



For Immediate Release

Contact: Sue Goin
Sue.Goin@Sapphire-Com.com
317.627.8856

Multi-Center Study Shows Improved, Stable Clinical Outcomes in 96% of Patients with Brain METs

HOUSTON, October 9, 2018 – A recent multi-center study on removal of metastatic brain tumors in 25 patients using Minimally Invasive Parafascicular Surgery (MIPS) supported by NICO technologies for access and removal offers a new surgical option for patients where standard craniotomy or radiosurgery may be risky treatments, said lead author of the study, Gabriel Zada, MD, Associate Professor of Neurological Surgery at Keck School of Medicine of USC. [NICO](#) technologies include [BrainPath](#)® for minimally disruptive access and [Myriad](#)® for automated tumor removal and the collection and biological preservation of tissue.

“Patients with symptomatic brain metastases with surrounding edema have traditionally been optimal radiosurgery targets. In this study, such patients underwent safe resection and [gross total resection] GTR was achieved in 80 percent of the cases,” Dr. Zada said. “In each case, surgery provided a more compact and suitable target for radiosurgery and also enabled definitive diagnosis.”

The six-center investigational study was published in *Operative Neurosurgery* and revealed improved or stable outcomes in 96 percent of patients, zero mortalities after three months, and a median two-day hospital length of stay – as compared to two other conventional studies showing a 6- to 7-day length of stay. Tumor locations in the patient cohort ranged from less than 2cm deep to more than 4cm deep.

Brain metastases are the most common central nervous system neoplasms. In these selected patients, all lesions were subcortical and “buried beneath important white matter tracts,” said Jefferson W. Chen, MD, PhD, neurological surgeon and Professor, Director of Neurotrauma at the University of California Irvine. Dr. Chen was one of six authors of the paper that included Zada and Drs. Julian Bailes (Northshore), Kaisorn L. Chaichana (Johns Hopkins), Gustavo Pradilla (Emory), and Ronald Young (Delray Medical Center).

“The fact that we were able to safely reach all locations speaks to the utility of the BrainPath and Myriad technologies,” said Dr. Chen, who has used these technologies in nearly 200 cases. “Careful attention to the application of BrainPath allows one to reach subcortical tumors and remove them using the Myriad in a minimally disruptive manner.”

NICO developed the patented BrainPath after progress in advanced imaging recognized the importance of white matter tracts and brain mapping. BrainPath is the world's first and only technology that achieves minimally-disruptive access using a trans-sulcal and parafascicular surgical approach, referred to as MIPS. BrainPath and Myriad support the systems approach of MIPS in the access, removal and tissue collection steps of the surgical approach.

“As we continue to evolve and improve technology for access, visualization and resection of deeper brain tumors, we will be able to more safely and effectively treat patients,” Dr. Zada said. “It is our hope and belief that these advances will offer significantly less collateral damage to surrounding brain regions, while potentially improving our ability to provide diagnosis-driven precision medicine to patients with brain tumors.”

[NICO Corporation](#) is an Indianapolis medical device company and leader in modern interventional technologies used in a new way of performing less invasive brain surgery for subcortical and skull base lesions, intraventricular tumors and cysts, and hemorrhagic stroke. It is an outcomes-based company dedicated to revolutionizing minimally invasive neurosurgery through evidence-based, improved clinical and economic outcomes. Learn about [NICO technologies](#) at [NICOneuro.com](#); follow news updates on [LinkedIn](#) and view surgical/patient videos on YouTube at [NICOneuroCorp](#).