IMAGINE... TOMORROW IS NOW
Be Ready Today with EVIS EXERA III
EVIS EXERA III BENEFITS TODAY

- Up to **14%** higher ADR with NBI (1)
- Up to **29%** more colorectal polyps found with NBI (2)
- Easier monitoring of ADR with NBI optical diagnosis
- **34%** more neoplasia found in Barrett’s Esophagus with NBI (3)
- Optical diagnosis and DISCARD in the colon with NBI, endorsed by ESGE, ASGE, and NICE (4,5,17)
- Targeted biopsy in Barrett’s Esophagus surveillance with NBI, endorsed by ASGE (6)
- Up to **86%** fewer biopsies in Barrett’s surveillance with NBI and Dual Focus (7)
- Up to **12%** higher diagnostic confidence with Dual Focus (8)
- Easier insertion and operation for doctors and nurses (9)
- **4%** higher cecal intubation rates (10)
- Easier and more successful intubation for trainees (11)
- **18%** less sedation (12)
- Less pain during colonoscopy (13)
- **78%** of patients experiencing no pain at all (13)
- High patient comfort and satisfaction
- **20%** shorter time to cecum (14)
- Less sedation (14) = lower spending on sedative drugs
- Less sedation (14) = quicker patient recovery and less blockage of recovery room
- Lower spending on for histopathology (if DISCARD and targeted biopsies are applied) (14,15)

VALUE OF EVIS EXERA III FOR HEALTH CARE AND PROCUREMENT

<table>
<thead>
<tr>
<th>Clinical Outcomes and Secondary Benefits</th>
<th>Clinical Quality</th>
<th>Cost-Effectiveness</th>
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</thead>
<tbody>
<tr>
<td>NBI</td>
<td></td>
<td></td>
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<tr>
<td>Improves detection</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Allows optical diagnosis in the colon</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Allows targeted biopsy in Barrett’s Esophagus</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Allows easy monitoring of ADR</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Lower spending on histopathology (if DISCARD and targeted biopsies are applied)</td>
<td>✓</td>
<td></td>
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<tr>
<td>Dual Focus</td>
<td></td>
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<tr>
<td>Increases confidence of optical diagnosis</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Less spending on for histopathology (if DISCARD and targeted biopsies are applied)</td>
<td>(14,15)</td>
<td></td>
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<tr>
<td>RIT</td>
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<td></td>
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<tr>
<td>Easier insertion in colonoscopy</td>
<td>✓</td>
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<tr>
<td>High cecal intubation rate with variable stiffness</td>
<td>✓</td>
<td></td>
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<tr>
<td>Shorter time to cecum</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Less sedation → quicker patient recovery</td>
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<td>✓</td>
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<tr>
<td>Less patient pain</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>ScopeGuide</td>
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</tbody>
</table>

Explore the evidence at: www.olympus.eu/proven

“NBI is the only virtual chromoendoscopy that uses an internationally validated and acknowledged classification system – the NICE classification – and is ready to be used in daily clinical practice.”

Prof. Thierry Ponchon
Head of Department Dept. of Digestive Diseases
Lyon, France

Edouard Herriot Hospital
References
5. ASGE Standards of Practice Committee et al. 2015; GastrointestEndosc. 81(3):502.e1-502.e16
7. Singh et al. 2013; Dig Endosc. 25 Suppl 2:16-20
8. Kaltenbach et al. 2014; Gut 64(10):1569-77
11. Holme et al. 2011; GastrointestEndosc. 73(6):1215-22
17. https://www.nice.org.uk/guidance/dg28/

Abbreviations
1. ADR: Adenoma detection rate
2. NBI: Narrow Band Imaging
3. DISCARD: Detect Inspect Characterise Resect and Discard
4. ESGE: European Society of Gastrointestinal Endoscopy
5. ASGE: American Society for Gastrointestinal Endoscopy
6. NICE: NBI International Colorectal Endoscopic (classification)
7. NICE: National Institute for Health and Care Excellence

Specifications, design, and accessories are subject to change without any notice or obligation on the part of the manufacturer.

www.olympus.eu/proven