PANCREATIC CYSTS

Up to 30% of cases
remain indeterminate
after **EUS**[1]

Over 50%
of cysts are inconclusive
after **FNA**[2]

60% of patients
with benign pancreatic cysts
undergo **unnecessary** surgery
due to uncertain diagnoses[3]

CELLVIZIO® CLINICAL VALUE

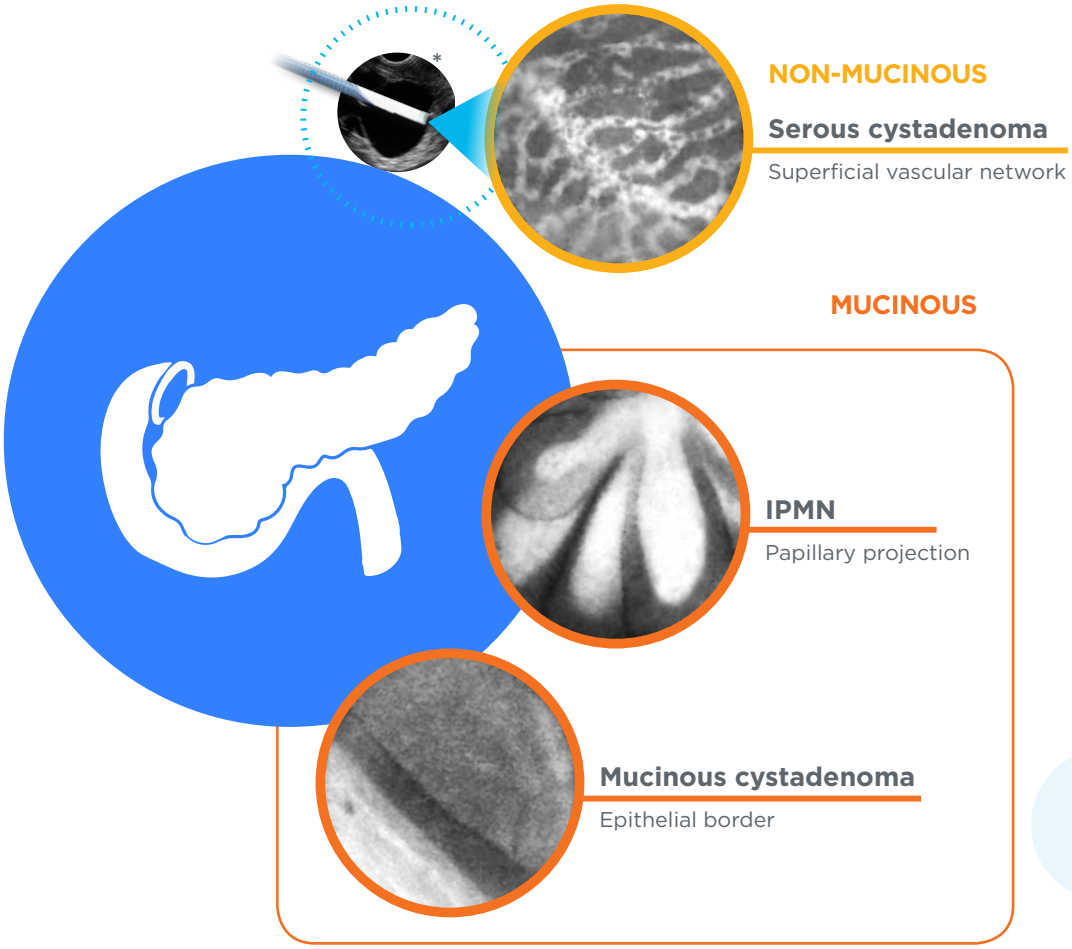
Improve **characterization**
for indeterminate cysts[4]

35% of patients with
benign serous cystadenoma
(SCA) prevented
from further surveillance[4]

23% reduction
of surgical intervention[5]

CELLVIZIO® CHARACTERIZATION OF CYSTS

REAL-TIME IN VIVO IMAGING AT THE CELLULAR LEVEL



SEROUS CYSTADENOMA, MUCINOUS LESIONS

100%
SPECIFICITY[6]

95%
SENSITIVITY[6]

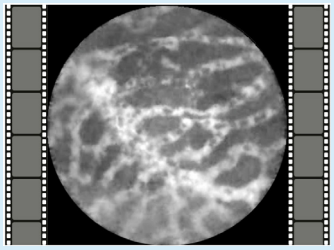
97%
ACCURACY[6]

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.[6]

"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[4]

OUTCOME

No follow-up: 28% modified therapeutic decision[4]

Surveillance: Eliminate surveillance of 35% of benign SCA[4]

Surgery: 23% reduction of surgical interventions[5]

AQ-Flex™ 19 Miniprobe

Compatible operating channel	Length	Number of uses per probe	Field of view	Resolution	Confocal depth
≥ 0.91 mm	3 m	10	Ø325 µm	3.5 µm	40 to 70 µm

* 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).

MKT-118-EN-Brochure Panc Cysts RevO03 © Mauna Kea Technologies 2020