## **Your Decision Guide**

# STOP Prostate Cancer **COLD**<sup>TM</sup>



Prostate Cancer and Cryocare

CRYO'CARE TCAP

Targeted CryoAblation of the Prostate™

#### For more information: www.prostatecancer.com or call 1-877-PCA-CRYO (1-877-722-2796)

#### **Introduction to Cryocare TCAP**



#### Cryocare TCAP Clinical Data



If you or a loved one have been diagnosed with prostate cancer, this can be a difficult and confusing time. You could probably use some good news right now.

Fortunately there's a new prostate cancer treatment

called Cryocare TCAP (Targeted CryoAblation of the Prostate<sup>TM</sup>). Cryocare TCAP is a minimally invasive procedure that uses ice to destroy prostate cancer.

Cryocare TCAP does not involve radiation or radioactive seeds that are left in the body. And unlike radical prostatectomy, Cryocare TCAP is not major surgery. That means patients are typically back on their feet quickly. And recent published studies have demonstrated good long-term outcomes from doctors who perform the Cryocare TCAP procedure.

In this decision guide you will read about the procedure, discover the latest information about our long-term data and determine if you're a candidate for Cryocare TCAP.

Here's how Cryocare TCAP eliminates the cancer

With Cryocare TCAP, the physician inserts 6-8 slender probes into the prostate gland. Contained within each probe is argon gas cold enough to freeze the entire prostate. A warming catheter protects the urethra



from the very cold temperatures. Ultrasound images allow your doctor to guide the probes to the best possible positions for destroying the cancer. Temperature sensors carefully monitor the process and precisely determine when target temperatures have been reached.

Recent studies have shown that for some men Cryocare TCAP may be performed with minimal damage to the nerves necessary for sexual function. Ask your doctor if this is an appropriate option for you.

#### Medicare coverage makes Cryocare an affordable option

Cryocare TCAP is approved by Medicare as a primary treatment for localized prostate cancer. It's also approved for prostate cancer that returns after any type of radiation treatment

The benefits of the procedure include:

- · a choice of general or local anesthesia.
- no radiation beams.
- no permanent radiation seeds and no radiation exposure.
- unlike radical prostatectomy, Cryocare TCAP is not major surgery.
- fast and easy recovery with low risk of potential side effects (such as incontinence).<sup>2</sup>

Today over 350 published studies help document the clinical value of cryoablation as a treatment for prostate cancer. And recent 10 year data provides evidence of cryoablation's long-term durability. Together this clinical data, along with the outcomes from thousands of patients, makes Cryocare TCAP a viable treatment option for patients with primary prostate cancer and for prostate cancer that returns after any type of radiation.

### Determining if you're a candidate for Cryocare TCAP

Whether you have first-time or recurrent prostate cancer, there's a good chance you're eligible for Cryocare TCAP- as long as your cancer has not spread beyond the prostate. Of course, only a qualified doctor will know for sure.



## Profile

"I am a general surgeon.

I did not want radiation
therapy..."

"The reason I chose Cryocare TCAP is because I felt that it was as good or possibly even better than any other therapy that I had researched without many of the troublesome side effects. I feel confident that I am cured and will live my normal life expectancy."

> Richard Vanderhoof, MD Retired General Surgeon

"We can enjoy life and do the things we've always done together. He's healthy and happy...and that, to me, is the most important thing."

Mrs. Richard Vanderhoof

#### Disclaimer

The decision guide is not a substitute for medical advice. Cryocare TCAP is a major medical procedure that involves certain inherent risks. Please consult your physician for more information.

#### Eric S. Chenven, M.D.

**Prostate Cancer Specialist** 



Dr. Eric Chenven became a urologist because he enjoys the combination of medicine and surgery used to treat problems that range from minor to major. He and his partners, Drs. Fauer and Yogel, have over 50 combined years of experience treating urologic disorders. He strives to achieve

an "expeditious and accurate diagnosis and treatment" while offering patients a full understanding of their condition and treatment options.

Dr. Chenven believes that cryotherapy offers prostate cancer patients another option of treatment, especially when most or all of the other choices do not appear indicated. He points out that cryotherapy is a minimally invasive alternative for both prostate and kidney cancer, and expects the results to be a "complete cure of the cancer."

Dr. Chenven received his Medical Degree from the Albert Einstein College of Medicine (Bronx, NY). Following his internship and residency years in General Surgery and Urology, he received a Fellowship in Endourology/Laparoscopy at Thomas Jefferson University (Philadelphia, PA). In addition to other awards, he was recognized as a Pfizer Scholar in Urology. He serves as Chief of Urology at Imperial Point Medical Center, as well as Clinical Assistant Professor at NOVA Southeastern Medical School.

Dr. Chenven is a Diplomate of the American Board of Urology. He has presented/published his research widely. He is a member of numerous professional associations, including the American Urological Association. He is one of the few urologists in the county who use cryotherapy to treat urologic cancers, both percutaneously and laparoscopically.

Fauer, Yogel & Chenven, M.D., P.A.
1200 East Broward Blvd., Fort Lauderdale, FL 33301
Tel: 954-463-6408 • Fax: 954-463-1858





Targeted CryoAblation of the Prostate™

© 2006 Endocare, Inc. All rights reserved.

PM-3396 Rev.B 12/06

<sup>&</sup>lt;sup>1</sup> Bahn et al. J Endourology 2006 Sep: 20 (9); Onik et al. Urology 2002 Jul: 168 (2).

<sup>&</sup>lt;sup>2</sup> Ellis, D. Urology 2002 Aug: 60 (2A);Donnelly et al. Urology 2002 Oct: 60 (4); Katz & Rewcastle. Cur Oncology Reports 2002 Aug: 5 (3).