneous Cryoablation for Renal Cell Carcinoma. *J Kidney Cancer VHL*. 2015; 2(3):105-13.
14. Bandi G, Wen CC *et al.* Cryoablation for Small Renal Masses: Assessment of the Outcome at One Institution. *BJU International*. 2007; 100:798-801.
15. Guy's and St. Thomas' NHS Foundation Trust. Robotic-Assisted Laparoscopic Partial Nephrectomy. NHS. 2017; Leaflet number: 3614/VER2.
16. Patel SR, Francois S *et al.* Safety and Effectiveness of Percutaneous Renal Cryoablation with Conscious Sedation. *Arab J Urol* 2020; <https://doi.org/10.1080/2090598X.2020.1739382>.
17. Liu SS, Strödtbeck WM *et al.* A Comparison of Regional versus General Anesthesia for Ambulatory Anesthesia: A Meta-Analysis of Randomized Controlled Trials. *Anesth Analg* 2005; 101:1634-42.
18. Spanish Society of Medical Radiology. Catalog of Tests and Procedures SERAM 2015. Sociedad Espanola de Radiologia Medica.
19. De Cobelli F, Papa M *et al.* Percutaneous Microwave Ablation versus Cryoablation in the Treatment of T1a Renal Tumors. *Cardiovasc Intervent Radiol*. 2019. <https://doi.org/10.1007/s00270-019-02313-7>.
20. <https://urology.ufl.edu/patient-care/robotic-laparoscopic-urolologic-surgery/procedures/laparoscopic-and-robotic-partial-nephrectomy>.
21. Antonio C, Pusceddu C *et al.* Percutaneous Cryoablation vs SoC in Small Kidney Cancers: The Italian Experience. *Minerva Urol Nefrol* 2020. doi: 10.23736/S0393-2249.20.03625-5. Online ahead of print.

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