GASTRIC DISEASE

1 million
new cases of gastric cancer diagnosed in 2018...[1]

...with a **5-year survival rate of 31%**[2]

3rd most common cause of cancer-related death[1]

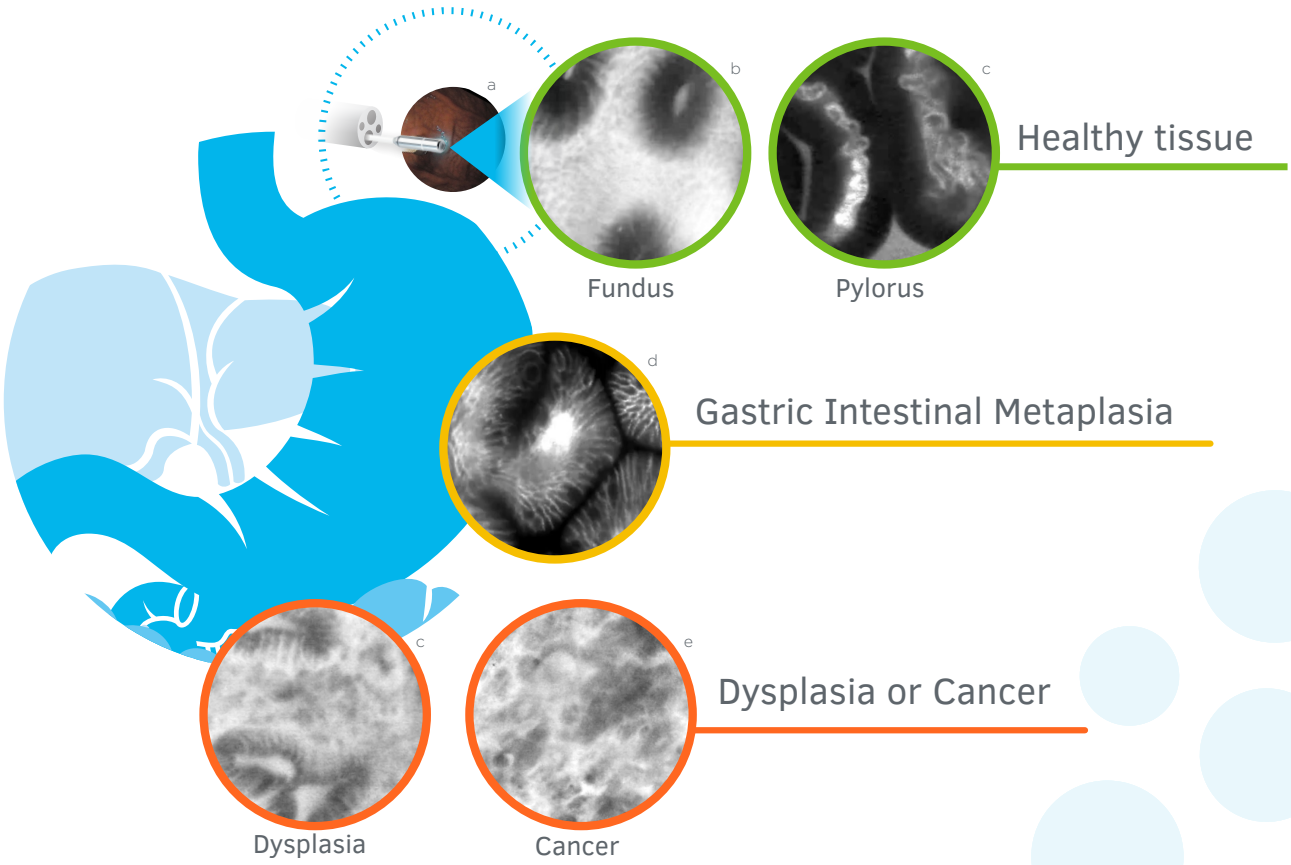
CELLVIZIO® CLINICAL VALUE

Reliably enable the diagnosis of Gastric Intestinal Metaplasia (GIM)[3]

Detection of Gastric Cancer with an accuracy of 98%[4]
(pCLE combined with conventional endoscopic biopsies)

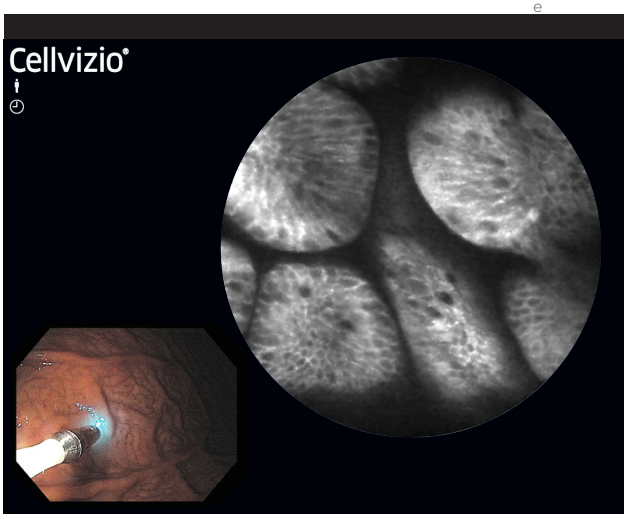
Targeted biopsies to decrease randomized biopsies by 68%[3,4]

REAL-TIME IN VIVO CELLULAR IMAGING
IMAGE PATTERN RECOGNITION



Cellvizio®
SEE CELLS. CHANGE LIVES.

CELLVIZIO® SOLUTION



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Fits through **any standard endoscope**

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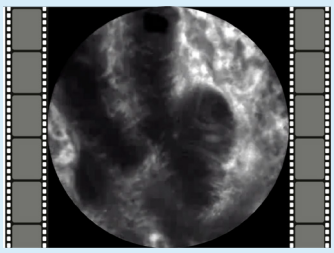

Live unlimited tissue assessment

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

INTEGRATE CELLVIZIO® INTO YOUR PRACTICE

"CLE provides in-vivo real-time virtual histopathological images without any biopsies, and it is trustworthy for the endoscopists to make on-the-spot decisions on the diagnosis of early gastric cancer/precancerous lesions and the strategy of endoscopic treatment and follow-up."

Prof. Yan Qing Li,
Qilu Hospital Shandong University

A high accuracy with pCLE was demonstrated for predicting atrophic gastritis, intestinal metaplasia, and gastric neoplasia (low and high grade intraepithelial neoplasia, and adenocarcinoma).[5]

"Cellvizio® has become a seamless, effective part of my practice. It's an additional level of expertise I am pleased to offer to my patients."

Dr. J. Samarasena,
UCI Medical Center

IMPROVE PATIENT MANAGEMENT

SCREENING
Localize lesions and target biopsies[4]

TREATMENT
Evaluate margins before, during, and after endoscopic resection[7,8]

SURVEILLANCE OF GIM
Nearly double the diagnostic yield of GIM (49.25%) compared to WLE (26.56%) by targeting biopsies on a per-macroscopic lesion analysis[3]

DYSPLASIA
High diagnostic accuracy of gastric cancer (91.7%)[4]
High sensitivity and specificity values when differentiating high-grade from low-grade intraepithelial neoplasia[6]

GastroFlex™ UHD Miniprobe

Compatible operating channel	Length	Number of uses per probe	Field of view	Resolution	Confocal depth
≥ 2.8 mm	3 m	20	Ø240 µm	1 µm	55 to 65 µm

a. Courtesy of Dr. Louie. ***b.*** Courtesy of Dr. Pleskow. ***c.*** Courtesy of Pr. Rösch. ***d.*** Courtesy of Dr. Zhen Li. ***e.*** Courtesy of Dr. Wu. ***f.*** Courtesy of Dr. Tomizawa.

1. World Health Organization: International Agency for Research on cancer, 2018, http://gco.iarc.fr/today/online-analysis-table?v=2018&mode=cancer&mode_population=continents&population=900&populations=900&key=asr&sex=0&cancer=39&type=1&statistic=5&prevalence=0&population_group=0&ages_group%5B%5D=0&ages_group%5B%5D=17&nb_items=5&group_cancer=1&include_nmsc=1&include_nmsc_other=1. ***2.*** Harada et al. Recent trend in gastric cancer treatment in the USA, Journal of Cancer Metastasis and Treatment, 2018. ***3.*** Li Zhen et al. Confocal laser endomicroscopy for in vivo detection of gastric intestinal metaplasia: a randomized controlled trial, Endoscopy, 2013. ***4.*** Bok G.H. et al. The Accuracy of probe-based Confocal Endomicroscopy versus Conventional Endoscopic Biopsies for the Diagnosis of Superficial Neoplasia (with videos). Gastro-Intestinal Endoscopy, 2013. ***5.*** Li Z. et al. New Classification of Gastric Pit Patterns and Vessel Architecture Using Probe-based Confocal Laser Endomicroscopy. J Clin Gastroenterol, 2015. ***6.*** Qian et al. Meta-analysis of confocal laser endomicroscopy for the diagnosis of gastric neoplasia and adenocarcinoma, Jounral of Digestive Diseases, 2016. ***7.*** Ji R. et al. Confocal endomicroscopy for in vivo prediction of completeness after endoscopic mucosal resection, Surg Endosc, 2011. ***8.*** Jeon S.R. et al. Optical biopsies by confocal endomicroscopy prevent additive endoscopic biopsies before endoscopic submucosal dissection in gastric epithelial neoplasias: a prospective, comparative study, Gastrointest Endosc, 2011.

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