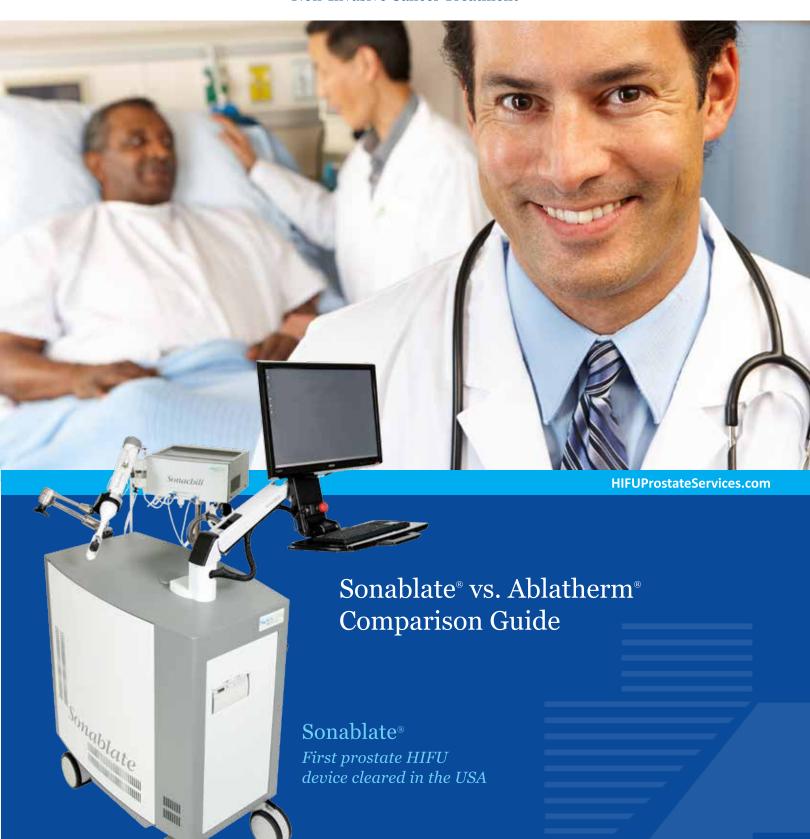


Non-Invasive Cancer Treatment

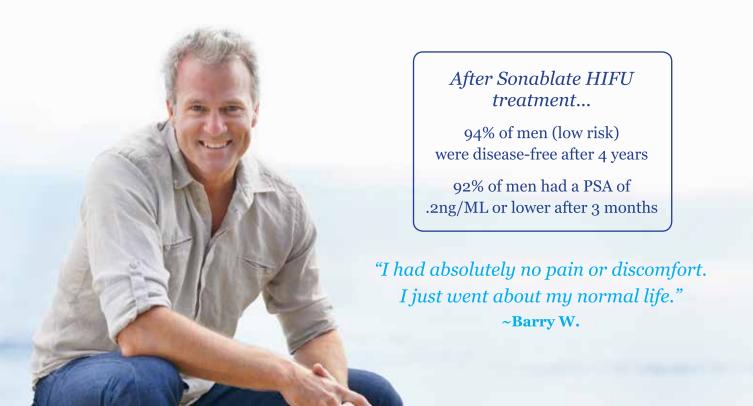


# Sonablate® vs. Ablatherm® Comparison Guide

#### CLINICAL DATA

PRIMARY (Number of Subjects)	Sonablate® (219) <sup>1</sup>	Ablatherm <sup>®</sup>
Negative Biopsy	87%	68%
Urinary Incontinence (leak)	3%	39%
Rectal Fistula (surgical repair)	0%	0%
Urethral Stricture	18%	19%
Bladder Neck Contracture	1%	18%

FOCAL/HEMI (Number of Subjects)	Sonablate® Focal (41)³	Ablatherm® Hemiablation (111) <sup>4</sup>
Retained Sexual Function	89%	78%
Maintained Continence	100%	97%
Presence of Clinically Significant Disease on Biopsy	8%	12%
Rectal Fistula (surgical repair)	0%	0%



SAFETY FEATURES	Sonablate <sup>®</sup>	Ablatherm <sup>®</sup>
Rectal Wall Distance Monitoring	Yes	Yes
Rectal Wall Temp. Monitoring	Yes	Yes
Patient Movement Sensor	No	Yes (External sensor on patient's hip)
Organ Movement Feedback	Yes (Current organ position compared to reference image)	No
Reflectivity Index Monitor (RIM)	Yes (Monitors echogenic change to prevent critical structure damage)	No

PATIENT SELECTION	Sonablate <sup>®</sup>	Ablatherm <sup>®</sup>
Rectal Wall Thickness (RWT)	No Restrictions	Must be between 3 mm - 8 mm
Gland AP Limit	AP + (RWT) < 37 mm	AP < 24 mm

PROBE CHARACTERISTICS	Sonablate <sup>®</sup>	Ablatherm®
Number of Transducers	4 (Two for imaging, two for therapy)	2 (One for imaging, one for therapy)
Imaging Frequency	6.3 MHZ	7.5 MHZ
Therapy Frequency	4 MHZ	3 MHZ
Transducer Focal Length	Dual focal lengths (4 cm and 3 cm)	4.5 cm
Robotic / Motorized	Yes (Transducer motion)	Yes (Transducer and probe motion)

Sonablate® is a trademark of SonaCare Medical. Ablatherm® is a trademark of EDAP TMS.

Sonablate® has 510(K) clearance in the U.S. under a De Novo regulatory grant for the ablation of prostate tissue.

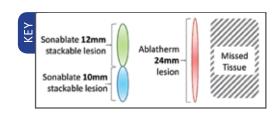
Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.

<sup>&</sup>lt;sup>1</sup> Uchida et al. THE JOURNAL OF UROLOGY Vol. 193, 103-110, January 2015

<sup>&</sup>lt;sup>2</sup> EDAP PMA Data, 2014

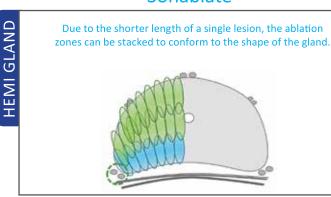
<sup>&</sup>lt;sup>3</sup> Ahmed et al. Lancet Vol. 13, 622–632, June 2012

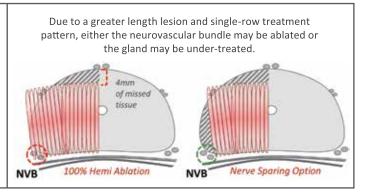
<sup>&</sup>lt;sup>4</sup> EDAP Press Release Abstract 109th French Urology Congress, 2015



#### Sonablate®

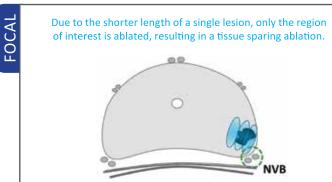
## Ablatherm®



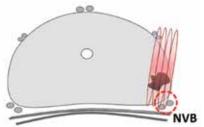


## Sonablate®

## Ablatherm®



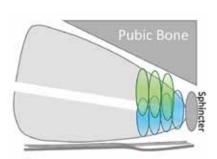
Due to the greater length of a single lesion, there can be a large amount non-targeted tissue ablated.



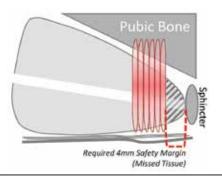
## Sonablate®

## Ablatherm<sup>®</sup>

Due to the shorter length of a single lesion, only the region of interest is ablated, resulting in an ablation that spares the sphincter and pubic bone.



A 4mm Safety Margin is "mandatory to avoid burning of the sphincter, and causing patient incontinence". Due to the longer length of a single lesion, the pubic bone remains at high risk of injury.



APEX SPARING