

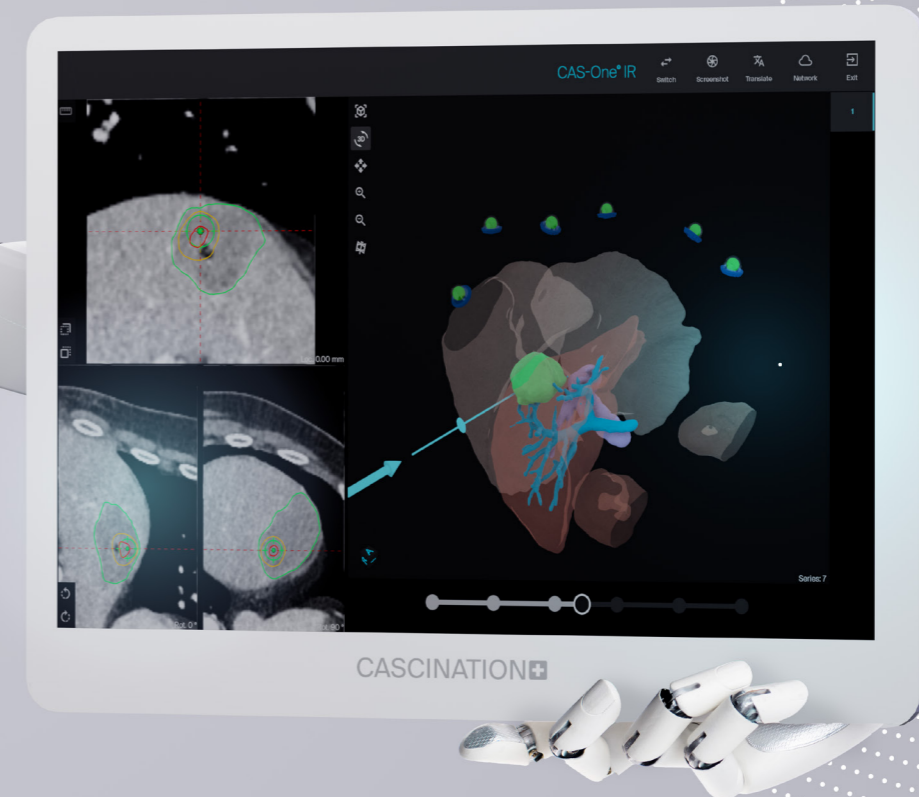
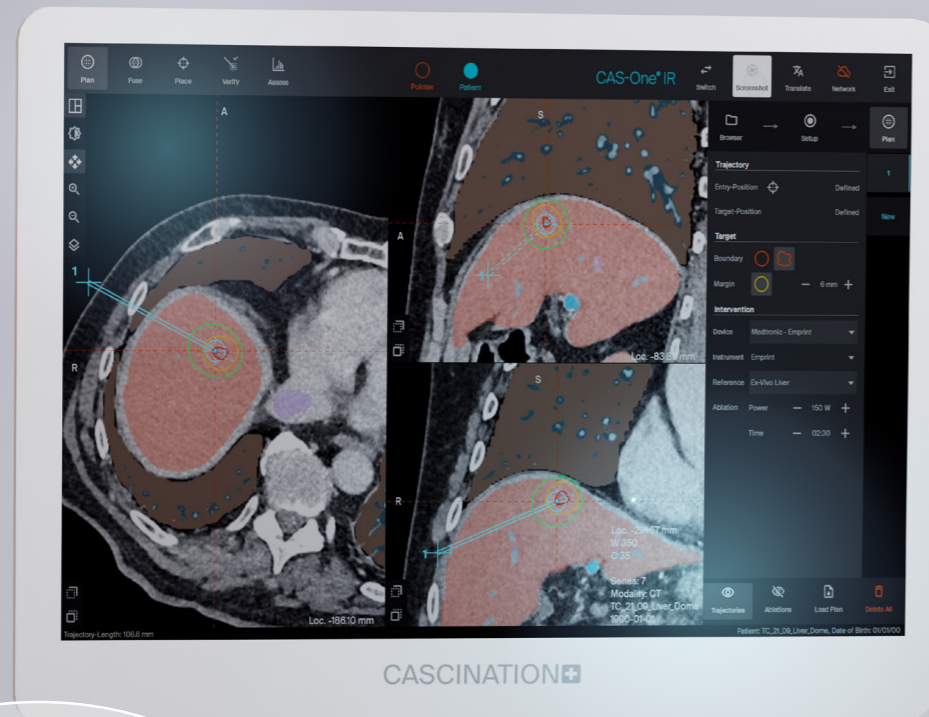
CASCINATION 

More
patients
Better
results

Quality Ablation with
CAS-One[®] IR
Driven by AI

CAS-One® IR

Reproducible and standardized ablations for liver, kidney, lung, musculoskeletal, pancreas, and beyond.^{1,2}



Now with AI-driven features including:
Automatic organ segmentation including risk structures
A more accurate Ablasure® algorithm
Interactive planning mode

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}

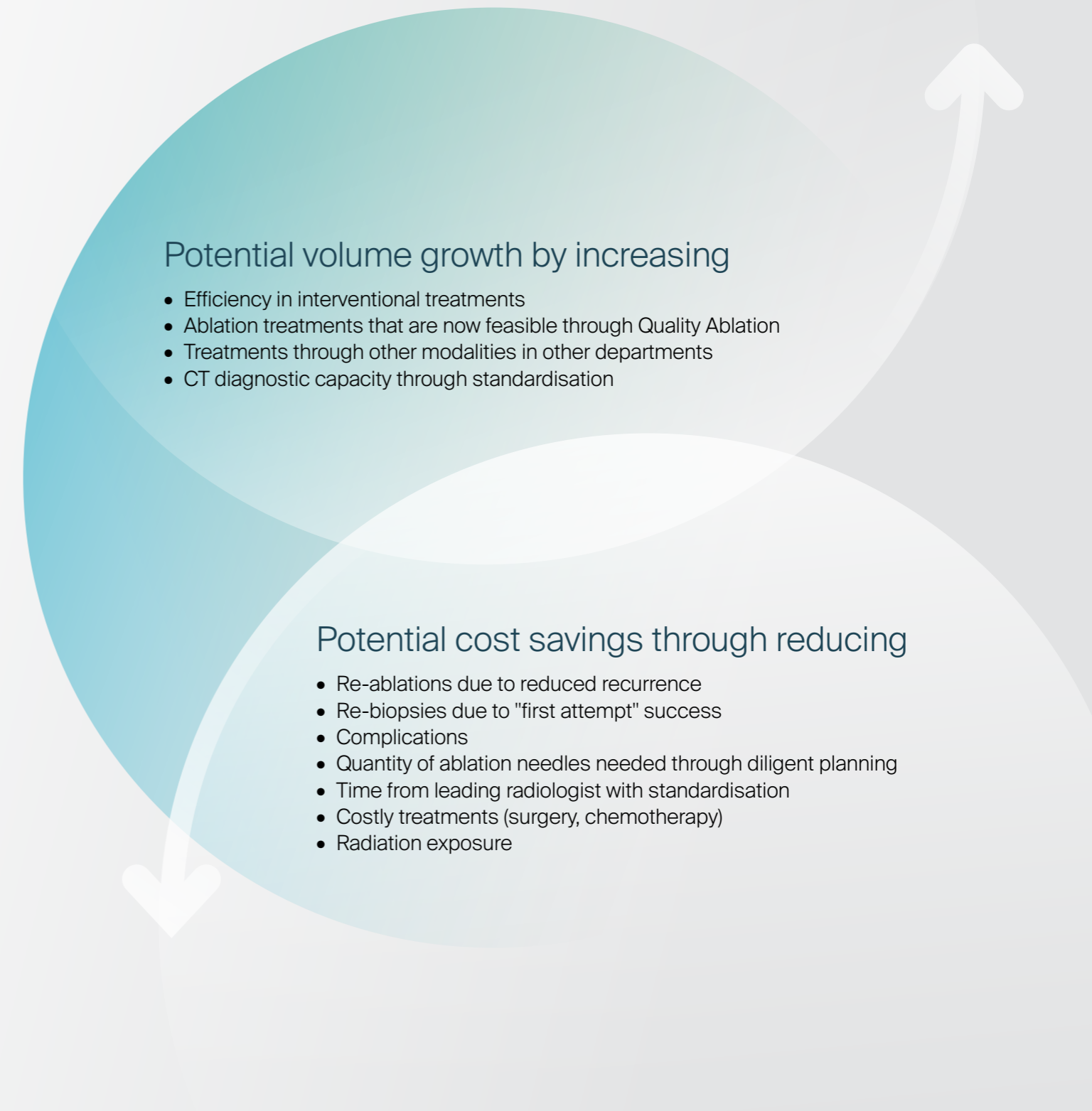


Reduced complications and recurrence rates

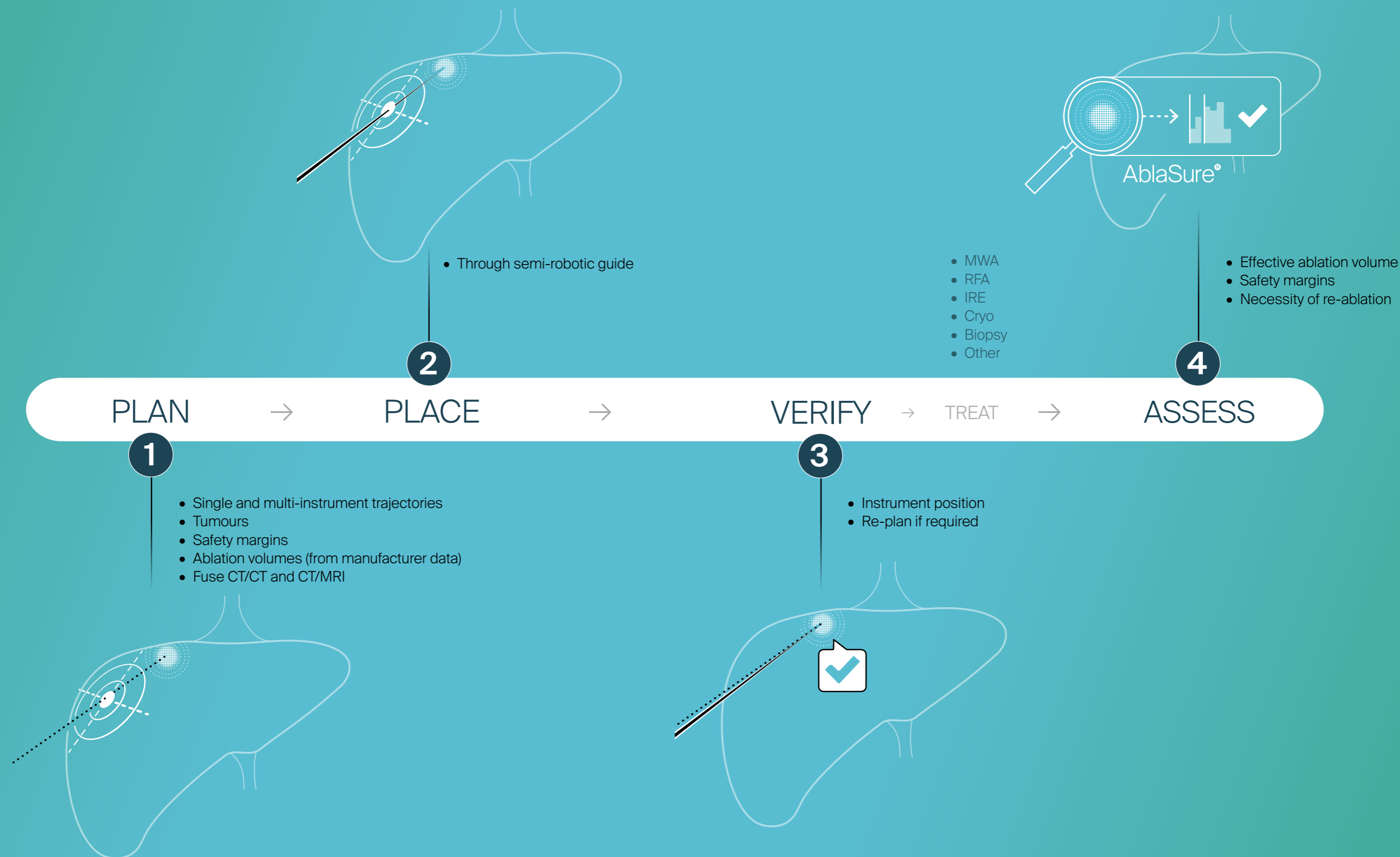
- Significantly reduce recurrence rates (9% vs 14–30%)¹
- Low overall complication rates (6%)⁸
- Add consistency to treatment success with ablation confirmation¹⁰
- Reduce bleeding/seeding through low needle repositioning rate (1%)⁷

Economic benefits

Volume growth, cost savings



Quality Ablation



AblaSure[®]

Add certainty through quantitative margin assessment

Ablation margins

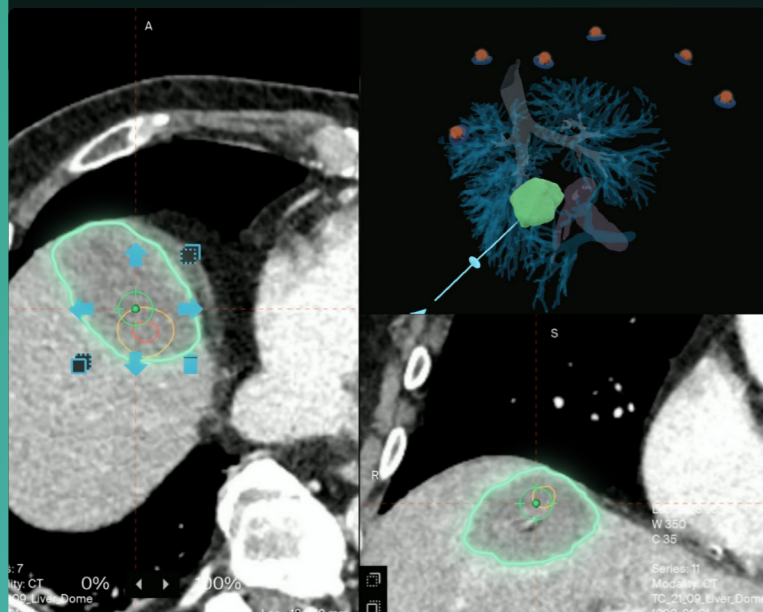
- Objective assessment is key for quality outcomes
- Visual inspection might misjudge by up to 44%^{10,11}

AblaSure provides for

- **Automatic** measurement of effective ablation volume
- **Immediate** 3D assessment of effective vs planned volume
- **Objective** statistical assessment of effective margins

Coverage

Tumor	100%
Margin	100%



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 (≥8m) 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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