

CASCINATION 

More
patients
Better
results

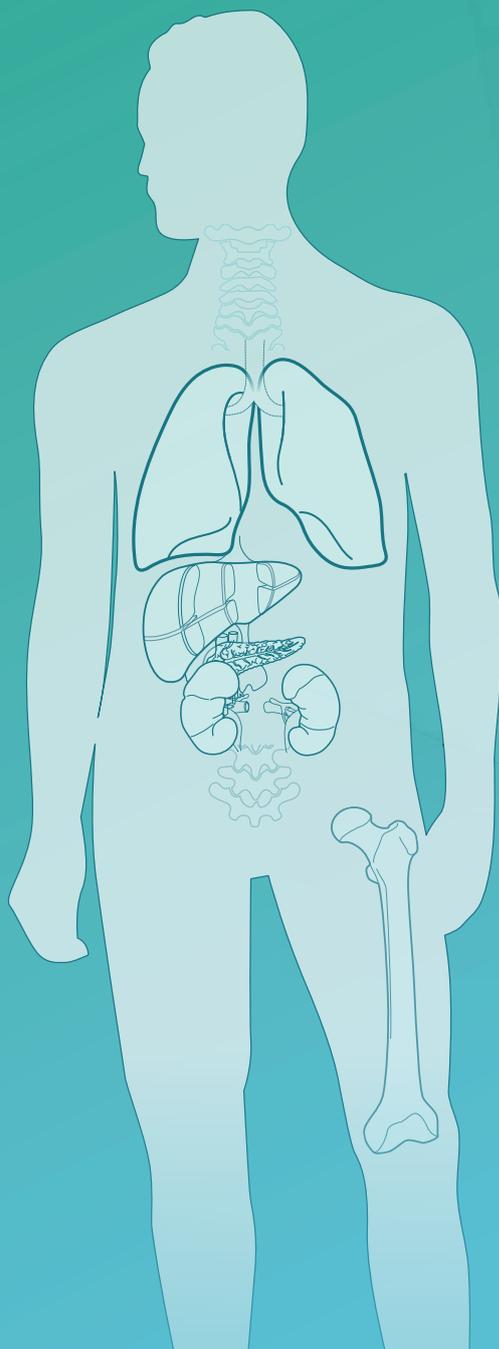
Quality Ablation with
CAS-One[®] IR

Quality Ablation with CAS-One[®] IR

Reproducible and standardised tumour treatments

Common Targets^{1,2}

Liver
Lung
Kidney
Pancreas
Bone





Clinical benefits

More patients, better results



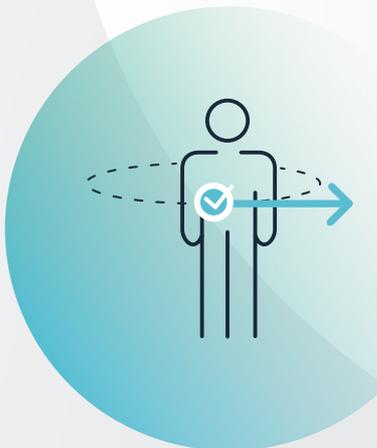
Enhanced reliability and accuracy with CT/MRI planning and navigation

- Plan and navigate treatment intuitively in 2D and 3D
- Treat invisible lesions through MRI fusion³
- Visualise ablation volumes of >75 MWA, RFA, Cryo, IRE devices⁴
- Improve accuracy through mechanical needle guidance^{5,6}
- Achieve low repositioning rates (1%)⁷



Extensive treatment capabilities for challenging tumour cases

- Easier treatment of complex cases with high angulation/long trajectory⁸
- Low instrument repositioning rate (1%)⁷
- Place instruments in proximity to structures of risk
- Treat multiple/large tumours (>3 cm) with overlapping ablation volumes^{8,9}



Consistently low complications and reduced recurrence rates

- Significantly reduce recurrence rates (9% vs 14–30%)¹
- Low overall complication rates (6%)⁸
- Add consistency to treatment success with ablation confirmation¹⁰
- Reduce bleeding/seeding through low needle repositioning rate (1%)⁷

Economic benefits

Volume growth, cost savings

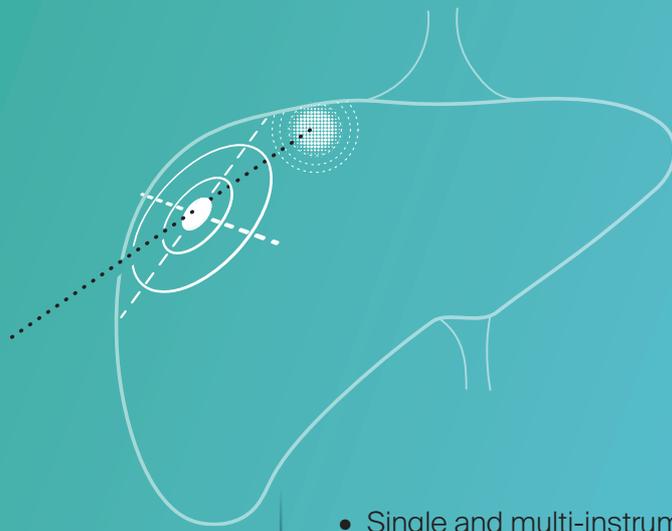
Potential volume growth by increasing

- Efficiency in interventional treatments
- Ablation treatments that are now feasible through Quality Ablation
- Treatments through other modalities in other departments
- CT diagnostic capacity through standardisation

Potential cost savings through reducing

- Re-ablations due to reduced recurrence
- Re-biopsies due to "first attempt" success
- Complications
- Quantity of ablation needles needed through diligent planning
- Time from leading radiologist with standardisation
- Costly treatments (surgery, chemotherapy)
- Radiation exposure

Quality Ablation



- Single and multi-instrument trajectories
- Tumours
- Safety margins
- Ablation volumes (from manufacturer data)

1

PLAN



FUSE

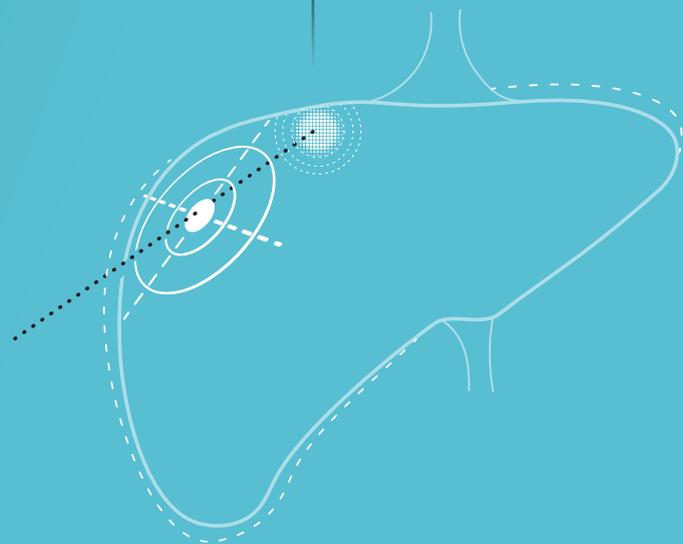


PLACE

3

2

- CT - CT
- CT - MRI





- Instruments stereotactically
- With guide-arm technology

- MWA
- RFA
- IRE
- Cryo
- Biopsy

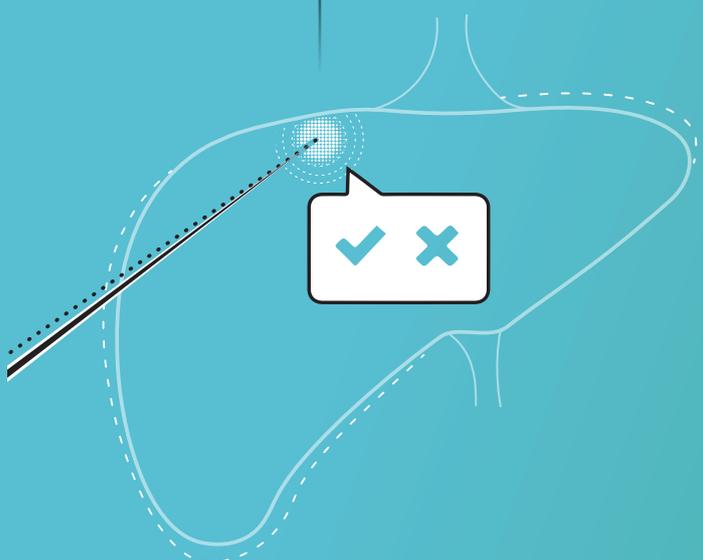
- Effective ablation volume
- Safety margins
- Necessity of re-ablation

5

→ VERIFY → TREAT → ASSESS

4

- Instrument position
- Intervention plan



AblaSure[®]

Add certainty through quantitative margin assessment

Objective assessment of effective ablation margins is most important.

Side by side comparison of pre- and postablation images is subjective (44% misjudgement).¹¹

AblaSure provides for an objective assessment of effective ablation margins through

- Real-time approximation of effective ablation volume
- 3D assessment of effective vs planned volume
- Statistical assessment of effective margins



Among Device Patient

CAS-One® IR

Switch Screenshot Exit

Blur Fuse Assess

Ablasure®

Treatment
 Seed point Defined

Ablation + -

Planned margin
 Margin + -

Effective margin
 Bin size 1 mm + -

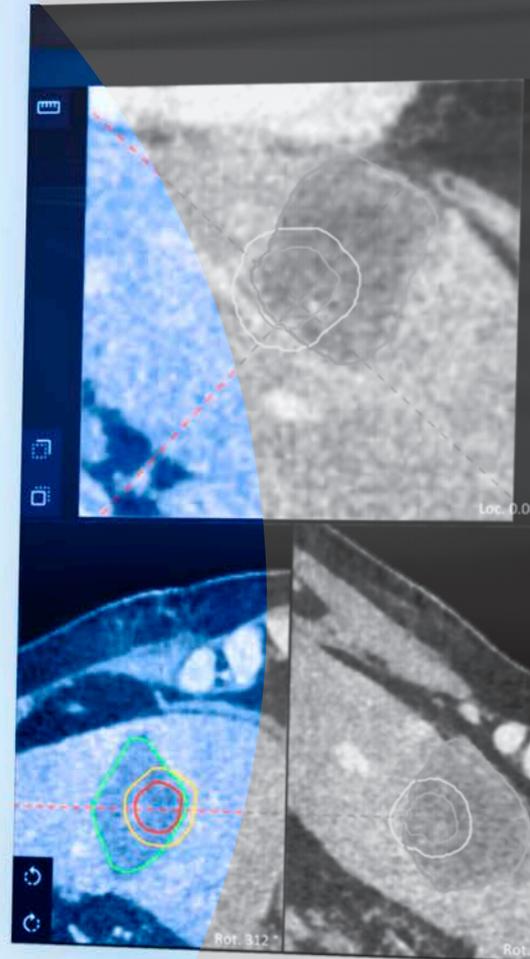
Calculated margins are subject to available segmentation accuracy, registration accuracy and image resolution.

Report Delete all

Loc: -306.18 mm
 W 450
 C 30

Series: 13
 Modality: CT
 Ablasure Photo Finish
 2009-07-22

Patient: Ablasure Photo Finish, Date of birth: 2009-07-22



CASCINATION+



Maximize Quality Ablation Performance and potential

Hardware excellence

Extended warranty and access to a loaner pool.
Minimised downtime and increased productivity.



Software excellence

Instant access to the latest features, updates and instrument data base. Ensure maximum utilisation.



Clinical excellence

Guaranteed case support. Premium training and education offerings for optimal team performance.



Clinical evidence

Publications and cases

Since its launch in 2013 an increasing body of evidence supports percutaneous tumour treatment with CAS-One IR.

A comprehensive list of publications can be found online.

Monthly selected “Top Cases” feature challenging cases and how CAS-One IR made a difference.

[Read our publications](#)

[Read our Top Cases Blog](#)



1. Beermann, M., et al.: 1000 consecutive ablation sessions in the era of computer assisted image guidance, Euro J Rad O 2018
2. Mertineit, N.: Stereotactic percutaneous RFA of Osteoid Osteomas using 3d-CT-Guidance, CIRSE 2020
3. Cathomas et al.: Value of MRI/CT Image Fusion for Targeting invisible Lesions Cardiovasc Intervent Radiol 2020
4. Display based on catalogue information of commercially available ablation system manufacturers. CAS-One IR v 3.1.3
5. Wallach D et al.: Comparison of freehand-navigated and aiming device-navigated targeting of liver lesions. Int J Med Robot. 2014
6. Beyer LP et al.: Stereotactically-navigated IRE compared to conventional IRE, PeerJ 2016
7. Tinguely P et al.: Stereotactic Image-Guided Microwave Ablation for Malignant Liver Tumors, Front. Oncol 2020
8. Lachenmayer et al.: Stereotactic image-guided microwave ablation of hepatocellular carcinoma, Liver Int. 2019
9. Schullian, P. et al.: Safety and efficacy of stereotactic radiofrequency ablation for very large (≥ 8 m) primary and metastatic liver tumors. Sci. Rep. 2020
10. Laimer G et al.: Minimal ablative margin (MAM) assessment with image fusion Eur Radiol. 2020
11. Laimer et al.: Can accurate treatment success after RFA in liver be achieved by visual inspection alone? International Journal of Hyperthermia 2020

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