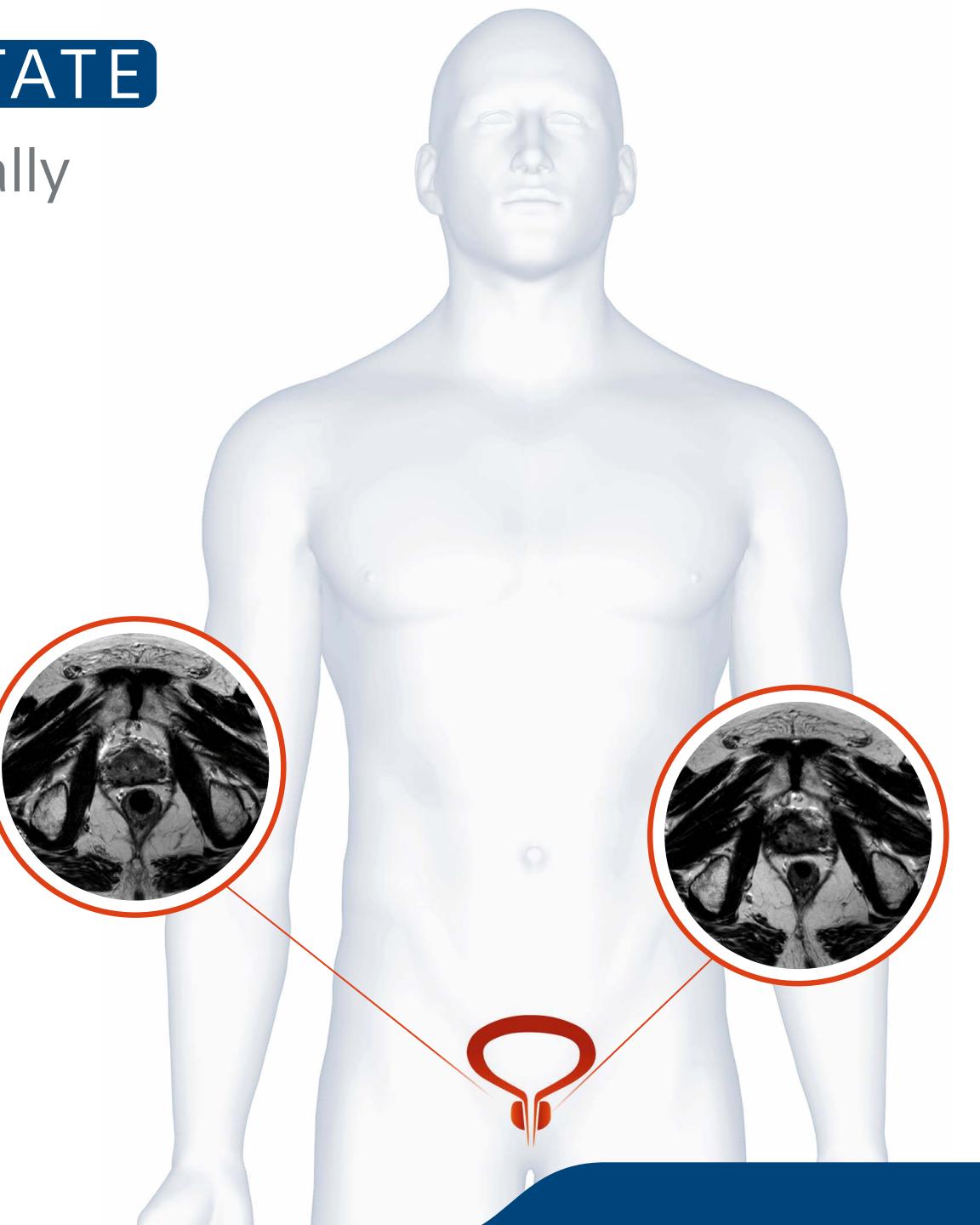


# FOCAL CRYOABLATION PROSTATE

A repeatable, effective and minimally invasive therapy

Click to select a topic

- **Overview of Focal Prostate Cryoablation**
- Clinical Results
- **Cryoablation Needles: Isotherm Data 37° Gel**



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







#### 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. 2017<sup>1</sup>

## A REPEATABLE, EFFECTIVE AND MINIMALLY INVASIVE THERAPY

#### **OVERVIEW**

- High disease control rates<sup>1-4</sup>
- Low incontinence rates<sup>2-13</sup>
- Preservation of erectile function<sup>1-5, 10-16</sup>
- Repeatable<sup>2,17,18</sup>
- Fast recovery times<sup>5</sup>
- Low morbidity<sup>2,6,7</sup>



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:<sup>2,19</sup>
  - 100% continence preservation
  - >80% preservation of erectile function
  - 0% rectal injury
- Established oncologic efficacy

## THE LIMITATIONS OF HIFU FOR ANTERIOR PROSTATIC LESIONS<sup>20</sup>

- 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. 2016<sup>20</sup>

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

Shah T. 2017<sup>19</sup>







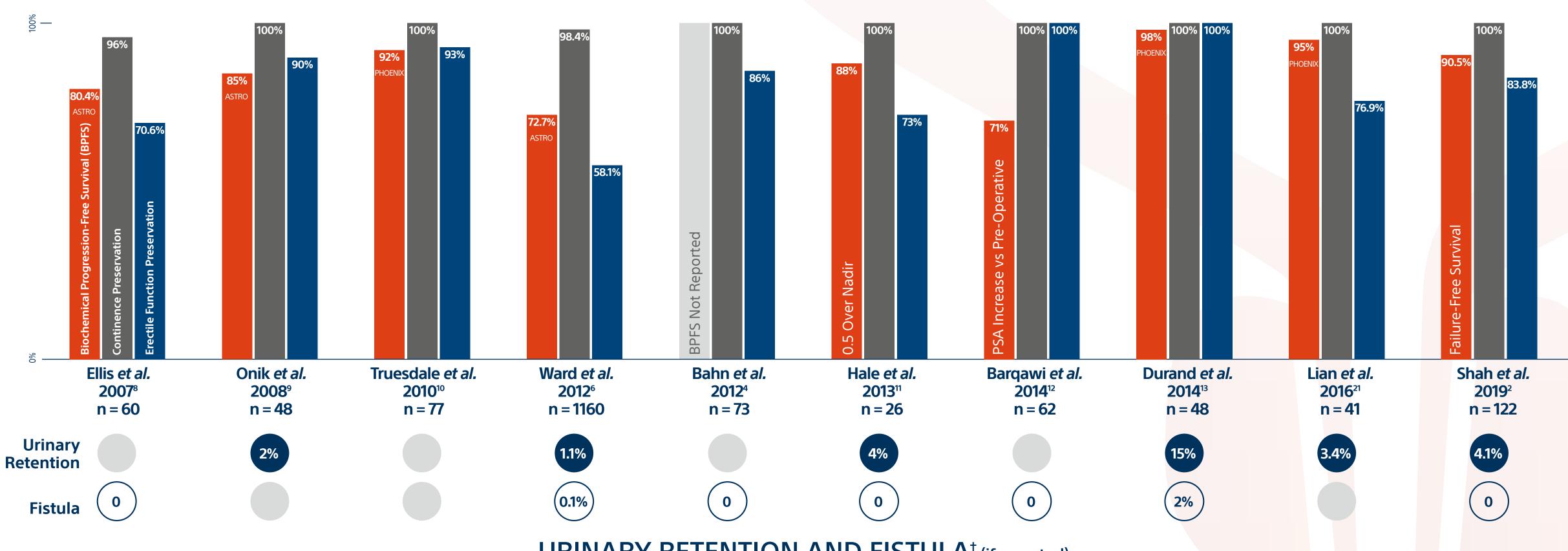








## BIOCHEMICAL PROGRESSION-FREE SURVIVAL AND PRESERVATION OF CONTINENCE AND ERECTILE FUNCTION<sup>†</sup>



#### URINARY RETENTION AND FISTULA<sup>†</sup> (if reported)

<sup>†</sup>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. 2017**<sup>3</sup>

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. 2019**<sup>2</sup>









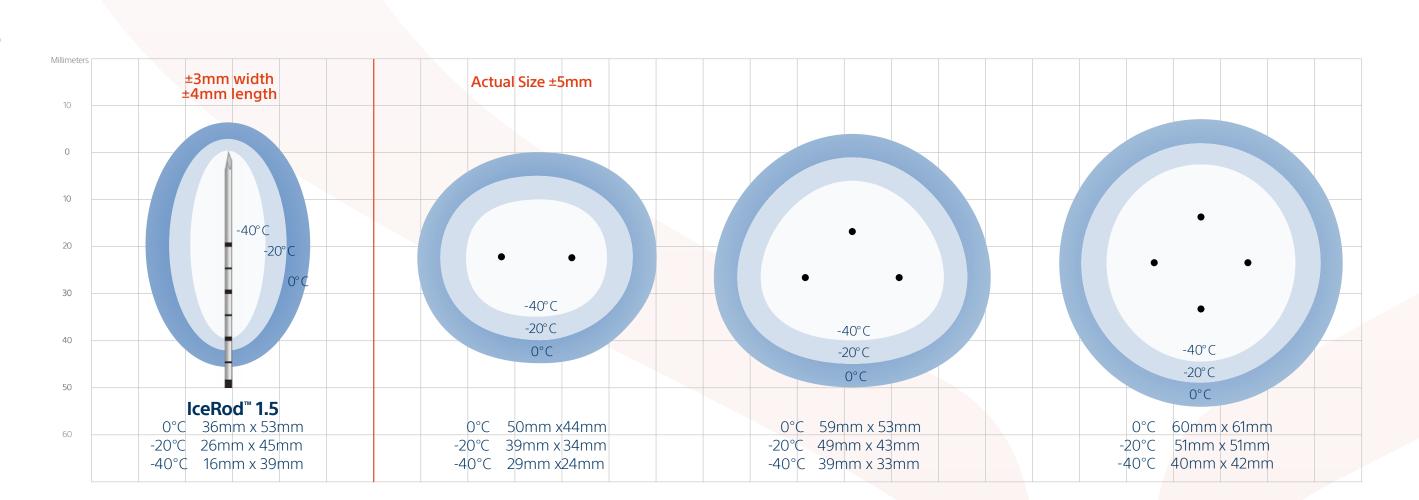


ICEROD™ 1.5
CRYOABLATION NEEDLE
Optimal spacing: 1.0-1.5 cm

"

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

Sivaraman A et al. 2016<sup>20</sup>



ICESPHERE<sup>™</sup> 1.5
CRYOABLATION NEEDLE
Optimal spacing: 1.0–1.5 cm

Actual Size ±5mm ±3mm width -20°C -20°C 0°C 31mm x 36mm 0°C 52mm x 48mm 0°C 55mm x 58mm 0°C 46mm x 39mm -20°C 22mm x 28mm -20°C 36mm x 29mm -20°C 43mm x 37mm -20°C 45mm x 47mm -40°C 26mm x 19mm -40°C 13mm x 23mm -40°C 34mm x 28mm -40°C 36mm x 39mm

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. 2013**<sup>18</sup>







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

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