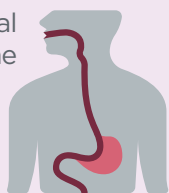


BARRETT'S ESOPHAGUS

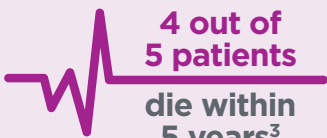


BE is the only known precursor of EAC¹

Esophageal cancer is the **fastest growing cancer²...**



...where **4 out of 5 patients die within 5 years³**



1 in 4 cases of EAC



is diagnosed within 1 year of normal index endoscopy in patients with BE⁴

CELLVIZIO® CLINICAL VALUE



Better targeting of biopsies to improve your diagnostic yield^{5,6}



Rule-in or rule-out intestinal metaplasia with 98% sensitivity and 96% NPV⁷



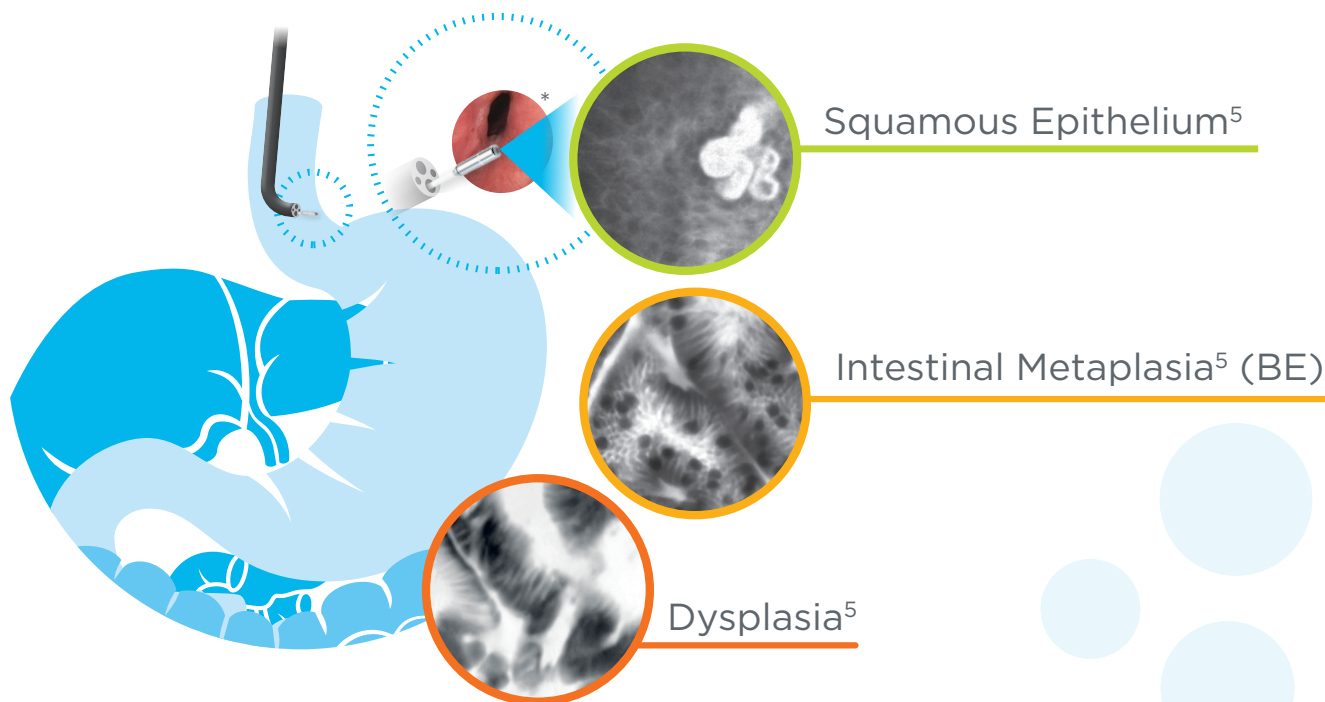
2x

DETECTION

of dysplastic lesions from 34% to 68%⁵

CELLVIZIO® TISSUE CHARACTERIZATION

REAL-TIME IN VIVO IMAGING AT THE CELLULAR LEVEL



SOCIETY SUPPORT



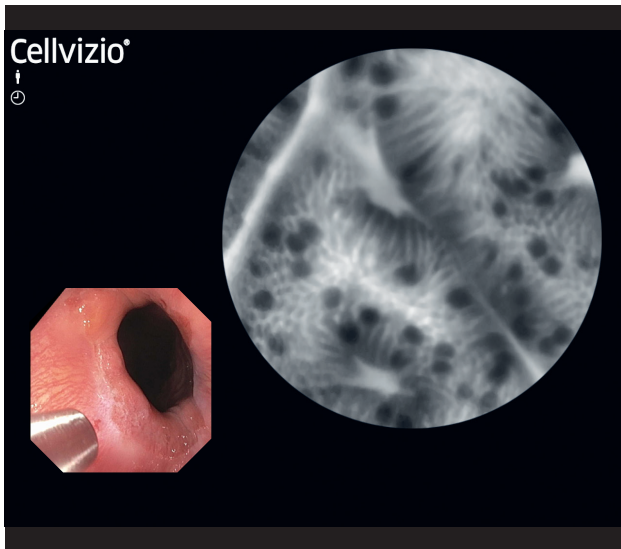
"Cellvizio®, very clearly, is integral to the comprehensive assessment of patients suffering from reflux disease"⁸

American Society of General Surgeons - Position Statement



Mauna Kea Technologies

CELLVIZIO® SOLUTION



Fits through **any standard endoscope**

Dysplasia⁵

Intestinal Metaplasia (BE)⁵

Live unlimited tissue assessment

GET CERTIFIED on cellvizio.net, a dedicated endomicroscopy training platform

INTEGRATE CELLVIZIO® INTO YOUR PRACTICE

"Cellvizio® makes it possible for us to: rule-in or rule-out the presence of pre-cancerous cells (...) perform improved surgical intervention (...) monitor for the presence of cancerous cells after the procedure"

Dr. J. Burnette,
Coliseum Northside Hospital

Image interpretation confidence can be gained within months.⁹

"Cellvizio® is very useful in the clinical management of my patients, and is supported by dedicated CPT codes."

Dr. K. Ayub,
Silver Cross Hospital

IMPROVE PATIENT MANAGEMENT



GERD SYMPTOMS

Rule-in or rule-out intestinal metaplasia⁷, allowing early detection of BE⁹

MANAGEMENT OF BE

A positive CLE random sampling is sufficient for therapeutic intervention¹⁰

DYSPLASIA

Define location and lateral extent of neoplasia inducing clinical intervention¹⁰

CANCER

pCLE can lead to positive redirection of therapy¹¹



GastroFlex™ UHD Miniprobe

Compatible operating channel
≥ 2.8 mm

Length
3 m

Number of uses per probe
20

Field of view
Ø240 µm

Resolution
1 µm

Confocal depth
55 to 65 µm

* Courtesy of Dr. Samarasena. **1.** Bhardwaj A. et al. Barrett's Esophagus: Emerging Knowledge and Management Strategies. *Pathology Research International*, 2012. **2.** Chai J. et al. Esophageal malignancy: A growing concern. *World Journal of Gastroenterology*, 2012. **3.** Desai M. et al. Prevalence of HGD and adenocarcinoma on index endoscopy in BE. *Gastrointest Endosc*, 2018. **4.** Visrodia K. et al. Magnitude of Missed Esophageal Adenocarcinoma After Barrett's Esophagus Diagnosis: A Systematic Review and Meta-analysis. *Gastroenterology*, 2016. **5.** Sharma P. et al. Real-time increased detection of Neoplastic tissue in Barrett's Esophagus with pCLE: Final results of a multi-center prospective international randomized controlled trial. *Gastrointest Endosc*, 2011 (DONT BIOPCE). **6.** Canto M. et al. In vivo endomicroscopy improves detection of Barrett's Esophagus related neoplasia: a multicenter international randomized controlled trial. *GIE*, 2013. **7.** Kiesslich R. et al. In vivo histology of Barrett's Esophagus and Associated Neoplasia by CLE. *Clinical Gastro and Hepatology*, 2006. **8.** ASGS Position Statement: Review of confocal Laser Endomicroscopy, 2016. **9.** Richardson C. et al. Real-time diagnosis of Barrett's Esophagus: a prospective, multicenter study comparing confocal laser endomicroscopy with conventional histology for the identification of intestinal metaplasia in new users. *Surgical Endoscopy*, 2018. **10.** Wang K. et al. Use of probe-based confocal laser endomicroscopy (pCLE) in gastrointestinal applications. A consensus report based on clinical evidence. *UEG Journal*, 2015. **11.** Caillol et al. Probe confocal laser endomicroscopy in the therapeutic endoscopic management of Barrett's dysplasia. *Annals of Gastroenterology*, 2017.

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