

INFLAMMATORY BOWEL DISEASES



30%
of IBD patients
relapse every year^{1,2}



52%
of Ulcerative
Colitis (UC)
patients
have an active
disease¹



187,000 hospitalizations
per year specifically
for Crohn's Disease (CD) in the US³



**Current disease assessment techniques are sub-optimal
and do not accurately predict long term prognosis⁴**



CELLVIZIO® CLINICAL VALUE

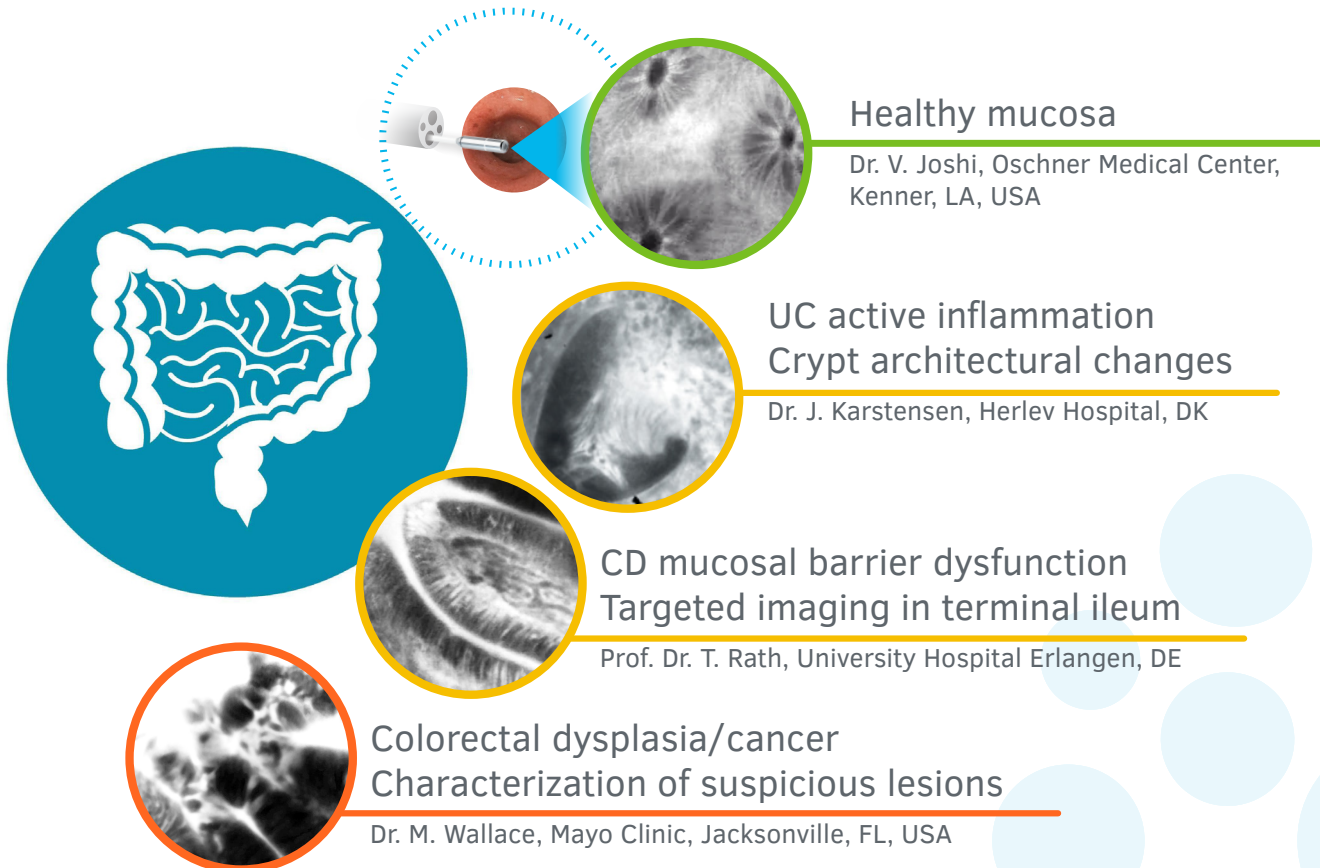
Predict relapse
in the next 12 months⁵

**Early prediction of major
clinical events** requiring
hospitalization or surgery⁶

Monitor treatment
to differentiate responders
from nonresponders for UC
patients⁷

Characterizing dysplastic flat lesions, allowing immediate endoscopic resection in a single procedure⁸


REAL-TIME IN VIVO CELLULAR IMAGING IMAGE PATTERN RECOGNITION

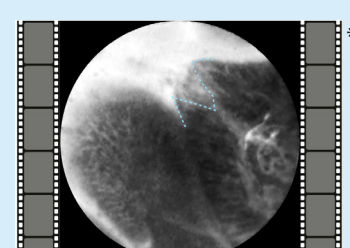



Cellvizio®
SEE CELLS. CHANGE LIVES.


CELLVIZIO® SOLUTION



 Fits through **any standard endoscope**

 Observe epithelial cell shedding with real-time imaging





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

INTEGRATE CELLVIZIO® INTO YOUR PRACTICE

"Cellvizio® is the only technology that allows us to see functional healing, and it is worth having this information as it is the best determinant of outcome for my IBD patients"

Prof. Dr. T. Rath,
University Hospital Erlangen

Demonstrated short learning curve for pCLE and high agreement between pCLE and histopathology findings in IBD patients⁹

"pCLE is a tool that helps clinicians see what's in the future of their IBD patients"

Dr. J. Liu,
University of Arkansas
for Medical Sciences

IMPROVE PATIENT MANAGEMENT

DIAGNOSIS

Differential diagnosis of IBD¹⁰
92% sensitivity
91% specificity

FLARE

Confirm mucosal inflammation¹¹

REMISSION

Predict relapse and enable tailored biologic therapy to reduce IBD-related hospitalizations¹²



TREATMENT

Assess mucosal barrier function for predicting improved long-term patient outcomes for UC patients⁷

CANCER SURVEILLANCE

Characterize suspicious lesions¹³



ColoFlex™ UHD Miniprobe

Compatible operating channel
2.8 mm

Length
4 m

Number of uses per probe
20

Field of view
Ø240 µm

Resolution
1 µm

Confocal depth
55 to 65 µm

* Courtesy of Dr. T. Rath ¹. Data from Crohn's & Colitis Foundation of America, 2014. <https://www.crohnscolitisfoundation.org/sites/default/files/2019-02/Updated%20IBD%20Factbook.pdf> ². Bitton A. et al. Predicting relapse in Crohn's disease: a biopsychosocial model. Gut, 2008. ³. CDC/NCHS national hospital discharge survey: United States, 2010. Centers for Disease Control and Prevention website. www.cdc.gov/nchs/data/nhds/10Detaileddiagnosesprocedures/2010det10_numberalldiagnoses.pdf ⁴. Liverani E. et al. How to predict clinical relapse in inflammatory bowel disease patients. World J Gastroenterol, 2016. ⁵. Turcotte JF. et al. Increased Epithelial Gaps in the Small Intestine Are Predictive of Hospitalization and Surgery in Patients With Inflammatory Bowel Disease. Clin Transl Gastroenterol, 2012. ⁶. Tontini GE. et al. Prediction of clinical outcomes in Crohn's disease by using confocal laser endomicroscopy: results from a prospective multicenter study. Gastrointestinal Endoscopy, 2017. ⁷. Hunderfean G. et al. Development and Validation of a Confocal Laser Endomicroscopy-Based Score for In Vivo Assessment of Mucosal Healing in Ulcerative Colitis Patients. Inflamm Bowel Dis, 2017. ⁸. Shahid M.W. et al. Diagnostic Accuracy of probe based Confocal Laser Endomicroscopy in Detecting Residual Colorectal Neoplasia after EMR: A prospective Study. Gastrointestinal Endoscopy, 2012. ⁹. Neumann H. et al. Prospective evaluation of the learning curve of confocal laser endomicroscopy in patients with IBD. Histol Histopathol, 2011. ¹⁰. Queneherve L. et al. Quantitative assessment of mucosal architecture using computer-based analysis of confocal laser endomicroscopy in inflammatory bowel diseases. Gastrointest Endosc, (Epub), 2018. ¹¹. Maione F. et al. Confocal laser endomicroscopy in ulcerative colitis: beyond endoscopic assessment of disease activity. Tech Coloproctol, (Epub), 2017. ¹². Liu J. et al. Personalized Inflammatory Bowel Disease Care Reduced Hospitalizations. Digestive Diseases and Sciences, 2019. ¹³. Lord R. et al. Colonic lesion characterization in inflammatory bowel disease: A systematic review and metaanalysis. World J Gastroenterol, 2018.

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