

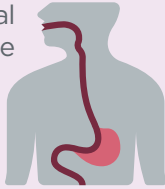
# BARRETT'S ESOPHAGUS/GERD



BE is the only known precursor of EAC<sup>1</sup>

Esophageal cancer is the

**fastest growing cancer<sup>2</sup>...**



...where  
**4 out of 5 patients die within 5 years<sup>3</sup>**



**1 in 4 cases of EAC**



is diagnosed within 1 year of normal index endoscopy in patients with BE<sup>4</sup>

## CELLVIZIO® CLINICAL VALUE

**2x**  
DETECTION

of Barrett's Esophagus compared to Seattle protocol<sup>5</sup>



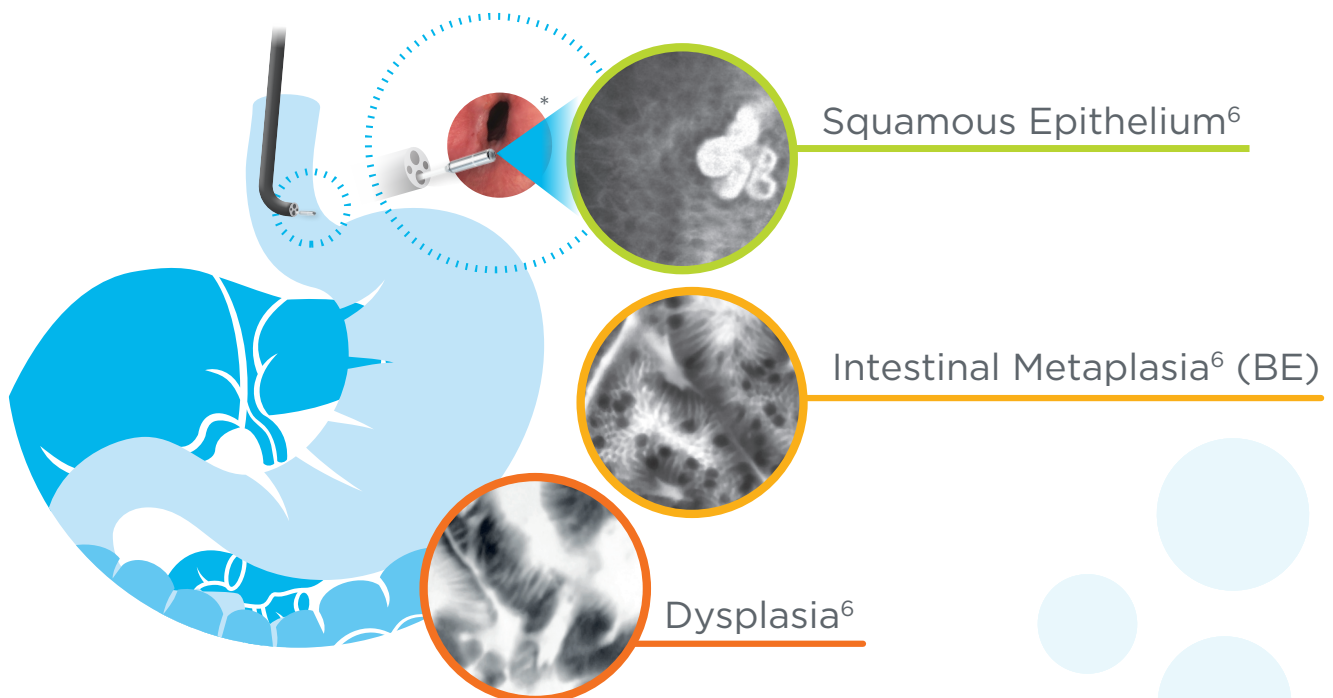
**Better targeting of biopsies to improve your diagnostic yield<sup>6,7</sup>**

**2x**  
DETECTION

of dysplastic lesions from 34% to 68%<sup>6</sup>

## CELLVIZIO® TISSUE CHARACTERIZATION

REAL-TIME IN VIVO IMAGING AT THE CELLULAR LEVEL

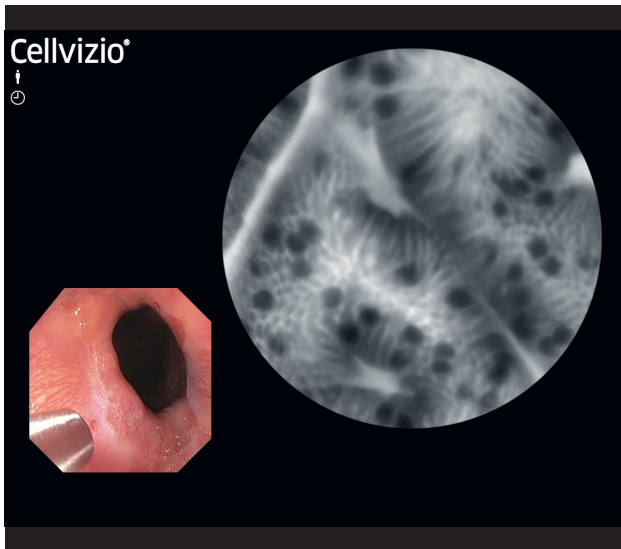


## SOCIETY SUPPORT

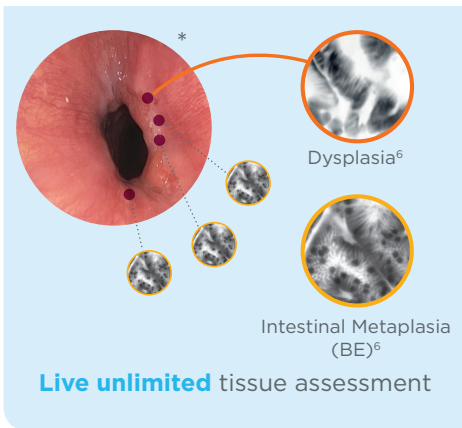
"Cellvizio®, very clearly, is integral to the comprehensive assessment of patients suffering from reflux disease"<sup>8</sup>

*American Society of General Surgeons - Position Statement*

# CELLVIZIO® SOLUTION



Fits through **any standard endoscope**



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

## INTEGRATE CELLVIZIO® INTO YOUR PRACTICE

"Cellvizio® adds 3-5 minutes, while more than doubling detection of Barrett's Esophagus vs. conventional biopsies."

**Dr. A. McNair, Jr.,**  
New Gulf Coast Surgery Center

Image interpretation confidence can be gained within months.<sup>5</sup>

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

**Dr. K. Ayub,**  
Oak Lawn Endoscopy Center

## IMPROVE PATIENT MANAGEMENT



### 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
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\* 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. 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. 6. 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). 7. Canto M. et al. In vivo endomicroscopy improves detection of Barrett's Esophagus related neoplasia: a multicenter international randomized controlled trial. GIE, 2013. 8. ASGS Position Statement: Review of confocal Laser Endomicroscopy, 2016. 9. Kiesslich R. et al. In vivo histology of Barrett's Esophagus and Associated Neoplasia by CLE. Clinical Gastro and Hepatology, 2006. 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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