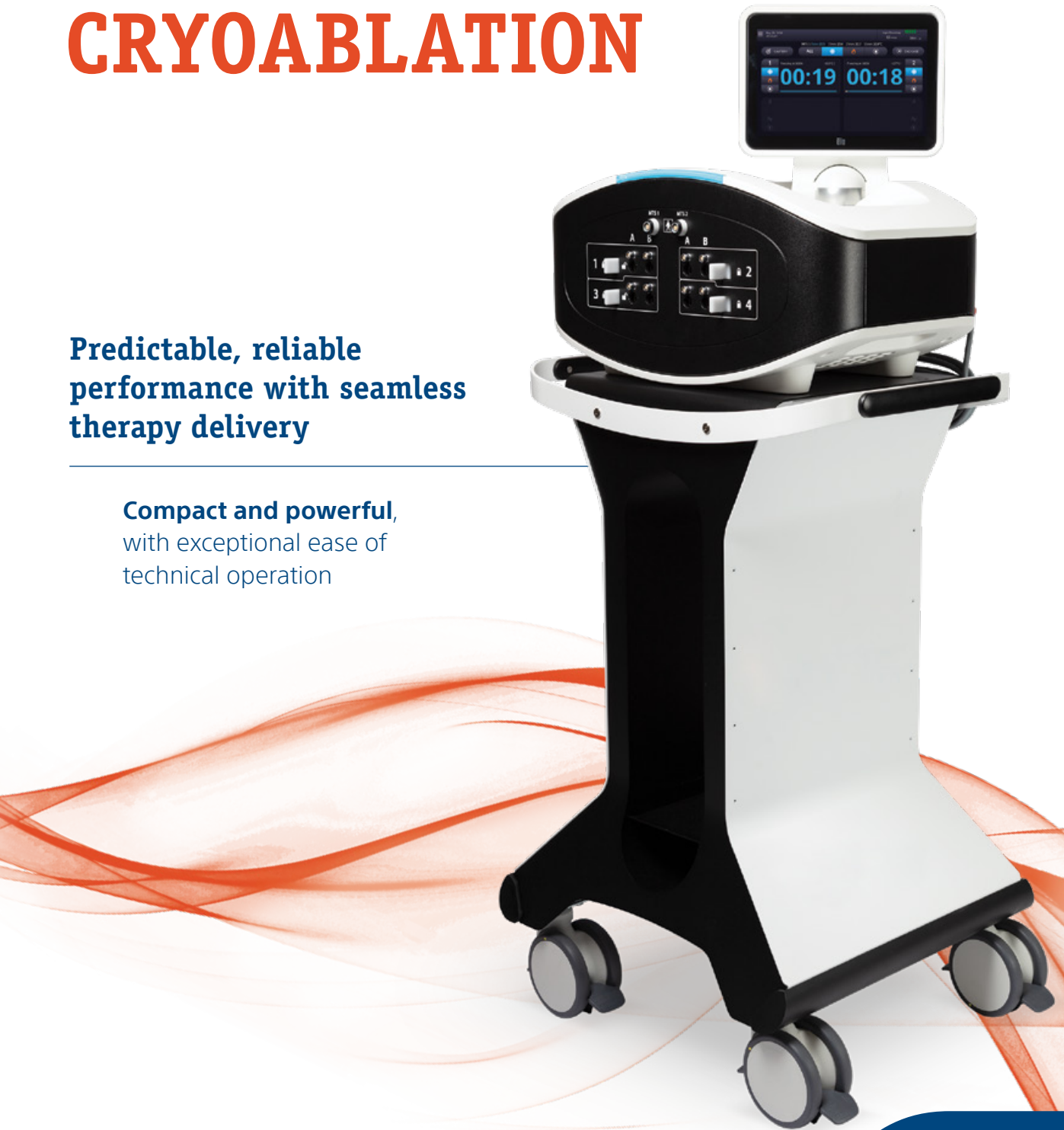


ICEfx™
Cryoablation System

CRYOABLATION

**Predictable, reliable
performance with seamless
therapy delivery**

Compact and powerful,
with exceptional ease of
technical operation



Introducing the ICEfx™ Cryoablation System powerful intuitive Cryoablation for your practice

The new ICEfx™ Cryoablation System offers predictable, reliable performance with seamless therapy delivery and exceptional ease of technical operation.

The ICEfx™ Cryoablation System is designed for interventional oncologists who want to offer their patients on-demand access to state of the art ablation technology.

Compact and Powerful

Easily mobilised

- Placement next to the scanner bed allows easy access to both the patient and the needles during a procedure
- Optional cart available

Powerful freezing performance

- Streamlined design offers the freezing performance you would expect from larger systems

Simple to Use

- Set-up and end-case wizards make it easy to prepare and complete a procedure
- Automatic needle recognition enables advanced functionality and optimises needle performance
- Large timers allow freezing and thawing time to easily be seen from the control room
- Sequence programming streamlines operation for commonly used protocols

Advanced Needle Platform

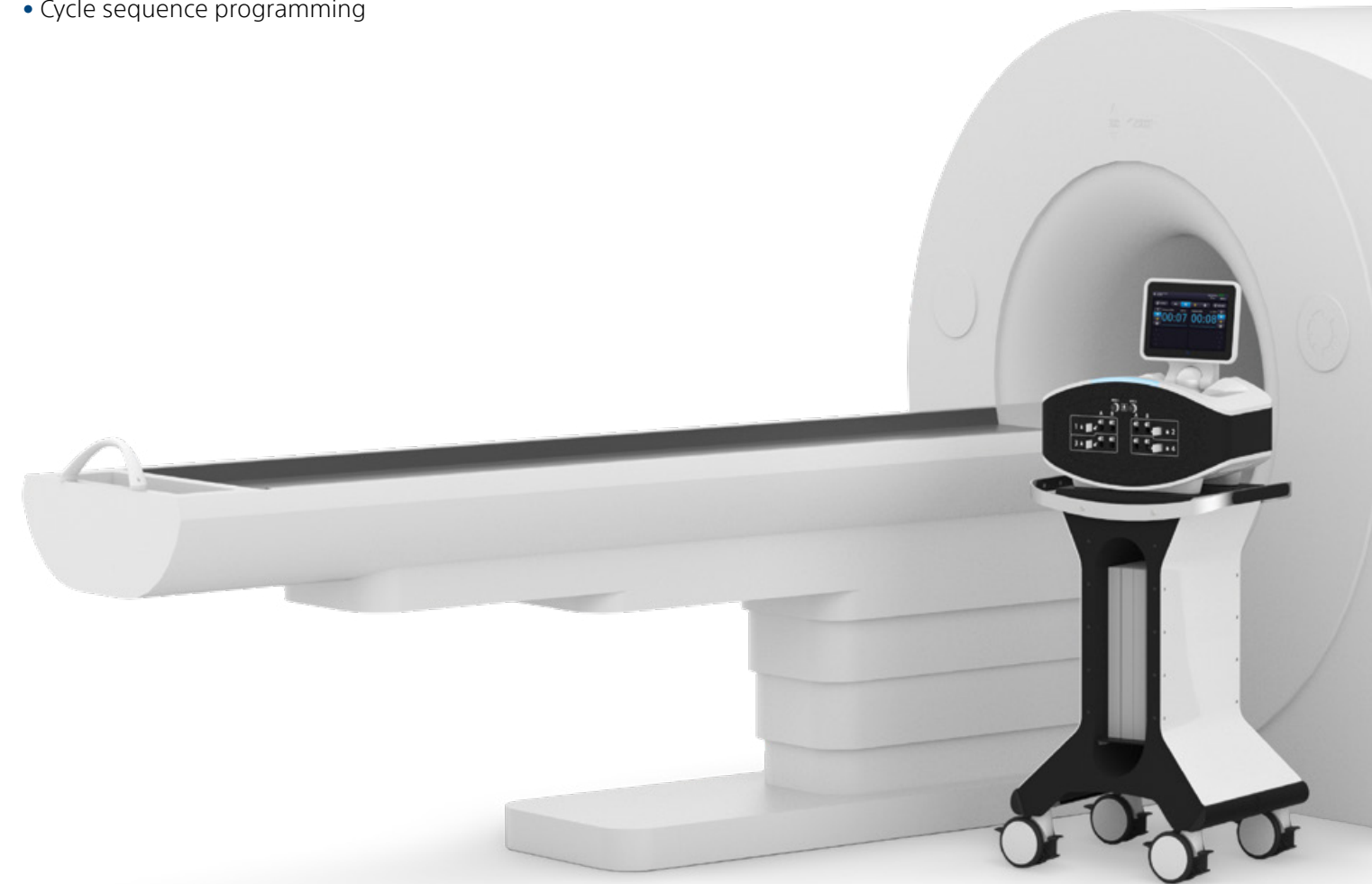
- Helium-free thaw capability offers options to accelerate thaw-time and reduces logistic demands and procedure costs
- Proprietary cautery function ablates the needle track



Cryoablation redefined for your practice

ICEfx™ Cryoablation System

- Manoeuvrable cart and console
- Accommodates up to 8 needles on 4 channels
- CX needle technology
- Helium-free active thawing
- Intuitive user interface
- Cycle sequence programming

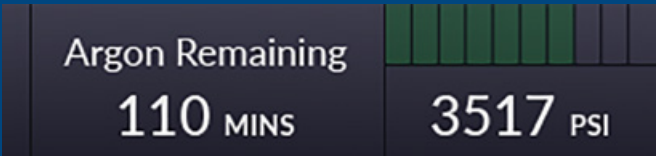


ICEfx™ Cryoablation System offers controlled and predictable ablation zones

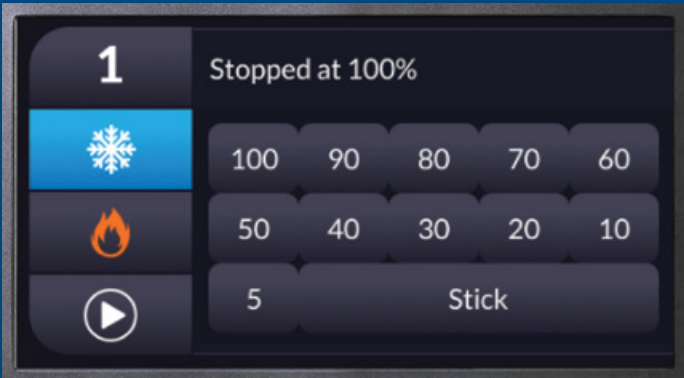
System Features Control Iceball Shape and Growth

- Adjustable freeze intensity regulates ice growth
 - Provides control near critical structures
 - Stick mode secures a needle during placement of additional needles
- Four separate system channels allow independent control per two-needle channel
- Activation of multiple needles provides opportunities to treat large tumours and to conduct multiple simultaneous treatments
- Different needle types can be combined to create optimal iceball shapes and sizes

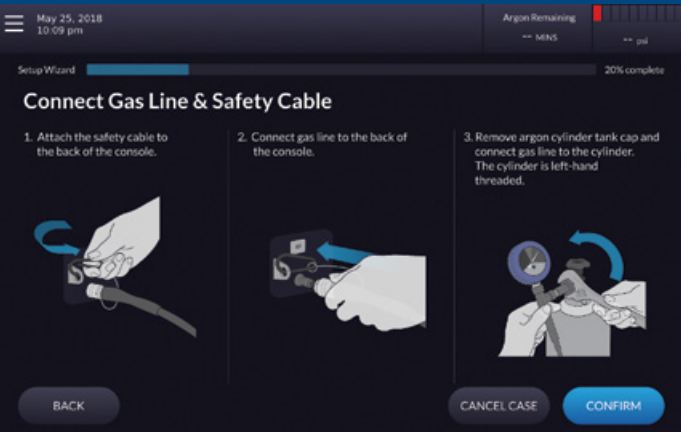
Gas indicators display



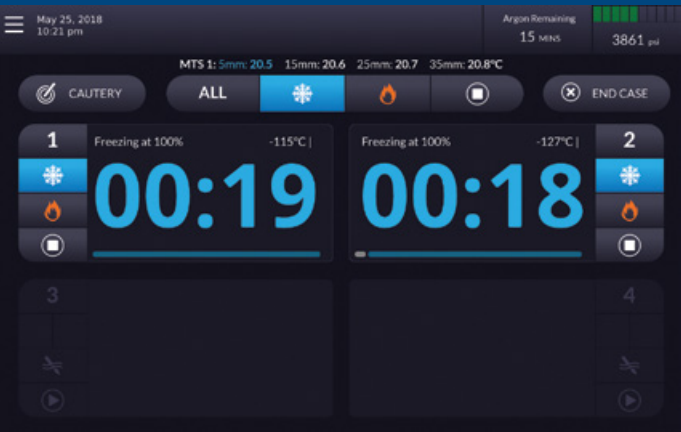
Adjustable freeze intensifies



Setup screen



Procedure screen



Intuitive User Interface Provides Ease of Operation

Touch-Screen Controls System Operation and Displays Procedure Status

- Responsive touch-screen interface provides accurate touch response enabling users to work quickly and accurately
- Set-up and end-case wizards guide users through gas and system setup steps, needles testing and, when the case is complete, dismantle instructions
- Colour-coded bars visually display ongoing procedural summary of freeze, thaw and idle segments
- Large timers allow monitoring of the procedure status from a distance
- Large timers display elapsed cycle time and, when freezing, freeze intensity
- Optional cycle programming offers automation of frequently used freeze-thaw protocols

Progressive cryoablation platform system software streamlines operation

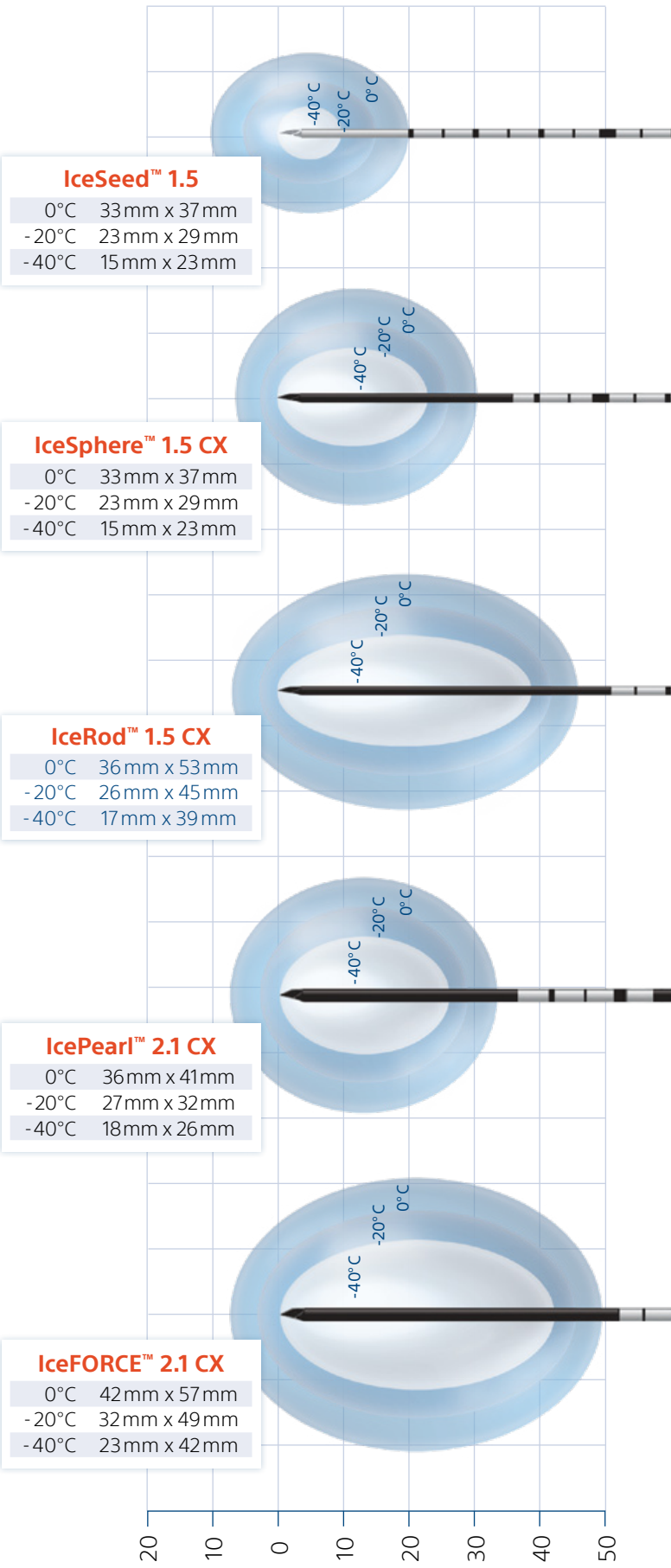
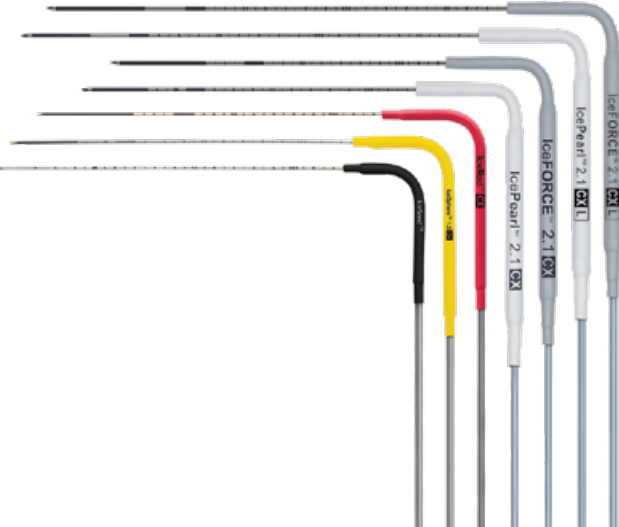
- Automatic needle detection assigns needle type to channel optimising gas delivery for enhanced needle performance
- Gas indicator displays cylinder pressure and real-time estimates of remaining gas time to minimise procedure interruption
- Online predictive diagnostics allow advance planning for maintenance
- Remote connectivity provides online software updates and downloads

Cryoablation visualisation allows monitoring of iceball information

- Data was collected in 37°C gel; in-vivo dimensions may be smaller than the dimensions generated in laboratory conditions

NEEDLES for ICEfx™ Cryoablation Procedures

- IceSeed™ 1.5 Cryoablation Needles
- IceSphere™ 1.5 CX Cryoablation Needles
- IceRod™ 1.5 CX Cryoablation Needles
- IcePearl™ 2.1 CX Cryoablation Needles
- IceFORCE™ 2.1 CX Cryoablation Needles



Height in millimetres
This data was collected at 21°C (room ±3mm width ±4 mm length temperature)

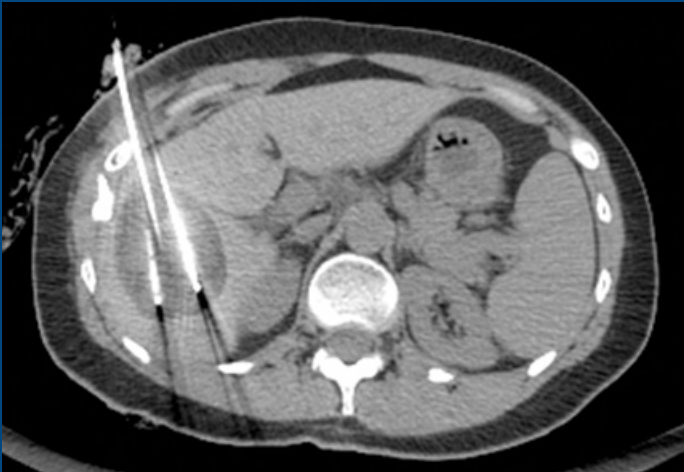
Cryoablation Couples **unique treatment zone visualisation** with effective ablation

- Excellent safety and efficacy profiles¹⁻⁵
- Exceptional local tumour control following single treatment^{2,6,7,8}
- Durable with low incidence of tumour recurrence and low risk of metastatic progression^{2,6}
- Short hospital stay, low morbidity and rapid recovery^{6,9,10}
- Less blood loss versus surgery¹⁰⁻¹²
- Option for conscious sedation with local anaesthesia¹³⁻¹⁵
- Repeatable²

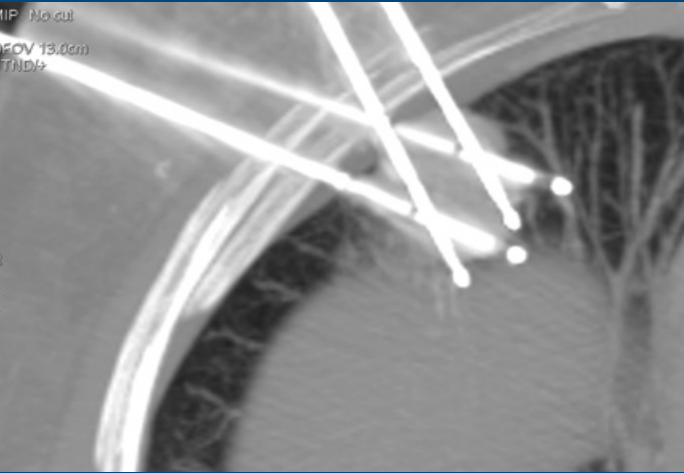
Axial Renal CT



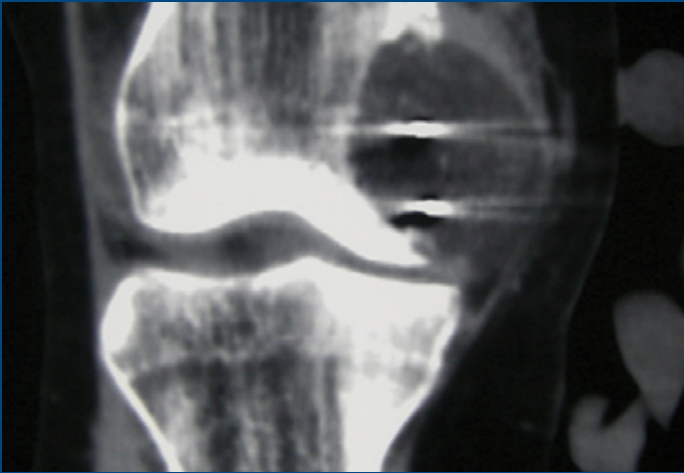
Axial Liver CT



Axial Lung CT

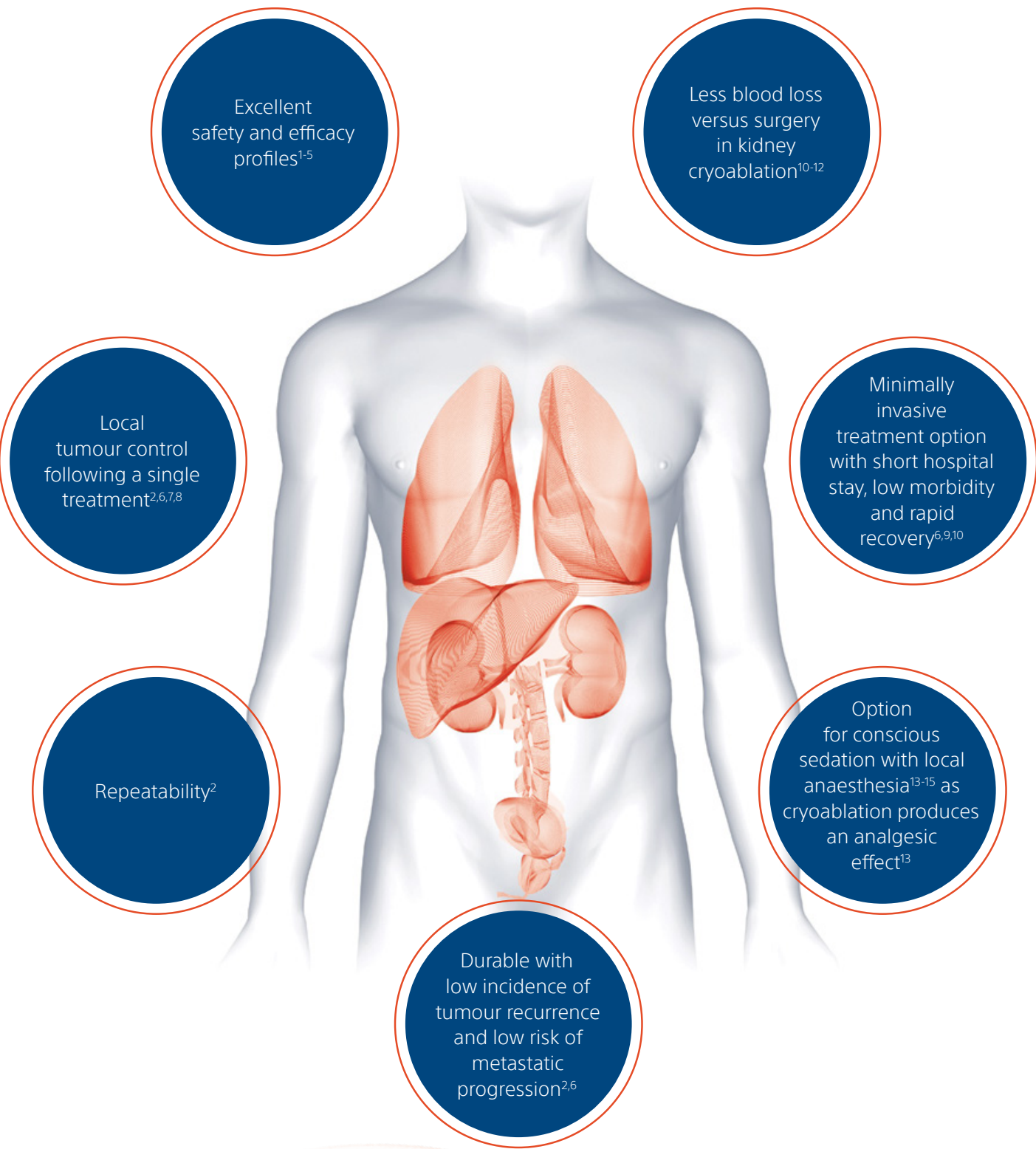


Axial Bone CT



Images Courtesy of:
Stuart G. Silverman, MD, Department of Radiology, Brigham and Women's Hospital Boston, MA, USA.
Paul B. Shyn, MD, Department of Radiology, Brigham and Women's Hospital Boston, MA, USA.
Afshin Gangi, MD, PhD, Department of Interventional Radiology, University Hospital of Strasbourg, France.
Thierry de Baere, MD, Departments of Surgical Oncology and Interventional Radiology, Institut de Cancérologie Gustave Roussy, Villejuif, France.

Cryoablation provides **excellent patient benefit outcomes**



ICEfx™ Cryoablation effectively treats a range of applications

Kidney

Cryoablation is a well-established and accepted therapy for T1a renal masses and is included as a treatment option in multiple guidelines¹⁷⁻²⁰

- Cryoablation preserves renal function^{20,21}
- Collecting system injury is rare, even when the iceball overlaps the renal sinus^{20,23}
- Anterior and central renal masses can be successfully ablated^{6,23-25} and tumours near the ureter or bowel can be safely managed and treated^{26,27}
- Control of iceball size and growth can avoid damage to adjacent non-targeted tissue¹

Lung

Cryoablation of lung metastases may be a first-line therapeutic alternative²⁸

- Central lesions abutting bronchi and lesions within the chest wall or involving pleura can be safely and effectively treated with cryoablation²⁹⁻³²
- Percutaneous cryoablation for metastatic lung tumours provides local control^{33,34} and low rates of severe complications³⁰

Prostate

Cryoablation is a minimally invasive, efficacious treatment option with curative intent for prostate cancer³⁷⁻⁴⁰

- Primary and salvage cryoablation provide excellent local control,^{40,41} low risk of metastases⁴¹ and long-term prostate cancer specific survival^{37,40,41}

Liver Metastases

For appropriate patients, cryoablation is an option for hepatic metastases⁴²⁻⁴⁵

- Visibility of the ablation zone is a key advantage, allowing intraprocedural monitoring to avoid involvement of nearby critical structures and to optimise tumour coverage^{42,43}
- Hepatic tumours ≤4 cm can be successfully ablated with low local recurrence rates and low rates of complications^{43,45}

Bone Metastases

- Monitoring the ablation margin optimises tumour coverage⁴⁵ and reduces the risk of injury to adjacent critical structures^{46-51,53}
- Studies show clinically significant⁵⁴ durable pain reduction for the majority of metastatic bone tumour patients treated with cryoablation^{47,55-57}
- Cryoablation delivers faster pain relief⁵⁶ than radiotherapy⁵⁸

Ordering information

Part Number	Cryoablation Needle Kits	Description
FPRCH8000	ICEfx™ Cryoablation System	A cryoablation system with built-in gas pressure regulators; one flexible argon gas supply line with pressure gauge; a console cover
FPRCH8010	ICEfx™ Cryoablation System Cart	An ICEfx™ System cart with a tool-free console locking system and storage for up to four needle boxes.

Part Number	Cryoablation Needle Kits	Configuration	Needle Shaft Length	Thaw
FPRPR3201	IceSeed™ 1.5 Cryoablation Needle	Straight	175 cm	–
FPRPR3202	IceSeed™ 1.5 Cryoablation Needle	90°	175 cm	–
FPRPR3573	IceSphere™ 1.5 CX 90° Cryoablation Needle	90°	175 cm	i-Thaw/FastThaw
FPRPR4009	IceRod™ 1.5 i-Thaw Cryoablation Needle	Straight	175 cm	i-Thaw
FPRPR3533	IceRod™ 1.5 CX 90° Cryoablation Needle	90°	175 cm	i-Thaw/FastThaw
FPRPR3601	IcePearl™ 2.1 CX 90° Cryoablation Needle	90°	175 cm	i-Thaw/FastThaw
FPRPR3603	IcePearl™ 2.1 CX Cryoablation Needle	Straight	175 cm	i-Thaw/FastThaw
FPRPR3617	IcePearl™ 2.1 CX L 90° Cryoablation Needle	90°	203 cm	i-Thaw/FastThaw
FPRPR3602	IceFORCE™ 2.1 CX 90° Cryoablation Needle	90°	175 cm	i-Thaw/FastThaw
FPRPR3604	IceFORCE™ 2.1 CX Cryoablation Needle	Straight	175 cm	i-Thaw/FastThaw
FPRPR3618	IceFORCE™ 2.1 CX L 90° Cryoablation Needle	90°	203 cm	i-Thaw/FastThaw

System Specifications

Operation Conditions

- Relative Humidity (operating conditions): 30% to 75%, Temperature: 10°C to + 40°C
- Relative Humidity (storage): 10% to 90%, Temperature: -15°C to +50°C

Transportation Conditions

- When shipping the ICEfx™ system, use the original shipping containers to prevent damage during transport
- If the original shipping containers are not available, the customer takes responsibility to ensure proper transport conditions are satisfied or contacts BTG Customer Service to obtain the appropriate shipping container

Mechanical Specifications – Console

- Weight: 20kg
- Foot print: 36x53cm
- Height: 28cm, monitor down, 48cm, monitor up

Mechanical Specifications – ICEfx™ Cart

- Weight: 20kg
- Foot print: 36x53cm
- Height: 28cm, monitor down, 48cm, monitor up

External Gas Supply

- Argon Cynlinder: Purity Level 99.998% or higher
- Solid Particle size: <5µm

Gas cylinder specifications

- Maximum pressure: 31 MPa (4500 psi, 310 bar)
- Recommended volume of gas cylinder: 42-50L

Accuracy of displayed values

- Temperature Accuracy: ±3°C over r
ange of -60°C +40°C
- Supplied Gas Pressure Accuracy:
± 50 psi, over range of 1000 psi to 6000 psi
± 3.4 bar over range of 69 bar to 414 bar
± 0.314 MPa over range of 6.9 MPa to 41.4 MPa
- Built-in Regulator Gas Pressure:
± 50 psi, over range of 1000 psi to 4000 psi
± 3.4 bar over range of 69 bar to 276 bar
± 0.314 MPa over range of 6.9 MPa to 27.6 MPa
- Time intervals: ±5 seconds over any 10 minute interval

Electrical specifications

- Input Voltage: 100 to 240 VAC, single phase
- Input Frequency: 50-60Hz • VA Rating: 250 VA
- IP Rating: IP10 • Fuse Rating: T 2A
- Electrical Protection: Class I, Type BF protection against shock
- Signal Input/Output Ports: one (1) Ethernet port, one (1) USB 2.0 full-speed port

References

1. Tatli S, Acar M, Tuncali K, et al. Percutaneous cryoablation techniques and clinical applications. Diagn Interv Radiol 2010; 16(1):90-95.
2. Atwell TD, Callstrom MR, Farrell MA, et al. Percutaneous Renal Cryoablation: Local Control at Mean 26 Months of Followup. J Urol 2010; 184(4):1291-5.
3. Aron M, Kamoi K, Remer E, et al. Laparoscopic Renal Cryoablation: 8-Year, Single Surgeon Outcomes. J Urol 2010; 24(5):769-74.
4. Guazzoni G, Cestari A, Buffi N, et al. Oncologic Results of Laparoscopic Renal Cryoablation for Clinical T1a Tumors: 8 Years of Experience in a Single Institution. Urol 2010; 76(3):624-9.
5. Thompson RH, Atwell T, Schmit G, et al. Comparison of Partial Nephrectomy and Percutaneous Ablation for cT1 Renal Masses. Eur Urol 2015; 67(2):252-9.
6. Breen DJ, Bryant TJ, Abbas A, et al. Percutaneous cryoablation of renal tumours: outcomes from 171 tumours in 147 patients. BJU Intl 2013; 112(6):758-65.
7. Littrup PJ, Ahmed A, Aoun HD, et al. CT-guided Percutaneous Cryotherapy of Renal Masses. J Vasc Interv Radiol 2007; 18(3):383-92.
8. Rodriguez R, Cizman Z, Hong K, et al. Prospective Analysis of the Safety and Efficay of Percutaneous Cryoablation for pT1NxMx Biopsy-Proven Renal Cell Carcinoma. Cardiovasc Intervent Radiol 2011; 34(3):573-8.
9. Haber GP, Lee MC, Crouzet S, et al. Tumor in Solitary Kidney: Laparoscopic Partial Nephrectomy vs Laparoscopic Cryoablation. BJU Intl 2012; 109(1):118-24.
10. Mues AD, Landman J. Results of kidney tumor cryoablation: renal function preservation and oncologic efficacy. World J Urol 2010; 28(5):567-70.
11. Goyal J, Sidana A, Georgiades CS, et al. Renal Function and Oncologic Outcomes after Cryoablation or Partial Nephrectomy for Tumors in Solitary Kidneys. Kor J Urol 2011; 52(6):384-9.
12. Haramis G, Graversen JA, Mues AD, et al. Retrospective Comparison of Laparoscopic Partical Nephrectomy Versus Laparoscopic Renal Cryoablation for Small (<3.5 cm) Cortical Renal Masses. J Lap Adv Surg Tech 2012; 22(2):152-7.
13. Allaf ME, Varkarakis IM, Bhayani SM, et al. Pain Control Requirements for Percutaneous Ablation of Renal Tumors: Cryoablation versus Radiofrequency Ablation - Initial Observations. Radiol 2005; 237(1):366-70.
14. de Kerviler E, de Margerie-Mellon C, Coffin A, et al. The Feasibility of Percutaneous Renal Cryoablation Under Local Anaesthesia. Cardiovasc Intervent Radiol 2015; 38(3):672-7.
15. Okhunov Z, Juncal S, Ordon M, et al. Comparison of Outcomes in Patients Undergoing Percutaneous Renal Cryoablation with Sedation vs General Anesthesia. Urology 2015; 85(1):130-34.
16. Schmit GD, Thompson RH, Kurup AN, et al. Percutaneous cryoablation of solitary sporadic renal cell carcinomas. BJU Intl 2012; 110(11 Pt B):E526-E531.
17. Campbell S, Uzzo RG, Allaf ME, et al. Renal Mass and Localized Renal Cancer: AUA Guidelines. J Urol 2017; 198(3):520-29.
18. Finelli A, Ismaila N, Bro B, et al. Management of Small Renal Masses: American Society of Clinical Oncology Clinical Practice Guideline. J Clin Oncol 2017; 35(6):668-80.
19. Krokidis ME, Orsi F, Katsanos K, et al. CIRSE Guidelines on Percutaneous Ablation of Small Renal Cell Carcinoma. Cardiovasc Intervent Radiol 2017; 40(2):177-91.
20. NCCN Clinical Practice Guidelines in Oncology, Kidney Cancer. Version I 2018. https://www.nccn.org/professionals/physician_gls/f_guidelines.asp.
21. Lucas SM, Cadeddu JA. The Importance of Nephron-Sparing Focal Therapy: Renal Function Preservation. J Urol 2010; 24(5):769-74.
22. Park SH, Kang SH, Ko YH, et al. Cryoablation for Endophytic Renal Cell Carcinoma: Intermediate-Term Oncologic Efficacy and Safety. Korean J Urol 2010; 51(8):518-24.
23. Rosenberg MD, Kim CY, Tsivian M, et al. Percutaneous Cryoablation of Renal Lesions with Radiographic Ice Ball Involvement of the Renal Sinus: Analysis of Hemorrhagic and Collecting System Complications. AJR Am J Roentgenol 2011; 196(4):935-9.
24. Schmit GD, Atwell TD, Leibovich BC, et al. Percutaneous Cryoablation of Anterior Renal Masses: Technique, Efficacy and Safety. AJR Am J Roentgenol 2010; 195(6):1418-22.
25. Buy X, Lang H, Garnon J, et al. Percutaneous Renal Cryoablation: Prospective Experience Treating 120 Consecutive Tumors. AJR Am J Roentgenol 2013; 201(6):1353-61.
26. Schmit GD, Atwell TD, Callstrom MR, et al. Percutaneous Cryoablation of Renal Masses ≥3 cm: Efficacy and Safety in Treatment of 108 Patients. J Endourol 2010; 24(8):1255-62.
27. 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.
28. Gilliams A. Lung ablation of metastases likely to become a first-line therapy for selected patients. Interv News 2015(59)43.
29. Ahrar K, Littrup PJ. Is Cryotherapy the Opitmal Technology for Ablation of Lung Tumors? J Vasc Interv Radiol 2012; 23(3):303-305.
30. Bang HJ, Littrup PJ, Currier BP, et al.. Percutaneous Cryoablation of Metastatic Lesions from Non-Small-Cell Lung Carcinoma: Initial Survival, Local Control, and Cost Observations. J Vasc Interv Radiol 2012; 23(6):761-9.
31. Colak E, Tatli S, Shyn PB, et al.. CT-guided percutaneous cryoablation of central lung tumors. Diagn Interv Radiol 2014; 20(4):316-22.
32. Wang H, Littrup PJ, Duan Y, et al.. Thoracic Masses Treated with Percutaneous Cryotherapy: Initial Experience wiht More than 200 Procedures. Radiology 2005; 235(1):289-98.
33. de Baere T, Tselikas L, Woodrum D, et al.. Evaluation Cryoablaiton of Metastatic Lung Tumors in Patients - Safety and Efficacy. The ECLIPSE Trial - Interim Analysis at 1 Year. J Thorac Oncol 2015; 10(10):1468-74.
34. Yashiro H, Nakatsuka S, Inoue M, et al.. Factors Affecting Local Progression after Percutaneous Cryoablation of Lung Tumors. J Vasc Interv Radiol 2013; 24(6):813-21.

References

35. Chou HP, Chen CK, Shen SH, et al.. Percutaneous cryoablation for inoperable malignant lung tumors: Midterm results. Cryobiol 2015; 70(1):60-65.
36. Inoue M, Nakatsuka S, Yashiro H, et al.. Percutaneous Cryoablaiton of Lung Tumors: Feasibility and Safety. J Vasc Interv Radiol 2012; 23(3):295-302.
37. Cheetham P, Truesdale M, Chaudhury S, et al.. Long-term cancer-specific and overall survival for men followed more than 10 years after primary and salvage cryoablation of the prostate. J Endourol 2010; 24(7):1125-9.
38. Finley DS, Beldegrun AS. Salvage cryotherapy for radiation-recurrent prostate cancer: outcomes and complicatins. Curr Urol Rep 2011; 12(3):209-15.
39. Mouraviev V, Spiess PE, Jones SJ. Salvage Cryoablation for Locally Recurrent Prostate Cancer Following Primary Radiotherapy. Eur Urol 2012; 61(6):1204-11.
40. Wenske S, Quarrier S, Katz A. Salvage Cryosurgery of the Prostate for Failure after Primary Radiotherapy or Cryosurgery: Long-term Clinical, Functional, and Oncological Outcomes in a Large Cohort at a Tertiary Referral Centre. Eur Urol 2013; 61(1):1-7.
41. Williams AK, Martinez CH, Lu C, et al.. Disease-free survival following salvage cryotherapy for biopsy-proven radio-recurrent prostate cancer. Eur Urol 2011; 60(3):405-10.
42. Aghayev A, Tatli S. The use of cryoablation in treating liver tumors. Expert Rev Med Devices 2014; 11(1):41-52.
43. Littrup PJ, Aoun HD, Adam B, et al.. Percutaneous cryoablation of hepatic tumors: long-term experience of a large U.S. series. Abdom Radiol 2016; 41(4):767-80.
44. Nair RT, Silverman SG, Tuncali K, et al.. Biochemical and Hematologic Alterations Following Percutaneous Cryoablation of Liver Tumors: Experience in 48 Procedures. Radiology 2008; 248(1):303-11.
45. Glazer DI, Tatli S, Shyn PB, et al.. Percutaneous Image-Guided Cryoablation of Hepatic Tumors: Single-Center Experience With Intermediate to Long-Term Outcomes. AJR Am J Roentgenol 2017; 209(6):1381-9.
46. Foster RCB, Stavas JM. Bone and Soft Tissue Ablation. Semin Intervent Radiol 2014; 31:167-79.
47. Callstrom MR, Kurup AN. Percutaneous ablation for bone and soft tissue metastases - why cryoablation? Skeletal Radiol 2009; 38:835-9.
48. Gangi A, Buy X. Percutaneous Bone Tumor Management. Semin Intervent Radiol 2010; 27(2):124-36.
49. Kurup AN, Callstrom MR. Ablation of Skeletal Metastases: Current Status. J Vasc Interv Radiol 2010; 21:S242-S250.
50. Nazario J, Hernandez J, Tam AL. Thermal Ablation of Painful Bone Metastases. Tech Vasc Interv Radiol 2011; 14(3):150-59.
51. Callstrom MR, Dupuy DE, Solomon SB, et al.. Percutaneous Image-Guided Cryoablation of Painful Metastases Involving Bone: Multicenter Trial. Cancer 2013; 119(5):1033-41.
52. Deschamps F, Farouil G, de Baere T. Percutaneous ablation of bone tumors. Diagn Interv Imaging 2014; 95:659-63.
53. Tomasian A, Wallace A, Northrup B, et al.. Spine Cryoablation: Pain Palliation and Local Tumor Control for Vertebral Metastases. Am J Neuroradiol 2016; 37:189-95.
54. Farrar JT, Young JR JP, LaMoreaux L, et al.. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001; 94:149-58.
55. Prologo JD, Passalacqua M, Patel I, et al.. Image-guided cryoablation for the treatment of painful musculoskeletal metastatic disease: a single-center experience. Skeletal Radiol 2014; 43:1551-9.
56. Masala S, Schillaci O, Bartolucci AD, et al.. Metabolic and clinical assessment of efficacy of cryoablation therapy on skeletal masses by F-FDG positron emission tomography/computed tomography (PET/CT) and visual analogue scale (VAS): initial experience. Skeletal Radiol 2011; 40:159-65.
57. Tuncali K, Morrison PR, Winalski CS, et al.. MRI-Guided Percutaneous Cryotherapy for Soft-Tissue and Bone Metastases: Initial Experience. Am J Roentgenol 2007; 189:232-9.
58. Tong D, Gillick L, Hendrickson FR. The Palliation of Symptomatic Osseous Metastases. Final Results of the Study by the Radiation Therapy Oncology Group. Cancer 1982; 40:893-9.