

# PANCREATIC CYSTS



Up to **30%** of cases remain indeterminate after **EUS**<sup>1</sup>



Over **50%** of cysts are inconclusive after **FNA**<sup>2</sup>



**60%** of patients with benign pancreatic cysts undergo **unnecessary** surgery due to uncertain diagnoses<sup>3</sup>

## CELLVIZIO® CLINICAL VALUE



Improve **characterization** for indeterminate cysts<sup>4</sup>



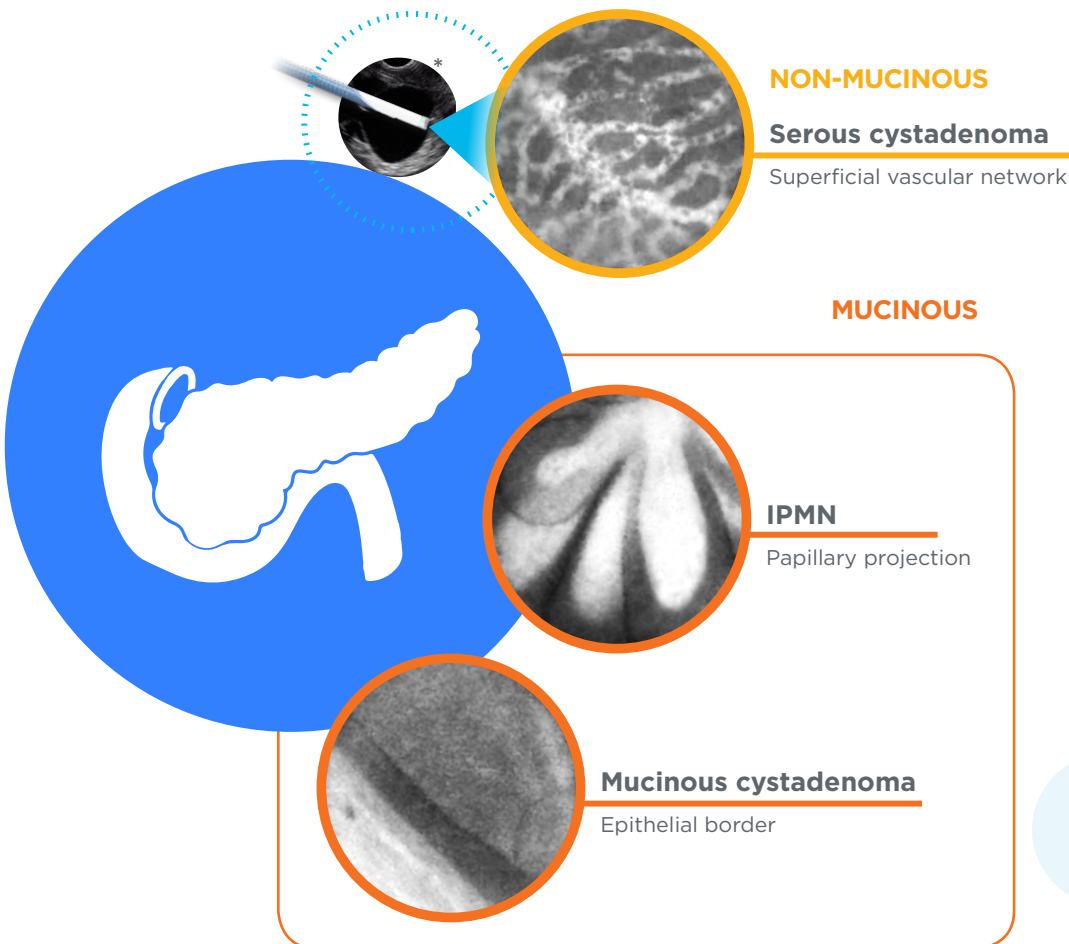
**35%** of patients with benign serous cystadenoma (SCA) prevented from further surveillance<sup>4</sup>



**23% reduction** of surgical intervention<sup>5</sup>

## CELLVIZIO® CHARACTERIZATION OF CYSTS

REAL-TIME IN VIVO IMAGING AT THE CELLULAR LEVEL



### SEROUS CYSTADENOMA, MUCINOUS LESIONS

**100%**

SPECIFICITY<sup>6</sup>

**95%**

SENSITIVITY<sup>6</sup>

**97%**

ACCURACY<sup>6</sup>

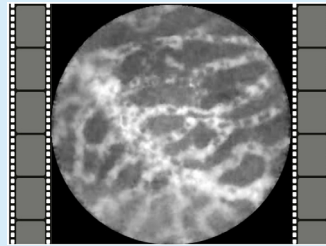


Mauna Kea Technologies

# CELLVIZIO® SOLUTION



Compatible with 19G needle



Real-time functional imaging



Join the **cle-academy.net** an online video training platform by experts dedicated to pancreatic cysts

## INTEGRATE CELLVIZIO® INTO YOUR PRACTICE

"The specific signs of IPMN and serous cystadenoma seen with Cellvizio® allow me to make a formal decision on the nature of pancreatic cysts, avoiding unnecessary surgeries"

**Dr. B. Napoléon,**  
Jean Mermoz Hospital

The diagnostic performance of nCLE significantly surpassed that of EUS and CEA titration for differentiating mucinous from non-mucinous lesions.<sup>6</sup>

"My approach to evaluating pancreatic cystic lesions is revolutionized, creating a major change in patient management"

**Dr. C.J. DiMaio,**  
Mount Sinai Hospital and Mount Sinai Health System

## IMPROVE PATIENT MANAGEMENT

### DIAGNOSIS

More conclusive diagnosis<sup>4</sup>



### OUTCOME

<b>No follow-up:</b> 28% modified therapeutic decision <sup>4</sup>	<b>Surveillance:</b> Eliminate surveillance of benign SCA <sup>4</sup>	<b>Surgery:</b> 23% reduction of surgical interventions <sup>5</sup>
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### AQ-Flex™ 19 Miniprobe

Compatible operating channel ≥ 0.91 mm	Length 3 m	Number of uses per probe 10	Field of view Ø325 µm	Resolution 3.5 µm	Confocal depth 40 to 70 µm
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\* Courtesy of Dr. Napoléon. **1.** Rodríguez-D'Jesús A, et al. Impact of endoscopic ultrasonography (EUS) and EUS-guided fine-needle aspiration on the management of pancreatic cystic lesions. *Eur J Gastroenterol Hepatol*. 2016. **2.** Thornton GD, et al. Endoscopic ultrasound guided fine needle aspiration for the diagnosis of pancreatic cystic neoplasms: a meta-analysis. *Pancreatology*. 2013. **3.** Jais B, et al. Serous cystic neoplasm of the pancreas: a multinational study of 2622 patients under the auspices of the International Association of Pancreatology and European Pancreatic Club (European Study Group on Cystic Tumors of the Pancreas). *Gut*. 2015. **4.** Palazzo et al. Impact of needle-based confocal laser endomicroscopy on the therapeutic management of single pancreatic cystic lesions. *Surgical Endoscopy*. 2019. **5.** Le Pen C et al. A health economic evaluation of needle-based Confocal Laser Endomicroscopy for the diagnosis of pancreatic cysts. *Endoscopy International Open* (2017). **6.** Napoléon B, et al. Needle-based confocal laser endomicroscopy of pancreatic cystic lesions: a prospective multicenter validation study in patients with definite diagnosis. *Endoscopy*. 2018. (CONTACT 2).

Cellvizio® 100 Series Systems with Confocal Miniprobes™ are regulated Medical Device, CE marked (CE 0459) (Class IIa - NB : G-MED) and FDA cleared. Cellvizio® 100 Series Systems with Confocal Miniprobes™ are confocal laser systems with fiber optic probes that are intended to allow imaging of the internal microstructure of tissues including, but not limited to, the identification of cells and vessels and their organization or architecture. Please consult labels and instructions for use. Product availability cannot be guaranteed in all countries. For further information, please contact your local sales representative. These statements and the associated reference to specific clinical studies, are not intended to represent claims of safety or effectiveness for detecting or treating any specific condition or disease state. Rather this information is intended to provide useful reference to selected published literature describing physician experiences with the associated clinical uses. Any diagnostic assessment should always be made by the attending physician, based on the evaluation of all sources of clinical, endoscopic and other relevant information. These statements have not been reviewed, cleared, or approved by the U.S. FDA. Once connected to the Cellvizio® 100 Series system: the AQ-Flex™ 19 Confocal Miniprobe™ is intended to allow imaging of anatomical tracts, i.e., gastrointestinal tracts, accessed by an endoscope or endoscopic accessories, including through EUS-FNA needles. The use of this medical device is exclusively reserved for healthcare professionals.