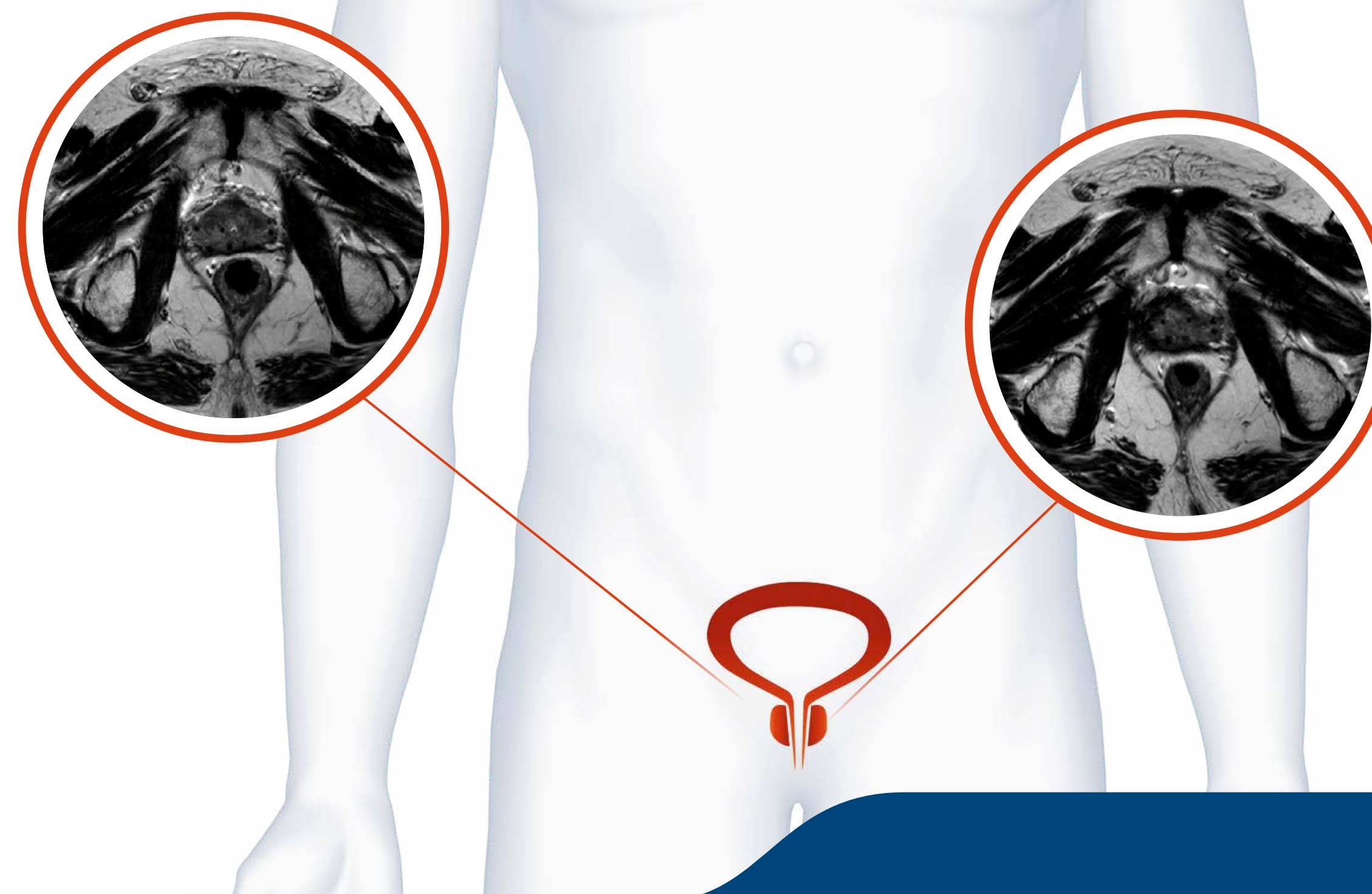


FOCAL CRYOABLATION PROSTATE

A repeatable, effective and minimally
invasive therapy

Click to select a topic

- 1 Overview of Focal Prostate Cryoablation
- 2 Clinical Results
- 3 Cryoablation Needles: Isotherm Data 37° Gel



Images courtesy of Taimur Shah,
Imperial College London,
University College London, UK



1 Overview of Focal Prostate Cryoablation

INNOVATION IN ABLATION

Building on Boston Scientific’s commitment in Interventional Oncology, we have expanded our portfolio of minimally invasive therapies with the leading technology in cryoablation.

- Flexibility of needle options to tailor your treatment
- Precise control allows you to sculpt the optimal ablation zone
- Progressive cryoablation software platform simplifies procedure
- Advanced technology drives innovative capabilities

Prostate focal therapy offers men the opportunity to achieve oncological control while preserving sexual and urinary function.

Tay KJ et al. 2017¹

A REPEATABLE, EFFECTIVE AND MINIMALLY INVASIVE THERAPY

OVERVIEW

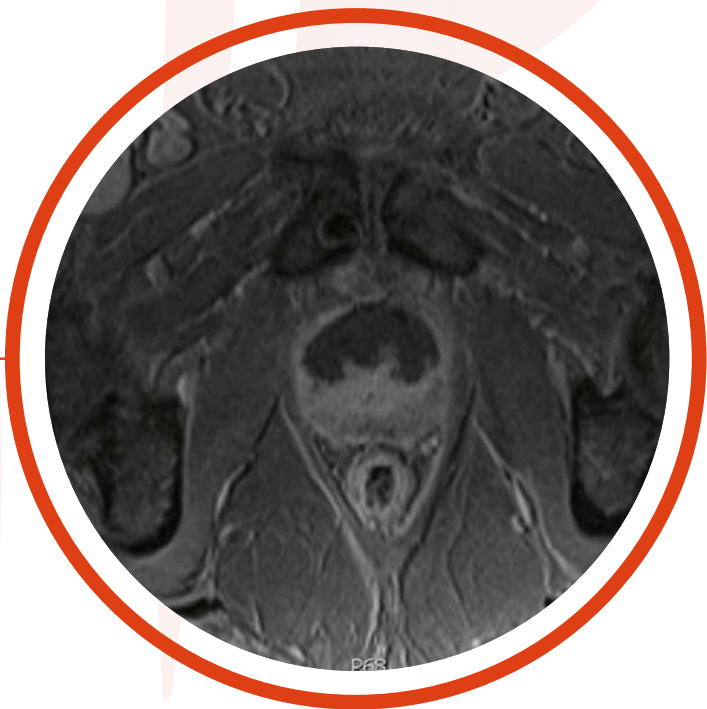
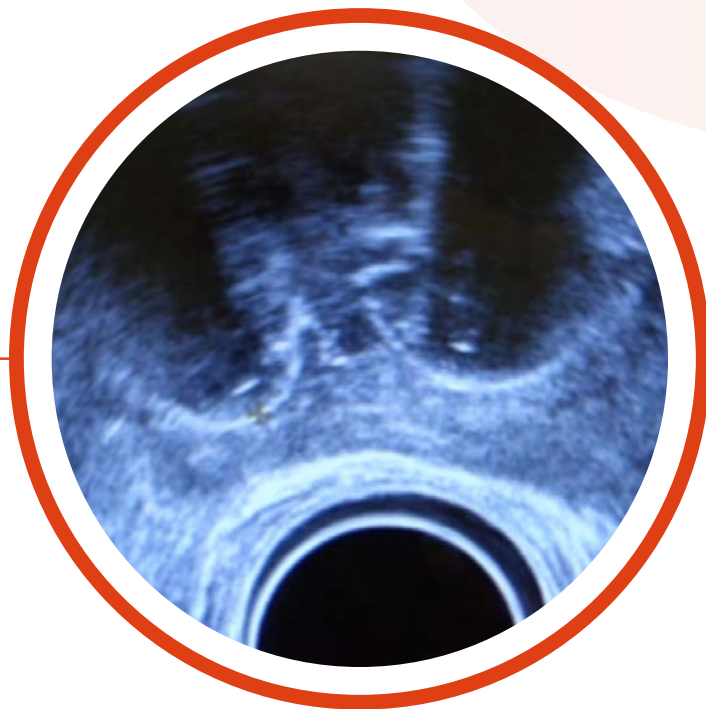
- High disease control rates¹⁻⁴
- Low incontinence rates²⁻¹³
- Preservation of erectile function^{1-5, 10-16}
- Repeatable^{2,17,18}
- Fast recovery times⁵
- Low morbidity^{2,6,7}

Focal cryoablation can provide *biochemical and local control* of prostate cancer while preserving *potency and continence*.

Bahn DK et al. 2006⁴

ANTERIOR BILATERAL FOCAL CRYOTHERAPY

Controlled growth of iceballs minimises risk of damage to neurovascular bundles, while warming catheter offers sphincteric and urethral protection



Images courtesy of Taimur Shah,
Imperial College London,
University College London, UK



1 Overview of Focal Prostate Cryoablation (cont.)

FOCAL PROSTATE CRYOTHERAPY:

THE TREATMENT OF CHOICE FOR ANTERIOR LESIONS

- Excellent preservation of functional outcomes:^{2,19}
 - 100% continence preservation
 - >80% preservation of erectile function
 - 0% rectal injury
- Established oncologic efficacy

THE LIMITATIONS OF HIFU FOR ANTERIOR PROSTATIC LESIONS²⁰

- Ultrasound waves dissipate over longer focal distances
- Intervening prostatic tissue undergoes edema, pushing target tissue further away
- No evidence that treatment of apical tumours is incontinence free

*The ease of accessibility via transperineal needles and established oncologic efficacy make **cryotherapy** more desirable [than other focal therapies] for cancers in **anterior locations**.*

Sivaraman A et al. 2016²⁰

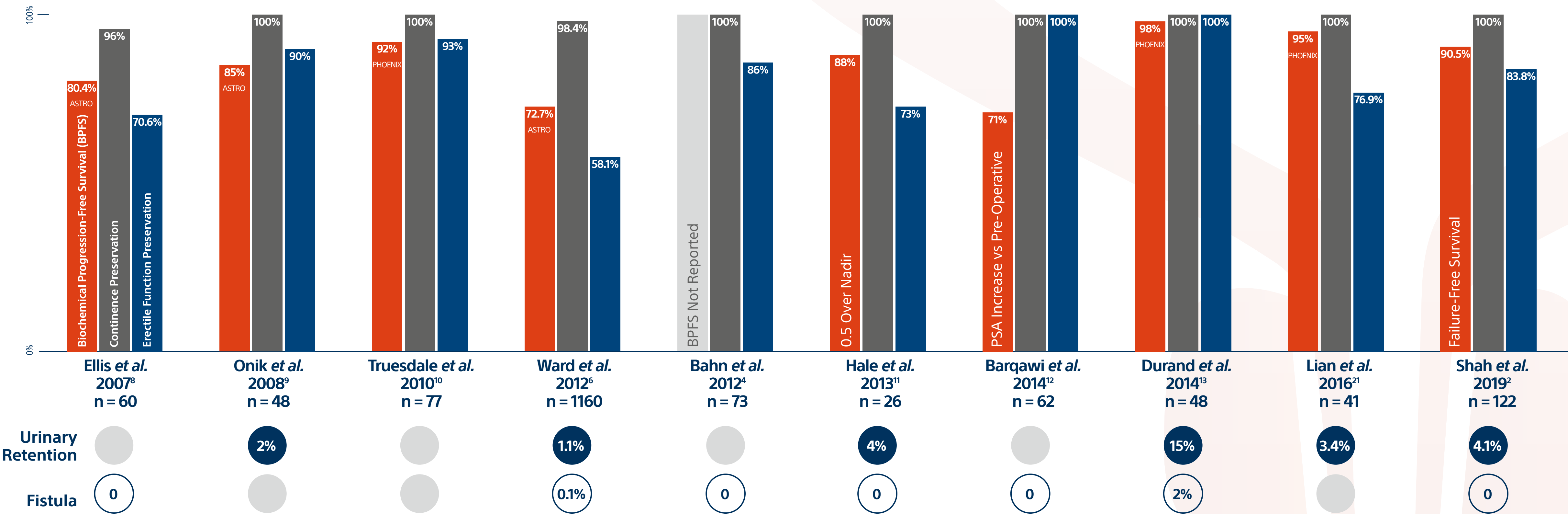
*If the oncological outcomes are maintained, then it can be argued that the **first-line** treatment option for **anterior prostate cancer** should be **focal cryotherapy**.*

Shah T. 2017¹⁹



2 Clinical Results

BIOCHEMICAL PROGRESSION-FREE SURVIVAL AND PRESERVATION
OF CONTINENCE AND ERECTILE FUNCTION†



URINARY RETENTION AND FISTULA† (if reported)

†Results shown are those reported at longest follow-up point recorded in publication

...focal cryotherapy may be a suitable *alternative treatment option* to radical whole-gland surgery or radiotherapy in men wishing to *preserve sexual function*.

Shah T. 2017³

A major strength of our data comes from the fact that the *majority of our cohort had intermediate- and high-risk prostate cancer* in contrast to the early cryotherapy cohorts with predominantly low-risk disease.

Shah T. 2019²



3 Recommended Cryoablation Needles: Isotherm Data 37° Gel

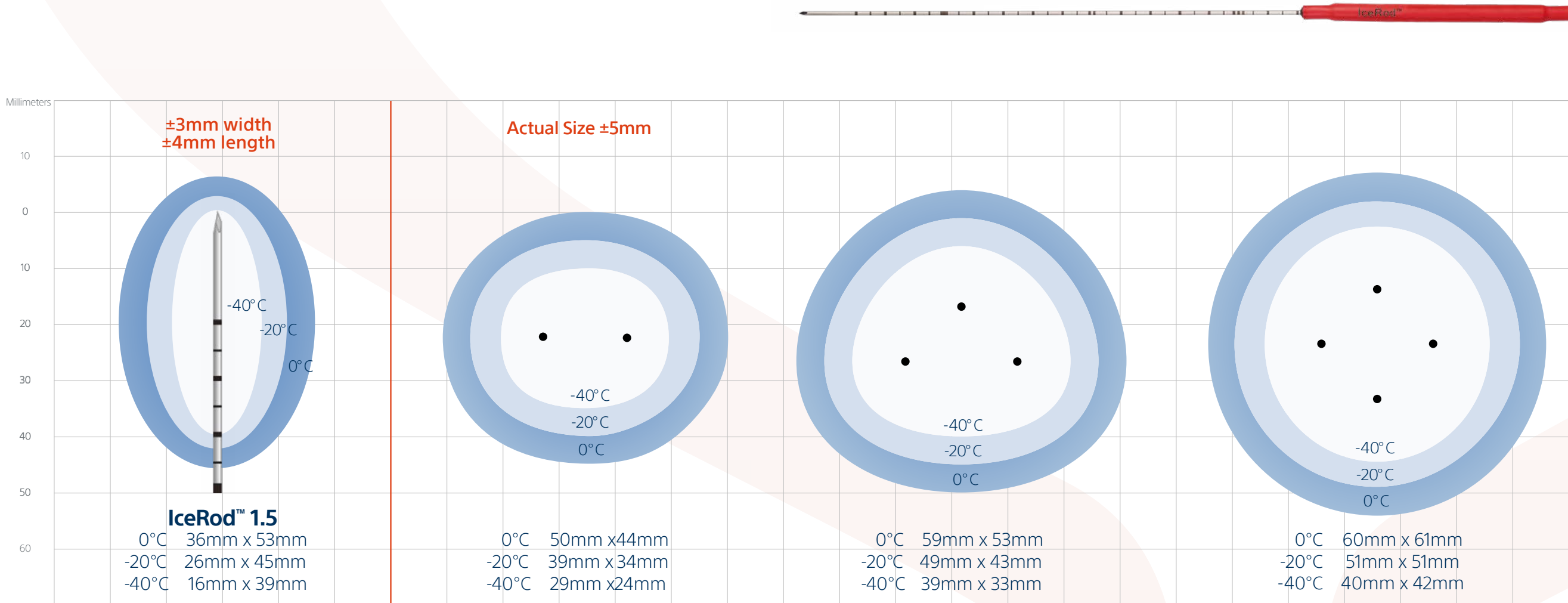
The advantage of cryotherapy is easy accessibility via transperineal needles to all parts of the prostate including the anterior zone.

Sivaraman A et al. 2016²⁰

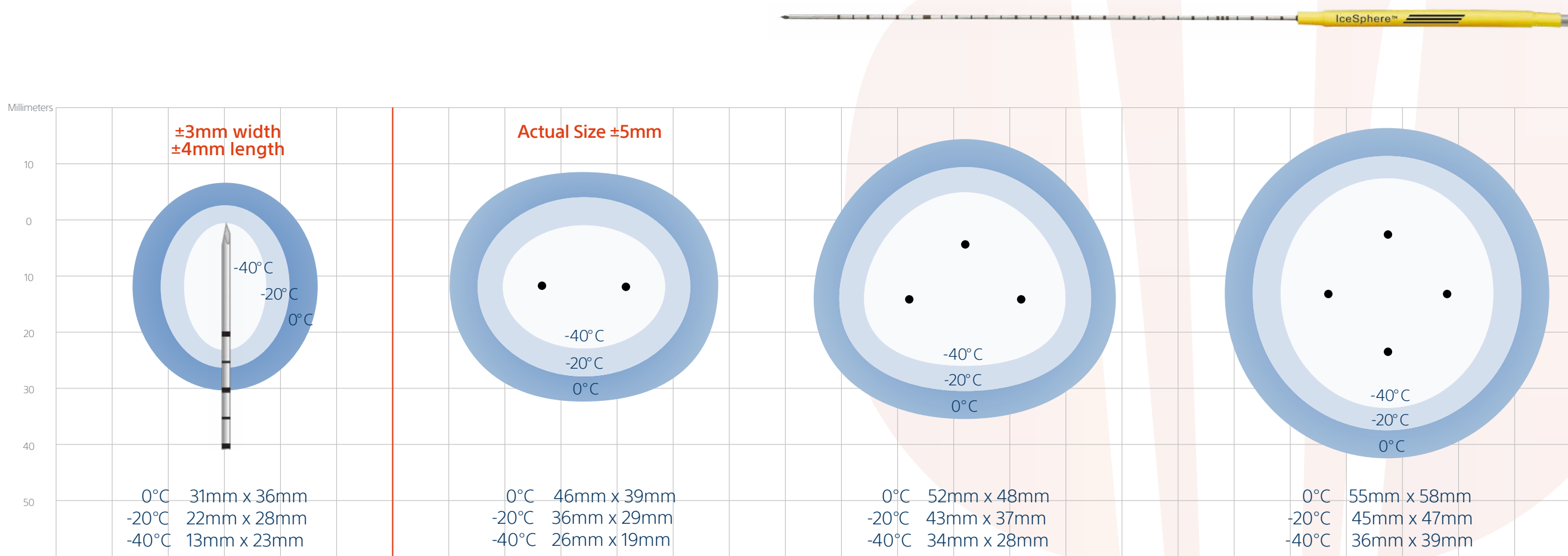
Focal therapy has recently emerged as a promising management strategy that would ideally selectively target the cancer area and spare the rest of the gland, thereby leading to fewer adverse effects compared with radical therapies.

Barret et al. 2013¹⁸

ICEROD™ 1.5
CRYOABLATION NEEDLE
Optimal spacing: 1.0–1.5 cm



ICESPHERE™ 1.5
CRYOABLATION NEEDLE
Optimal spacing: 1.0–1.5 cm



FOR MORE INFORMATION ON CRYOABLATION
VISIT US AT **IOABLATION.COM**

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