

ACCREDITATION

Category 1: Grant Medical Center is accredited by the Ohio State Medical Association to sponsor continuing medical education for physicians. Grant Medical Center designates this educational activity for a maximum of 7.5 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

REGISTRATION

\$200.00 Physicians
\$100.00 Allied Health Care Professionals

Registration deadline is May 31, 2006 or when maximum attendance capacity has been reached. Registration confirmation and directions will be mailed upon receipt of the registration form included in this brochure.

CANCELLATION AND REFUND POLICY



Grant Medical Center reserves the right to cancel or delay the course due to any unforeseen circumstances. In the event that this meeting would have to be cancelled, Grant Medical Center will refund your registration fee. Grant Medical Center is not responsible for any travel, hotel or other costs incurred.

In the event of a participant cancellation, the request must be received in **writing**; sent to (Grant Medical Center, Medical Education, 285 E. State Street, Suite 670, Columbus, OH 43215), **fax**; (614-566-8073), or **e-mail**; (jbasham@ohiohealth.com) no later than May 31, 2006.

LOCATION



The course will be held:

Saturday, June 3, 2006
Grant Medical Center
FC Hugenberger Auditorium
111 S. Grant Avenue
Columbus, OH 43215

FACULTY DISCLOSURE

As a provider accredited by the Ohio State Medical Association, Grant Medical Center requires the faculty to disclose: 1) all relevant financial interest or other relationship with the manufacturer of any commercial product(s) or service(s) discussed in this presentation in any amount occurring within the past twelve months; and 2) all off-label or investigational use of products discussed. Full disclosure will be included in the syllabus and/or by way of announcement where appropriate.

SPECIAL NEEDS

In accordance with the Americans with Disabilities Act (ADA), if any participant has special needs, written requests should be directed to Grant Medical Education, CME Office, 285 E. State Street, Suite 670, Columbus, Ohio 43215 at least one month prior to the conference.

ADDITIONAL INFORMATION

Contact Jana Basham, Medical Education at 614-566-9701.

Non-profit Org.
U.S. Postage
PAID
Columbus, OH
Permit No. 341

Grant Medical Center
Continuing Medical Education presents

Contemporary Update for Cryobiology and including Cryoablation Prostate and Renal Cancer

Featuring:

- Laboratory sessions that simulate the Clinical Practice of Cryosurgery.
- Five, Seven and Ten year data for Prostate Cryotherapy including patient outcomes.
- A National Faculty.

Saturday, June 3, 2006
Grant Medical Center
FC Hugenberger Auditorium

Course Director:
Herbert Riemenschneider, MD

 Grant Medical
Center
OhioHealth



This program is being supported by an educational grant from Oncura.



111 S. Grant Avenue
Columbus, Ohio 43215

 Grant Medical
Center
OhioHealth

TARGET AUDIENCE

This workshop is designed for urologists, interventional radiologists, medical oncologists, radiation oncologists, and other health care professionals interested in the most recent developments in cryosurgical ablation of prostate and renal cancers.

EDUCATIONAL OBJECTIVES

Upon completion of this course the participant should be able to:

- Review the history and science supporting the use of cryosurgery.
- Describe how the procedure is performed.
- Explain the benefits of cryotherapy.
- Identify the effectiveness and improved patient outcomes of cryotherapy.
- Evaluate the factors for selecting candidates for prostate cryoablation treatment.
- Compare cryotherapy to other types of therapies/options.

HOTEL ACCOMMODATIONS

A block of rooms has been reserved at the Hyatt at Capitol Square, 75 East State Street, Columbus, OH 43215 for a special room rate of \$99.00/night, plus tax. In order to receive the special group rate, reservations must be made before May 3, 2006. Please call the hotel directly for your reservation at 1-800-233-1234 or 614-228-1234 and specify Grant Medical Center.

PROGRAM

7:00 am	Registration and Continental Breakfast
7:45 am	Welcome and Introductions Herbert Riemenschneider, MD
8:00 am	Cryobiology John Baust, PhD
8:45 am	The Allegheny Experience with Cryo PCA Ralph Miller, Jr., MD
9:45 am	The Grant Experience with Cryo PCA Herbert Riemenschneider, MD
10:00 am	Break
10:20 am	The Washington University Experience with Renal Cryoablation Samuel Bhayani, MD
11:10 am	Neoadjuvant Strategies in Development to Enhance Cryoablation John Baust, PhD
11:30 am	Panel Discussion
12:00 noon	Box Lunch: Compressed Videos of Prostate Cryo and Renal Cryo
1:20 pm	Wet Lab
3:15 pm	Adjournment and Evaluation

FACULTY

John Baust, PhD
Lead Professor & Director
Institute of Biomedical Technology
Binghamton University
State University of New York

Samuel Bhayani, MD
Assistant Professor of Surgery
Washington University in St. Louis

Ralph Miller, Jr., MD
Director, Allegheny Prostate Center
West Penn Allegheny Health System
Assistant Professor, Surgery
Drexel University College of Medicine

Herbert Riemenschneider, MD
Surgery/Section of Urology
Grant Medical Center
Assistant Clinical Professor, Surgery/Urology
The Ohio State University College of Medicine



CONTEMPORARY UPDATE FOR CRYOABLATION

Allied Health Care Professionals: \$100.00	Physicians: \$200.00
Please circle one: MD DO Other	

Mail to:
Grant Medical Center
Attn: Jana Basham
Medical Education
285 E. State Street, Suite 670
Columbus, Ohio 43215
Fax to:
614-566-8073
E-mail to:
jbasham@ohiohealth.com

 **Grant Medical Center**
OhioHealth

Registration

Name: _____

Specialty: _____

Address: _____

City/State/Zip: _____

Office Phone: _____

E-mail: _____

Payment Method:

Check (Payable to Grant Medical Center)

Credit Card (Charge from Grant Medical Center will appear on your statement.)

Type of Card: (please circle)

Visa

Mastercard

Discover

American Express

3-Digit Security Code

Exp. Date: _____

Card Number: _____

Name of Cardholder (please print): _____

Full Address of Cardholder: _____

Signature: _____

Phone Number: _____

REGISTRATION DEADLINE:

May 31, 2006 or when the maximum attendance capacity has been reached.