

Data on Largest Adult Patient Cohort Shows Diversity, Utility of NICO BrainPath® for Treatment of Tumors, Hemorrhages Located in Deep Subcortical Regions

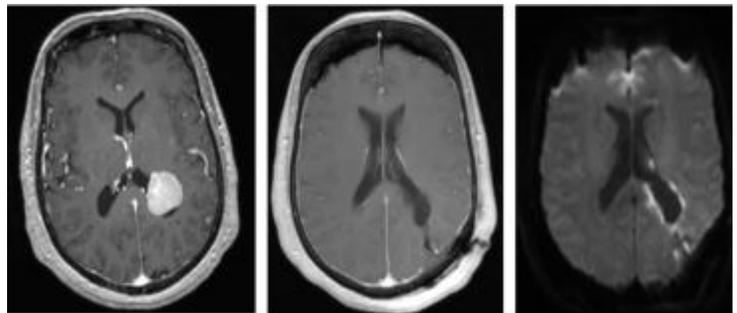
50 papers, posters & abstracts now published with evidence suggesting improved clinical outcomes

BOSTON (October 9, 2017) — A late-breaking scientific poster detailing an experiential summary of 1,032 adult patient cases undergoing brain surgery using the [NICO BrainPath](#) for accessing and removing deep-seated lesions was released today at the Congress of Neurological Surgeons (CNS) annual meeting. This is the largest cohort of patient cases evaluated and summarized after BrainPath surgery for both benign and malignant brain tumors, vascular hemorrhages and other malformations.

The poster demonstrates the diversity and utility of BrainPath in reaching a variety of lesions primarily located in the subcortical regions and is among a growing number of now [50 published papers, posters and abstracts](#) on NICO technologies that have also shown no reported surgical-related mortalities, application across various subcortical diseases and abnormality locations, and overall utility of a navigable, trans-sulcal access system used for the goal of functional preservation.

“Our BrainPath surgical experience reflects the diversity of tumor and vascular lesion types and locations discussed within this large cohort,” said Julian Bailes, MD, chairman of the Department of Neurosurgery at NorthShore University HealthSystem (Evanston, IL) and one author of the poster. “Although further studies are needed to examine long-term patient outcomes, it has been our experience that the minimal access nature of BrainPath tends to reduce hospital lengths of stay and results in fewer post-surgical complications.”

The poster – Experiential Summary of 1,032 Cases of Adult Brain Surgery Using A Navigable Trans-sulcal Tubular Retractor Device for the Removal of Deep-Seated Brain Lesions – includes adults with a mean age of 57 years and average lesion size of 2.73 cm. One NorthShore patient case, a 63-year-old female presenting with a 3cm enlarging meningioma, recovered without reported chronic deficits after gross total resection using BrainPath to access the tumor and [NICO Myriad](#)® for automated removal of the tumor.



Pre- and post-operative MRI of 63-year-old patient with enlarging meningioma in left ventricle; a gross total resection was achieved.

BrainPath is a patented technology that received additional FDA-clearances in July 2015 for specific disease states, including primary and secondary brain tumors, vascular abnormalities, and secondary bleeds. Among the cohort group evaluated in the poster, 629 included tumors/lesions and 403 were vascular lesions, hemorrhages or malformations; approximately 9 percent of tumors were intraventricular. There were no reported deaths associated with surgery using the BrainPath Approach. The poster is currently available online at the CNS and available online to the public following the CNS [HERE](#). Access to the poster may also be obtained by emailing the CNS Press Room at marketing@cns.org.

The BrainPath Approach has three key components: 1) non-disruptive access to the subcortical space using BrainPath, 2) automated, non-thermal tissue removal with Myriad, and 3) intraoperative collection and preservation of tissue for post-procedural molecular evaluation and documentation of the anatomical location of each sample. During the final preservation step, tissue is treated like a discrete organ and immediately chilled. Standardization of these steps could lead to predictable and repeatable improved patient outcomes, as suggested in published clinical evidence.

“This data shows that atraumatic access is critical to functional preservation of white matter, particularly in eloquent areas of the brain,” said Martina Cartwright, PhD, adjunct professor at the University of Arizona, affiliate member of the CNS, and poster co-author. “Summary reports such as these can provide valuable information regarding real-world surgical experiences and generate interest in patient outcome improvements through additional investigations.”

Nearly 7,000 procedures have been successfully completed using BrainPath at more than 125 BrainPath Centers in the U.S., Canada, United Kingdom and Australia. BrainPath and Myriad work together as a system using imaging, navigation and intervention to achieve a true minimally invasive approach to neurosurgery. Nearly 800 neurosurgeons, residents and fellows in the U.S. are trained on BrainPath. To learn more about BrainPath and other technologies used in the BrainPath Approach, visit NICOneuro.com, follow news updates on [LinkedIn](#), and view surgical videos and patient stories on YouTube at NICOneuroCorp.