INFLAMMATORY BOWEL DISEASES

30%
of IBD patients
relapse every year[1,2]

52%
of Ulcerative Colitis (UC) patients
have an active disease[1]

187,000 hospitalizations
per year specifically for Crohn's Disease (CD) in the US[3]

Current disease assessment techniques are sub-optimal and do not accurately predict long term prognosis[4]
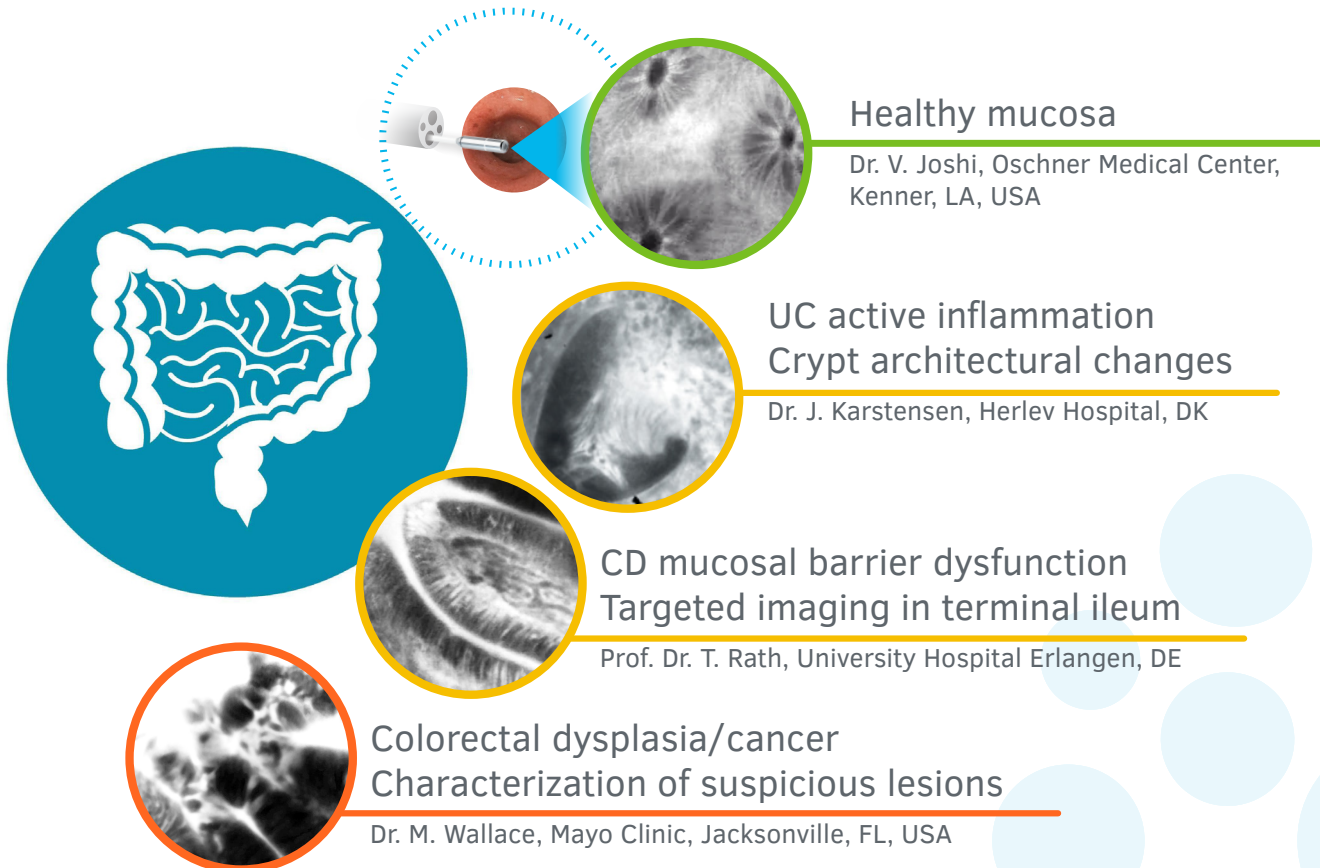
CELLVIZIO® CLINICAL VALUE

Predict relapse
in the next 12 months[5]

Early prediction of major clinical events requiring hospitalization or surgery[6]

Monitor treatment
to differentiate responders from nonresponders for UC patients[7]

Characterizing dysplastic flat lesions, allowing immediate endoscopic resection in a single procedure[8]

REAL-TIME IN VIVO CELLULAR IMAGING
IMAGE PATTERN RECOGNITION

Healthy mucosa

Dr. V. Joshi, Oschner Medical Center, Kenner, LA, USA

UC active inflammation
Crypt architectural changes

Dr. J. Karstensen, Herlev Hospital, DK

CD mucosal barrier dysfunction
Targeted imaging in terminal ileum

Prof. Dr. T. Rath, University Hospital Erlangen, DE

Colorectal dysplasia/cancer
Characterization of suspicious lesions

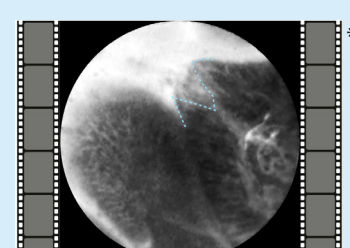Dr. M. Wallace, Mayo Clinic, Jacksonville, FL, USA

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 patients[9]

"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

FLARE

Confirm mucosal inflammation[11]

TREATMENT

Assess mucosal barrier function for predicting improved long-term patient outcomes for UC patients[7]

DIAGNOSIS

Differential diagnosis of IBD[10]
92% sensitivity
91% specificity

REMISSION

Predict relapse and enable tailored biologic therapy to reduce IBD-related hospitalizations[12]

CANCER SURVEILLANCE

Characterize suspicious lesions[13]

ColoFlex™ UHD Miniprobe

Compatible operating channel	Length	Number of uses per probe	Field of view	Resolution	Confocal depth
2.8 mm	4 m	20	Ø240 μm	1 μm	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 tranfl Gastroenterol, 2012. **6.** Tontini GE. Prediction of clinical outcomes in Crohn's disease by using confocal laser endomicroscopy: results from a prospective multicenter study. Gastrointestinal Endoscopy. 2017. **7.** Hundorfean 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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