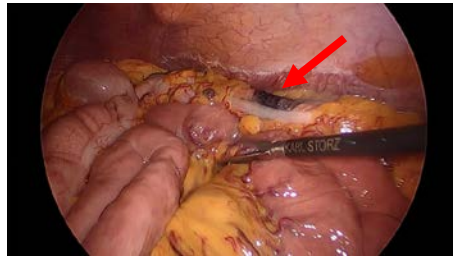




Spot[®] Ex Endoscopic Tattoo
Clinical Uses of Follow-Up Tattoos

Spot[®] Ex: **Ex**ample Clinical Uses Of Follow-Up Tattoos

Surgery



- Laparoscopic localization
- Faster surgeries¹ with lower risk of wrong site resection²

Complex Polyps

Large Polyp



- Risk of unknown dysplasia <2mm from biopsy margin
- Referring to therapeutic endoscopist or surgery

EMR or ESD



- Piecemeal resection (PEMR)
- Follow-up to monitor recurrence of residual adenoma tissue

Difficult-to-Detect



- Sessile serrated adenomas
- Proximal side of folds
- Transverse colon with few landmarks

1. Arteaga-Gonzalez I, et. al., The use of preoperative endoscopic tattooing in laparoscopic colorectal cancer surgery for endoscopically advanced tumors: a prospective comparative clinical study. World J Surg. 2006; 30(4):605-611.

2. Acuna SA, et. al., Preoperative localization of colorectal cancer: a systematic review and meta-analysis. Surg. Endosc. 2017; 31:2366-2379.

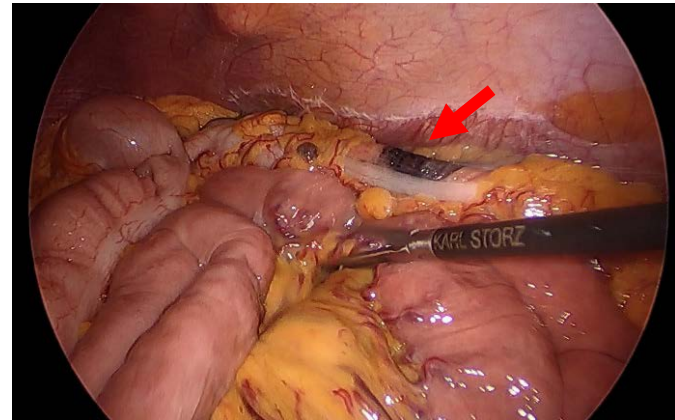
Spot[®] Ex: Endoscopic Tattooing for Surgical Localization

Clinical Scenario

- Lesions requiring surgical resection identified at colonoscopy

Clinical Benefits

- Improves laparoscopic localization
- Reduces OR time by up to 40 min¹
- Lower risk of wrong site resection²



Surgical Endoscopy

Preoperative localization of colorectal cancer: a systematic review and meta-analysis

Acuna SA, et. al., Preoperative localization of colorectal cancer: a systematic review and meta-analysis. *Surg. Endosc.* 2017; 31:2366-2379

Meta-analysis of 38 studies show tattooing improves laparoscopic localization²

1. Arteaga-Gonzalez I, et. al., The use of preoperative endoscopic tattooing in laparoscopic colorectal cancer surgery for endoscopically advanced tumors: a prospective comparative clinical study. *World J Surg.* 2006. 30(4):605-611.
2. Acuna SA, et. al., Preoperative localization of colorectal cancer: a systematic review and meta-analysis. *Surg. Endosc.* 2017; 31:2366-2379.

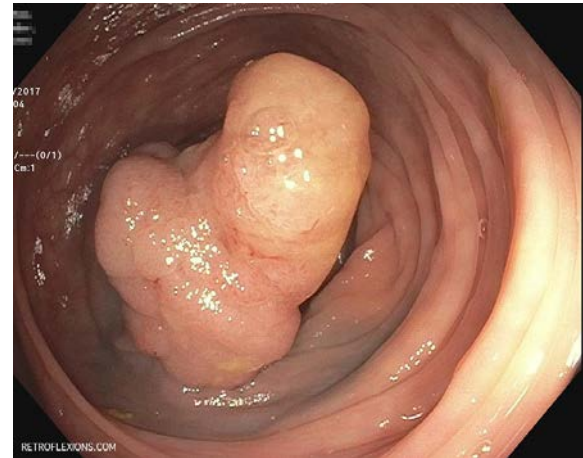
Spot[®] Ex: *Endoscopic Tattooing of Large Polyps*

Clinical Scenario

- Large polyps removed at colonoscopy

Clinical Benefits

- Ensures follow-up localization at surgery in case of unknown dysplasia from pathology
- Enables interval surveillance follow-up



*World Journal
of Surgery*

Malignant Colorectal Polyps

Bujanda L et al., Malignant Colorectal Polyps. *W Journal Gastroenterology*. 2010. 16(25):3103-3111

Unfavorable histology
<2mm from biopsy margin
is indicated for surgical
resection

1. Bujanda L et al., Malignant Colorectal Polyps. *W Journal Gastroenterology*. 2010. 16(25):3103-3111.

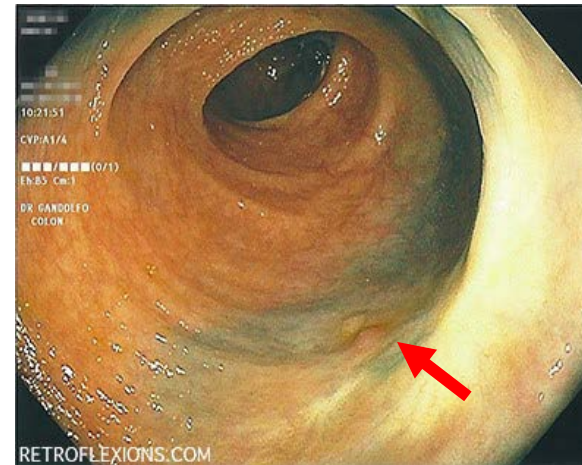
Spot[®] Ex: *Endoscopic Tattooing Following EMR*

Clinical Scenario

- Endoscopic Mucosal Resection or “piecemeal” resection must be monitored for residual adenomatous tissue

Clinical Benefits

- Follow-up to monitor recurrence of residual adenoma tissue



Gastroenterology

Incomplete Polyp Resection During Colonoscopy— Results of the Complete Adenoma Resection (CARE) Study

Pohl H et al, Incomplete Polyp Resection During Colonoscopy—Results of the Complete Adenoma Resection (CARE) Study. *Gastroenterology*. 2013;144:74–80

Incomplete resection of lesions at colonoscopy drives up to 10-27% of interval cancers

1. Pohl H et al, Incomplete Polyp Resection During Colonoscopy—Results of the Complete Adenoma Resection (CARE) Study. *Gastroenterology*. 2013;144:74–80.

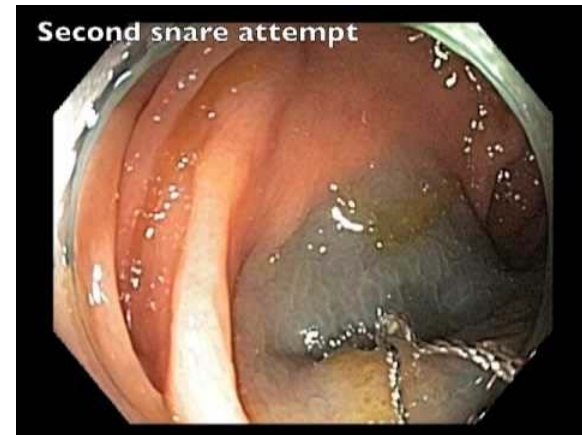
Spot[®] Ex: *Endoscopic Tattooing of Difficult-To-Detect Polyps*

Clinical Scenario

- Flat; Sessile Serrated Adenomas referred for EMR or ESD
- Proximal to folds
- Transverse colon (absence of landmarks)

Clinical Benefits

- Improves identification at future colonoscopy



 **Annals
of
Gastroenterology**

Managing difficult polyps: techniques and pitfalls

Tholloor S, et al. Managing difficult polyps: techniques and pitfalls. *Ann Gastroenterol.* 2013; 26(2): 114–121.

Tattooing should be performed to improve identification at future colonoscopy or surgery

Spot[®] Ex: **Ex** *Expanded Indications Support Adoption Of Guidelines*



“Colonoscopic tattooing is performed to enable future identification, at colonoscopy or surgery, of malignant lesions (proven or suspected), polypectomy, EMR, or ESD sites, difficult-to-detect polyps, or dysplastic areas. All such lesions, other than those definitely located in the cecum, adjacent to the ileocecal valve, or in the low rectum, should be tattooed.”¹

Ferlitsch M, Moss A, Hassan C, et al. *Colorectal polypectomy and endoscopic mucosal resection (EMR): ESGE Clinical Guideline. 2017*

Spot Ex Is Now Indicated for Clinical Surveillance And Surgical Localization²

1. Ferlitsch M, Moss A, Hassan C, et al. Colorectal polypectomy and endoscopic mucosal resection (EMR): ESGE Clinical Guideline. 2017

2. Spot Ex Indication. Instructions For Use. Rev 01. Jan 2018