

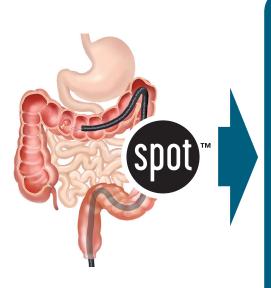


Spot Endoscopic Marker

Helping You Win the Fight Against Colon Cancer

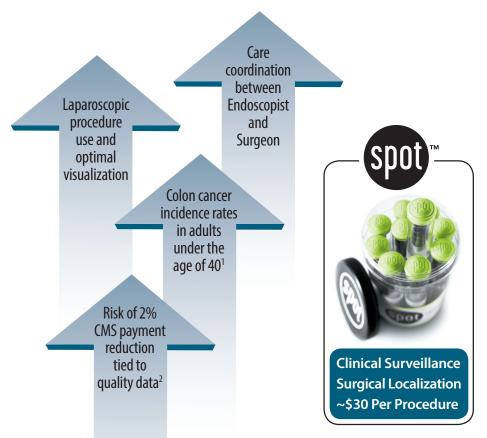


Spot[™] **Endoscopic Marker** Helping You Win the Fight Against Colon Cancer



- Supports patient safety & quality goals
- Clinically proven and society recommended
- Easy to use and cost effective

Spot[™]: Supports Patient Safety and Quality Goals



¹ Siegel R. et al. JNCI J Natl Cancer Inst. 2017.

² ASC Quality Reporting at www.cms.gov Accessed Mar 2017

Spot[™]: Clinically Proven Through >25 Published Studies



Tattoo of colonic neoplasms in 113 patients with a new sterile carbon compound

Matthew P. Askin, MD, Jerome D. Waye, MD, Lawrence Fiedler, MD, Noam Harpaz, MD, PhD New York. New York



Clinical Surveillance

100% of tattoos were visible at follow-up¹



Tumor Localization for Laparoscopic Colorectal Surgery

Yong Beom Cho • Woo Yong Lee • Hae Ran Yun • Won Suk Lee • Seong Hyeon Yun • Ho-Kyung Chun



Surgical Localization

98% of tattooed tumors found in surgery²

¹ Askin MP. et al., Tattoo of colonic Neoplasms in 113 patients with a new sterile carbon compound. Gastrointestinal Endoscopy. 2002. 56 (3): 339-42.

² Cho YB. et al., Tumor localization for laproscopic colorectal surgery. World J Surg. 2007. (31): 1491-95

Spot[™]: Society Recommended



"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 - ESGE, 2017



"Lesions...should be marked with ample submucosal injection of carbon black (Spot[™]) in 3 to 4 quadrants to ensure resection of the correct segment."² - ACG, 2014



"Tattooing is extremely important for intraoperative localization. Tattooing should be accomplished using suspended carbon black commercially prepared for this purpose [Spot™]."3 - SAGES, 2012



"Spot[™] was developed and is marketed specifically for endoscopic tattooing. It is approved by the FDA for this purpose." - ASGE, 2010

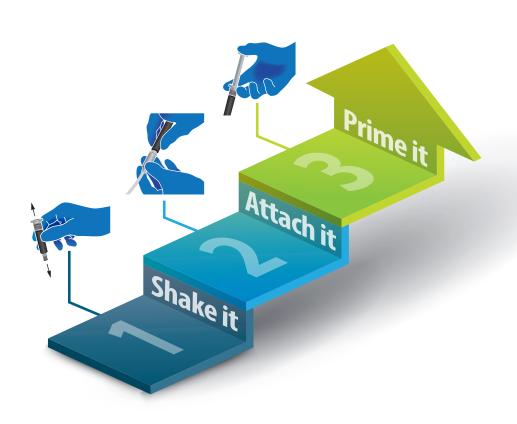
¹ Ferlitsch M. et al., Colorectal polypectomy and endoscopic mucosal resection (EMR): European society of gastrointestinal endoscopy (ESGE) clinical guidelines. *Endoscopy*. 2017: 49

² Rex DK, et al., Quality indicators for colonoscopy. Am J Gastroenterol. 2014 Dec. 81(1): 31-53

³ SAGES. Guidelines for Laparoscopic Resection of Curable Colon and Rectal Cancer. 2012 Feb.

⁴ ASGE Technology Committee. Endoscopic tattooing. Gastrointest Endosc. 2010 Oct;72(4):681-5.

Spot[™]: Easy and Efficient to Use



2017 CMS Tissue Marking National Payment

	Primary Colonoscopy Procedure	If Tissue Marking is Also Performed
Physician	\$212	\$17 (Total \$229)
ASC	\$474	\$237 (Total \$711)
Hospital	\$877	\$439 (Total \$1,316)
Example Procedure	Colonoscopy with Biopsy (CPT 45380)	Colonoscopy with Submucosal Injection (CPT 45381)

Storage

Store upright



Keep at room temperature



2 year shelf life



Preparation

Shake it



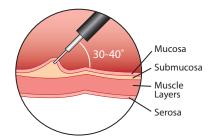
Attach it

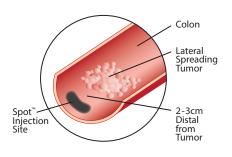


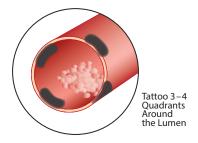
Prime it



Submucosal Injection







- **1.** Place injection 2-3cm distal (downstream) of the area of interest
- **2.** Inject tangentially, at a 30-40° angle to the mucosa
- **3.** Create a saline bleb to find the submucosal plane prior to injecting Spot[™] to reduce risk of intramural injection
- **4.** Place Spot[™] tattoos in 3-4 quadrants around the lumen to increase likelihood of visualization
- **5.** Use 0.5-0.75 mL per injection site, and no more than 8 mL per patient

Documentation



- Use text and photo documentation in your reports with unambiguous terminology
- Document both the depth of scope and anatomic location of each tattoo
- Indicate where and how many tattoos were placed at each area of interest

To Place an Order:

Call **800.451.5797** Email **info@gi-supply.com**

