

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 diagnoses³



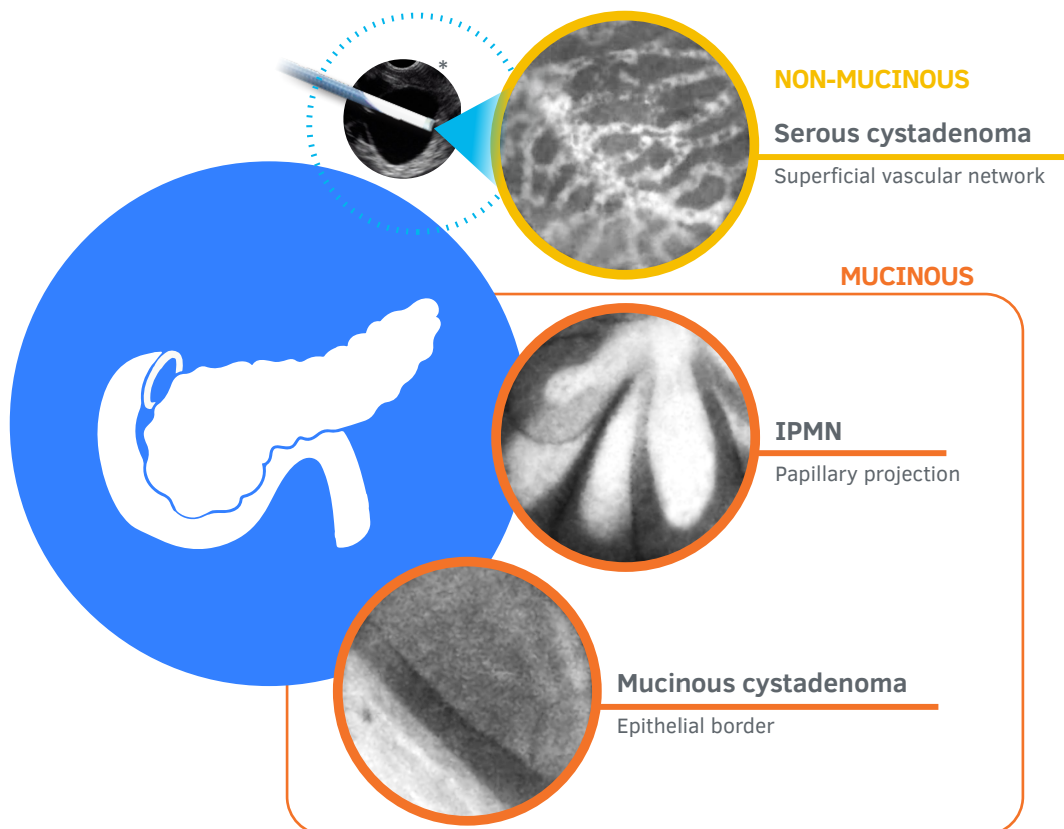
CELLVIZIO® CLINICAL VALUE

Improve **characterization** for indeterminate cysts⁴

35% of patients with benign serous cystadenoma (SCA) prevented from further surveillance⁴

23% reduction of surgical intervention⁵

REAL-TIME IN VIVO CELLULAR IMAGING IMAGE PATTERN RECOGNITION



SEROUS CYSTADENOMA, MUCINOUS LESIONS

100%
SPECIFICITY⁶

95%
SENSITIVITY⁶

97%
ACCURACY⁶

DELPHI CONSENSUS

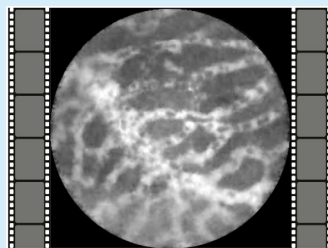
The use of nCLE as an adjunct to standard EUS-FNA could positively impact patient management and improve healthcare resource utilization by reducing the number of misdiagnoses and preventing redundant follow-up investigations and unnecessary surgery.⁷

Cellvizio®
SEE CELLS. CHANGE LIVES.

CELLVIZIO® SOLUTION



Compatible with 19G needle



Real-time in vivo cellular 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"

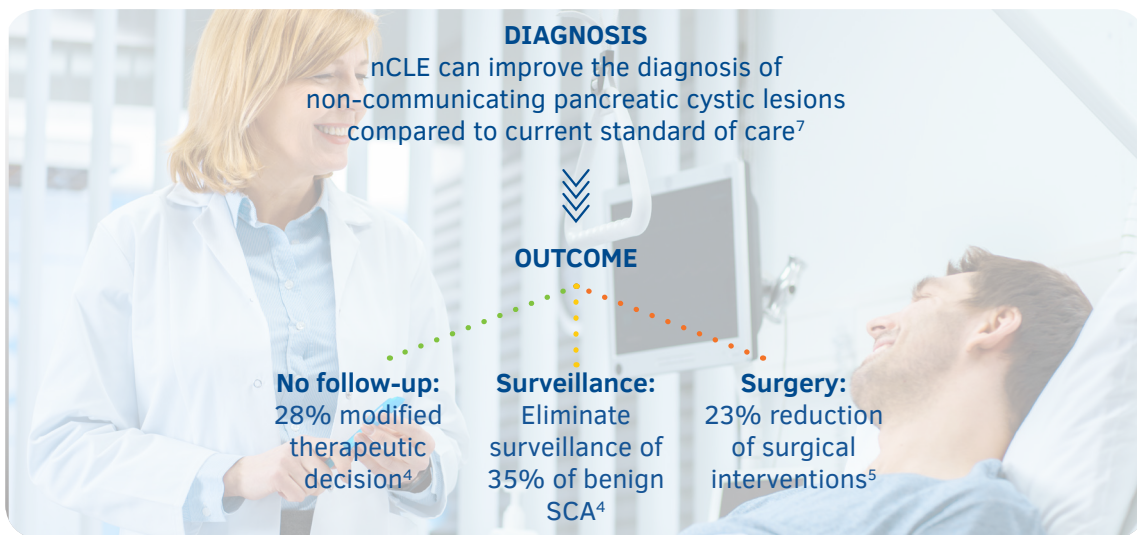
Dr. B. Napoléon,
Jean Mermoz Hospital

EUS-guided nCLE is a minimally invasive procedure that improves evaluation of PCLs and should be systematically considered when EUS-FNA is indicated for PCL evaluation.⁷

"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



AQ-Flex™ 19 Miniprobe

Compatible operating channel
≥ 0.91 mm

Length
4 m

Number of uses per probe
10

Field of view
Ø325 µm

Resolution
3.5 µm

Working Distance
55 +/- 15 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). 7. Napoléon B, et al. Confocal endomicroscopy for evaluation of pancreatic cystic lesions: a systematic review and international Delphi consensus report. Endosc Int Open, 2020.

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