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"Freezing" Kidney Tumors Nonsurgically Is Effective, Safe and Less Expensive Than Laparoscopic Surgery Radiology Treatment Offers a Shorter Hospital Stay, Lower Cost, and No Major Complications in This Patient Population

Seattle, Washington (March 2, 2007) – Research presented today at the Society of Interventional Radiology's 32nd Annual Scientific Meeting shows that the nonsurgical image-guided treatment of kidney tumors – cryoablation – is as effective as the laparoscopic technique in viable candidates. The comparative trial shows that percutaneous cryoablation results in a slightly lower recurrence rate of the tumor, a shorter hospital stay, no major complications, and a 59.5 percent lower hospital cost than the laparoscopic treatment. During cryoablation argon gas enters the tip of the probe and extracts heat from the surrounding cells, resulting in an "ice ball" that freezes and kills the tumor. The nonsurgical treatment spares the majority of the healthy kidney tissue and can be repeated as often as needed. This interventional treatment had no major complications in six percent of those studied.

The radiologist uses imaging to pinpoint the tumor, and then inserts the cryoprobe through the skin, similar to the way a biopsy is performed. This can be performed under general anesthesia, but is often possible with only local anesthesia and conscious sedation. By using imaging the radiologist can avoid going through any adjacent structures or harming healthy tissue. If necessary, adjacent structures can be displaced prior to the ablation to minimize collateral damage. Laparoscopy, on the other hand, requires general anesthesia, as well as multiple abdominal incisions to allow access for the surgical instruments. It is also associated with a longer recovery time.

"This early stage research indicates that percutaneous cryoablation in the appropriate patient population can effectively kill tumors, while also offering patients a shorter hospital stay, a faster recovery, and an excellent safety profile, all at a lower cost than laparoscopy," noted study author J. Louis Hinshaw, M.D., of the University of Wisconsin. "Unfortunately, not all patients are viable candidates for percutaneous ablation and we work closely with our urology colleagues to ensure that each patient receives the most appropriate treatment."

The FDA has approved both radiofrequency ablation and cryoablation for use in soft tissue tumors, of which renal cell carcinoma is one.

"We are excited about this study because it offers patients with renal cell carcinoma a less traumatic treatment that can be repeated as needed," Hinshaw added. "Depending on

the stage of the disease, this procedure can be curative, but can also be used for palliative treatment in some settings."

In the study, 19 percutanous and 48 laparoscopic cryoablations were performed and compared. The results indicated:

- Laparoscopic cryoablation had a slightly higher tumor recurrence rate (12.5 vs. 10.5 percent)
- Percutaneous cryoablation required fewer days in the hospital (1.1 vs. 2.5)
- Percutaneous cryoablation had no major complications (0 vs. 6.3 percent)
- Percutaneous cryoablation cost 59.5 percent less than laparoscopic approach

Abstract 389 can be found at www.SIRmeeting.org.

About Kidney Cancer

Kidney cancer is the eighth most common cancer in men and the tenth in women. The most common type of kidney cancer is renal cell carcinoma that forms in the lining of the renal tubules in the kidney that filter the blood and produce urine. Approximately eighty-five percent of kidney tumors are renal cell carcinomas.

Surgical removal of tumors confined to the kidney offers the best chance for a cure. Unfortunately, some patients may not tolerate surgery due to underlying medical conditions, and some patients, particularly those with small tumors, may not want to have surgery for their cancer. In this group of patients, minimally invasive image-guided therapies offer a less invasive option. These interventional treatments can also offer valuable benefits to some patients with advanced or metastatic renal cell carcinoma. Chemotherapy drugs and radiation are generally ineffective at curing kidney cancer.

More than 32,000 Americans each year are diagnosed with kidney cancer—many of them don't have symptoms. Typically, those with kidney cancer are past the age of 40 and are twice as likely to be men. Other risk factors include smoking, obesity, high blood pressure, long-term dialysis and Von Hippel-Lindau syndrome.

About the Society of Interventional Radiology

Interventional radiologists are board-certified physicians who specialize in minimally invasive, targeted treatments. They offer the most in-depth knowledge of the least invasive treatments available coupled with diagnostic and clinical experience across all specialties. They use X-rays, MRI and other imaging to advance a catheter in the body, usually in an artery, to treat at the source of the disease nonsurgically. As the inventors of peripheral angioplasty and the catheter-delivered stent, interventional radiologists pioneered minimally invasive modern medicine, and provide treatments that offer less risk, less pain and less recovery time compared to open surgery. More information can be found at www.SIRweb.org.

Local interviews, medical illustrations and broadcast quality video footage are available by contacting SIR's Communications Department at Emily@SIRweb.org or (703) 691-1805.