

ABLATING CANCEROUS LESIONS IN NON-SURGICAL
PULMONARY AND THORACIC PATIENTS

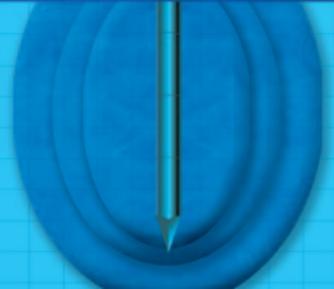


PER **CRYO**[®]
PERCUTANEOUS ● CRYOABLATION

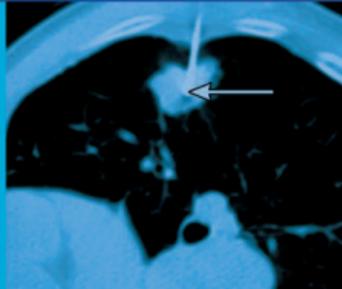
predictable



safe



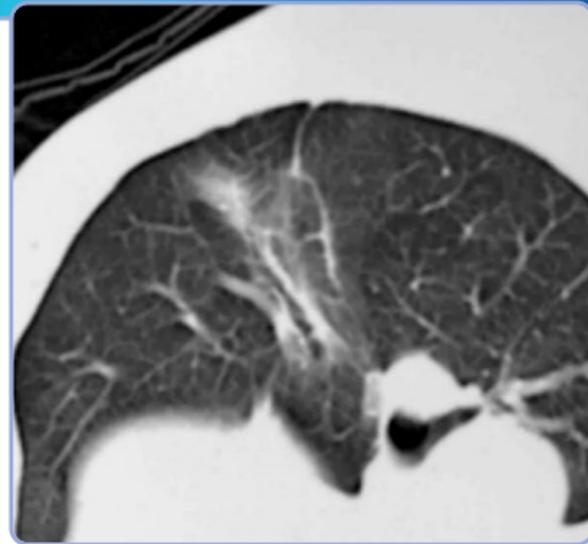
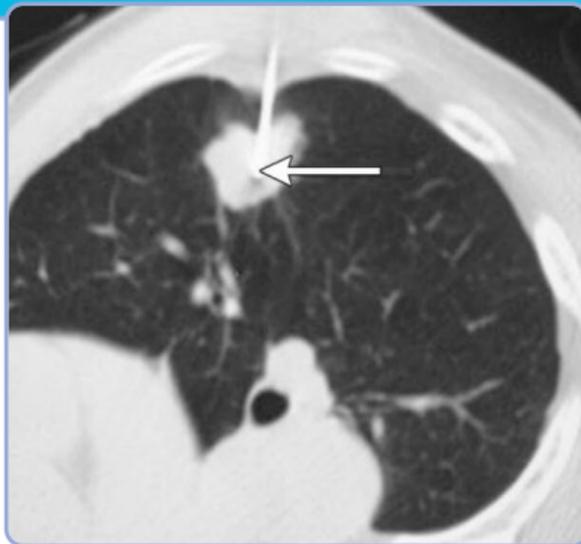
visible



CT GUIDED PERCUTANEOUS CRYOABLATION FOR LUNG

- Less procedural pain versus radiofrequency ablation.¹
- No destruction of collagen.²
- Offers an important alternative for poor surgical candidates.²
- Provides palliative treatment for thoracic tumors.³

Transverse CT images obtained during cryotherapy for treatment of a small pulmonary mass and during follow-up. (left) Image of a 2-cm primary lung cancer in a patient who was not eligible for surgery show the initial needle placement (arrow). The tip was subsequently advanced to the far tumor margin. (right) Image obtained 6 months after PCT shows nearly complete resolution of the parenchymal reaction and minimal residual scarring.²



Prior to use, providers must study the Operator's Manual and undergo proper training. For more information, call (888) 252-6575 or go to CryocoldTraining.com

¹Allaf ME, et al: Pain Control Requirements for Percutaneous Ablation of Renal Tumors: Cryoablation versus Radiofrequency Ablation – Initial Observations. *Radiology* 2005; 237:366-370.

²Wang H, et al: Thoracic Masses Treated with Percutaneous Cryotherapy: Initial Experience with More than 200 Procedures. *Radiology* 2005; 235:289-298.

³Aoun H, et al: Percutaneous Cryotherapy of Lung Tumors: CT Fluoroscopic Guidance. *RSNA 2007 Abstract #14.*