

A Patient's Guide to Non-Invasive Surgical Treatment for Uterine Fibroids

Today the choice is yours.

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Glossary

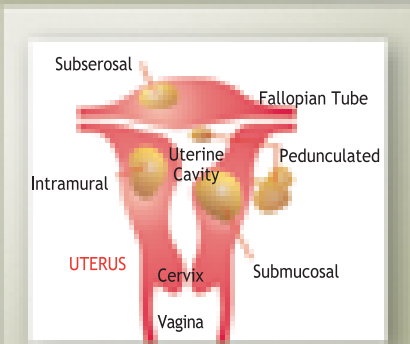
Abdomen/Abdominal	The area of the body between the chest and the pelvis/located in the area of the abdomen.
Ablate	To destroy (kill) tissue (see Thermal Ablation below).
Acoustic Energy	Another term for "sound" energy.
Contrast Agents	Substance injected into blood stream that highlights blood flow in MR images.
Coupling Pad	A gel pad that helps transfer the acoustic wave from the ExAblate transducer to the body without distortion.
Focused Ultrasound Transducer	A device that converts an electrical signal to ultrasound waves and focuses the ultrasound waves.
Hormones	Chemicals secreted by the body and carried by the blood stream to an organ or tissue that the chemicals affect.
MRgFUS	MR guided Focused Ultrasound Surgery.
Magnetic Resonance Imaging (MRI)	A non-invasive imaging method using magnetic fields and radio waves to create images (pictures) of the body.
MR Images	Images created.
Menopause	The time in a woman's life when her menstrual cycle stops.
Implants	Devices surgically placed inside the body - including, but not limited to, surgical clips, pacemakers, artificial hips and joints, certain replacement heart valves.

ExAblate Treatment	A procedure in which uterine fibroids are heated and destroyed (ablated) using high energy sound waves. The procedure is performed inside a MRI device that allows the physician to use the images to plan, monitor and control the treatment while it is in progress.
Patient Table	The part of the ExAblate 2000 device that the patient lies on during the treatment.
Scanning	A term used to describe the process of acquiring the MR image.
Sonication	A sonication refers to a single exposure of focused ultrasound.
Temperature Sensitive Images	MRI generated images that show both structures inside the body and temperature. These are used during the sonications of the ExAblate 2000 treatment to determine if the fibroid has been sufficiently heated.
Thermal Ablation	To destroy (kill) tissue by the direct application of heat.
Treating/Treatment	A term used to describe the part of the procedure that is the total time during which the fibroid(s) is (are) being ablated.
Ulceration	Loss of tissue (e.g., skin or mucus) due to inflammation.
Ultrasound	High frequency sound waves (not audible to the human ear).
Uterine Fibroids	Non-cancerous (benign) masses located in the uterus or in the uterine wall.
Workstation	The part of the ExAblate 2000 device that the physician uses to plan, control and monitor the treatment.

Note: Italicized words in text are defined in Glossary.

What are uterine fibroids?

Uterine fibroids (also referred to as myomas, leiomyomas, leiomyomata, and fibromyomas) are non-cancerous (benign) tumors that grow within the muscle tissue of the uterus. Approximately 20-40% of women 35 years and older have fibroids. While many women with fibroids do not experience any symptoms, the location and size of fibroids can cause symptoms that affect a woman's quality of life.



ExAblate 2000 can be used for submucosal, subserosal, and intramural uterine fibroids.

Fibroids are hormonally sensitive so symptoms are likely to be cyclical with menstruation. Fibroid growth is dependent on **hormone** levels; an increase in a woman's hormone levels may cause the size of fibroids to increase. During **menopause**, these hormones decrease dramatically and may cause fibroid symptoms to diminish.

The size of a fibroid can be very small (dime sized), the size of a cantaloupe, or even larger. There can either be one dominant fibroid, a cluster of many small fibroids, or a combination.

Fibroids are also classified according to their location. There are four primary types of fibroids, although many fibroids cannot be purely classified into one of these categories:

Fibroids	Description
Subserosal	These fibroids develop in the outer portion of the uterus and continue to grow outward.
Intramural	The most common type of fibroid. These develop within the uterine wall.
Submucosal	These fibroids develop just under the lining of the uterine cavity.
Pedunculated	Fibroids that grow on a small stalk that connects them to the inner or outer wall of the uterus.

What are common symptoms of fibroids?

Common symptoms includes:

- Very heavy and prolonged monthly periods, sometimes with clots
- Pain in the back or in the legs
- Pelvic pain or pressure
- Pain during sexual intercourse
- Pressure on the bladder which leads to a constant need to urinate, incontinence, or the inability to empty the bladder
- Pressure on the bowel which can lead to constipation and/or bloating
- An enlarged **abdomen** which may be mistaken for weight gain or pregnancy

How do I know I have fibroids?

During your annual well-woman examination, or if you schedule a special visit to investigate symptoms similar to those described in the previous section, your doctor will check your uterus. If it feels enlarged, your doctor may order an **abdominal** or transvaginal **ultrasound** or a **magnetic resonance imaging (MRI)**

exam of your pelvis, which can confirm the presence, location, and size of fibroids. After identifying the size and location of your fibroids, and possibly after other diagnostic tests, your doctor may be able to rule out other conditions, advise you of options, and provide a recommendation for treatment.

What are my treatment alternatives?

Currently, the following treatment alternatives are available:

- Watchful waiting
- Hysterectomy
- **Abdominal** myomectomy
- Laparoscopic or hysteroscopic myomectomy
- Uterine artery embolization
- **Hormone** therapy
- MR guided focused **ultrasound** surgery with ExAblate 2000

You should have a detailed discussion with your doctor that includes the chance of success and possible side effects of any treatment option that you choose. Only you and your doctor can decide which choice is best for you. It is important that you be well informed about all of the options that are available to you.

What does ExAblate 2000 treatment involve?

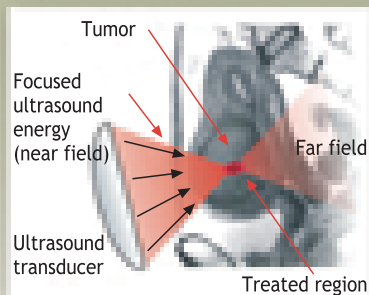
ExAblate 2000 can be used for submucosal, subserosal, and intramural **uterine fibroids**. More than one fibroid can be treated. Fibroids which are pedunculated (hanging from a stalk), close to sensitive organs (such as bowel or bladder), or in a location inaccessible by the focused ultrasound, may be untreatable. Your physician will determine if your fibroids are suitable for **focused ultrasound treatment** with ExAblate 2000.

The treatment is guided by temperature sensitive images created using **magnetic resonance imaging**. These images allow temperature changes inside the body to be observed during **treatment**.

The combination of **focused ultrasound and magnetic resonance imaging** allows the physician to perform the procedure without surgical incision.

During the **treatment**, the doctor will first obtain **MR images** of your uterus and use these images to plan your **treatment**. Then, individual **sonications** will destroy pieces of your fibroid until the doctor is satisfied with the amount of fibroid that has been treated. The number of "**sonications**" can range from 40 to 100 and each one takes just under 2 minutes. The entire treatment may take up to 3 to 4 hours. After all the **sonications** are completed, **MR images** will again be taken to evaluate how effective the **treatment** has been.

Illustration of focused ultrasound sonication of fibroid on MR image of uterus



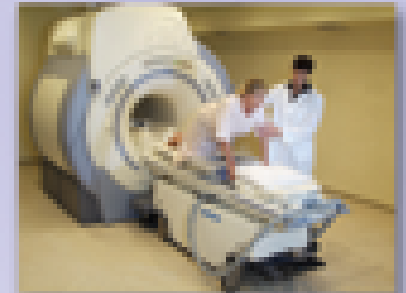
Beam of focused ultrasound energy emanating from the transducer through the skin and uterus to a specific point on the fibroid.

Focused ultrasound surgery involves using ultrasound energy to heat a small volume of tissue inside the body to the point of **thermal ablation** (the heating of tissue to a high enough temperature to kill the cells). Similar to the way a magnifying glass focuses light during a single activation of energy, called a **sonication**, ultrasound waves are directed through your **abdomen** and ablate a small volume of tissue, approximately the size of a jellybean.

What are the benefits of ExAblate 2000 treatment?

ExAblate 2000 provides the following benefits:

- An alternative to invasive surgery or hormonal treatment
- No incision required
- The uterus and cervix are not removed
- No hospital stay
- Quick return to normal activities with a successful treatment, a significant improvement in your quality of life
- Decrease in menstrual bleeding from symptomatic fibroids
- Decrease in urinary dysfunction, pelvic pain and/or pressure



Patient being positioned on patient table before treatment.

Who cannot be treated with ExAblate 2000?

Patients who cannot have MRI cannot be treated with ExAblate 2000.

This includes all patients with metallic **implants** as well as patients who cannot fit into the MR scanner.

What if I want to be pregnant after my treatment?

ExAblate 2000 treatment is not intended for women who desire future pregnancy. The effects of ExAblate 2000 on the ability to become pregnant and carry a fetus to term, and on the development of the fetus, have not been determined. The procedure may alter the composition and integrity of the uterine tissue.

You may be at increased risk for complications such as preterm delivery, cesarean delivery, post-delivery bleeding and tearing of the uterus. If you should become pregnant following ExAblate 2000 treatment you should immediately contact your doctor.

What are the risks and potential complications associated with ExAblate 2000 treatment?

Short term

(normally resolve within 10-14 days)

- Low blood pressure or fainting during or after procedure
- **Abdominal** pain/cramping
- Nausea
- Fever
- Allergic reaction to **contrast** media or medications
- Minor skin injury (burns)
- Back or leg pain that persists for a few days
- Urinary tract infection

Long term

(lasting longer than 14 days)

- **Abdominal** skin burn with **ulceration**
- Back or leg pain or weakness from nerve damage that may persist for a long period of time, or may be permanent

Potential risks

Although it was not seen in previous clinical trials, there are the potential risks of gynecological infection, damage to organs adjacent to the uterus, blood clots, and death from this **treatment**.

Outcome risks

There is a risk that the **treatment** may not be successful and you may require one of the other treatments to improve your symptoms.

The **treatment** may be successful in reducing the symptoms from the fibroids that are treated, but at a later time, other fibroids may grow and become symptomatic requiring additional **treatment**. In the clinical trial, 21% of the subjects had another surgical treatment for fibroids within one year.

If you have any questions concerning risks and complications of the procedure, you should discuss them with your doctor.

What information should I share with my doctor before treatment begins?

Before you undergo ExAblate 2000 **treatment** you should discuss:

- Your personal health history, including any allergies you may have
- Your family's health history
- Any recent illnesses
- Medicines, include both prescription, over-the-counter and herbal medicines or dietary supplements
- Any **implants** and/or medical patches
- Recent activities, including air travel
- Your level of normal physical activity
- Previous MR or CT imaging studies

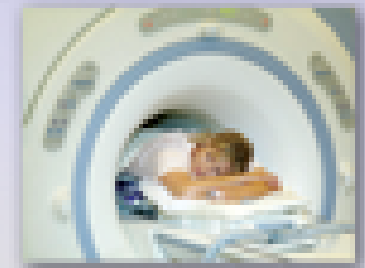
What should I know before the procedure?

You should let your doctor know if you have any of the following: allergies to any medication or **contrast agents**, metallic **implants**, or medical patches. Your doctor needs to know so to avoid any type of reaction during the procedure.

Your doctor will use conscious sedation, which means you will be awake during the **procedure** but you may feel groggy. You will be able to communicate with your doctor throughout the entire procedure. This communication is important to help prevent injuries (e.g. nerve injuries).

Is this treatment appropriate for me if I am claustrophobic?

Claustrophobia is the fear of small or enclosed spaces. During the ExAblate **treatment**, you will lie on the **patient table** inside the **MRI scanner** for 3-4 hours. This is a long, narrow tube that does not allow much room between the patient and the sides of the scanner. You will have some medication to help you relax. If you think you may become uncomfortable in small or enclosed spaces, you should discuss this with your doctor.



What should I do to prepare for the procedure?

You will be asked to refrain from eating or drinking for at least six hours prior to the **treatment**. However, you may be allowed to take routine prescribed medication with a little water. You should not take aspirin, ibuprofen, or Motrin for seven days prior to the **treatment**.

You will be asked to shave your **abdomen** the night prior to the procedure. This is necessary to ensure proper acoustic coupling, i.e. to ensure that the focused

ultrasound beam can travel from the device to your fibroid without being reflected or distorted at the skin surface due to pubic hair. To further ensure acoustic coupling, do not apply talcum powder, cream, or oil to your abdomen before the procedure. You will also be asked to point out any **abdominal** scars to the treating physician as scar tissue absorbs more **ultrasound energy** than normal skin.

What will I experience during the treatment?

You will lie on the *patient table*. The doctor will give you some medication to help you relax and make sure you are comfortable before starting treatment. You will remain awake and must be able to communicate with your doctor during the entire *treatment*.

You will be positioned in a *MR scanner* and the clinical team will be in the room next to you. You will be able to have two-way communication with the doctor using a microphone and a speaker.

The doctor will inform you when images are being acquired (*scanning*) and when the ExAblate 2000 is sonicating (*treatment*).

During *MR scanning*, you will hear a series of loud noises. Ear protection will be provided.

During the procedure you will be required to lie still on the patient table for a period of 3-4 hours inside the MRI scanner. *During treatment*, you may feel a warming sensation in the pelvic region. However, you will be given a safety stop button that allows you to immediately stop the sonication if it becomes painful.



You will lie on the ExAblate 2000 *patient table* which fits in a standard MR scanner. On the patient table is a transducer. This is a device that generates *focused ultrasound* directed at the fibroid. A coupling pad conducts the acoustic waves into the body. An MR pelvic coil will be placed over you. This pelvic coil is connected to the *MR scanner* and acquires images of the inside of your body.

What happens to me after the procedure?

ExAblate 2000 *treatment* is performed as an outpatient procedure that takes 3-4 hours. Following the treatment, you will rest for an additional 1-2 hours. You may experience some degree of

abdominal pain, cramping and nausea shortly after the procedure.

Your doctor will decide what medications you may need if this happens. You will need someone to drive you home.

What happens when I go home?

Based on how you are feeling, you will receive discharge instructions from your doctor regarding medications you may need to keep you comfortable. Usually, over-the-counter pain relief medication is all that is required.

You may experience some cramping, similar to menstrual period cramping, or shoulder or back pain from lying in the treatment position. **Most women are able to return to work within 1-2 days.**

Who will provide my post procedure care?

It is important that you and your doctor discuss who will handle your follow-up care, phone calls and/or office visits after the procedure. You should also know who to contact in case of an emergency after your procedure.

This is especially important if you are experiencing fever, pelvic pain, or foul-smelling vaginal discharge after the procedure that increases over time and lasts more than 24 hours.

Care regimen

If you experience any of the following complications, or have any concerns post-procedure, contact your physician immediately.

- Low blood pressure or feeling light headed
- **Abdominal** pain/cramping
- Nausea
- Fever
- Allergic reaction to contrast media or medications
- Minor skin injury, reddening or blistering
- Back or leg pain that persists for a few days
- **Abdominal** skin burn with **ulceration**
- Back or leg pain or weakness that may persist for a long period of time, or may be permanent
- Shortness of breath
- Symptoms of urinary burning or urgency

How soon after the treatment will my symptoms be gone?

Most patients find relief in their fibroid related symptoms within the first 3 months. In a previous clinical study conducted by InSightec, 109 women who had symptomatic uterine fibroids were treated with the ExAblate at 7 medical centers around the world. After 6 months, 70.6% percent of women had experienced an improvement in their symptoms. Of the women who continued in the study at the 12 month time point, 50.4% continued to experience an improvement in their symptoms.

The treatment may be successful in reducing the symptoms from the fibroids that are treated. You may have more fibroid growth over time leading to symptoms that require additional treatment in the future. This is true for all fibroid treatments, except hysterectomy. In the clinical trial, 21% of the women had alternative surgical treatment for their fibroids symptoms within one year.

Can I get more information about ExAblate 2000?

More information can be found by visiting: www.insightec.com
If you decide to undergo this treatment, you should discuss the procedure and any possible complications experience with your doctor.

User Assistance

For further information on ExAblate 2000 please contact your physician or InSightec

In the US:
Tel: +1-214-630-2000

Outside US:
Tel: +972-4-813-1313

For more patient information:
Call toll free in the US: 1.866.EXABLATE (1.866.392.2528)
Website: www.uterine-fibroids.org or www.insightec.com