Fibrotic Polyps are a Problem

53% of previously manipulated polyps have tissue persistence¹

Each fibrotic polyp has it's own unique history. Many have tissue persistence on follow up and require further endoscopic treatement.¹ Conventional techniques are not enough to address these challenges and some do not allow for tissue acquisition. **A repeatable multi-modal approach may lead to a higher curative rate.**²

EMR +/- APC ¹		EndoRotor only ³	
Number of patients	42	Number of patients 45	
Tissue persistence	53.8%	Tissue persistence 46.7%	
Device-related SAE's (bleeding or perforation)	1	Device-related SAE's 3 (bleeding or perforation)	

Multi-Modal Approach (EMR + EndoRotor +/- APC)

By using a repeatable multi-modal approach (EMR + EndoRotor +/- APC), endoscopists were able to **achieve a curative rate of 93%** with a **safety profile comparable to conventional techniques**.² 100% of EndoRotor samples are sufficient to achieve diagnosis.^{2,3}

EMR + EndoRotor +/- APC ²		
Number of patients	42	
Tissue persistence	7%	
Device-related SAE's (bleeding or perforation)	1	

1. Kim H, et al. Effect of prior biopsy sampling, tattoo placement, and snare sampling on endoscopic resection of large nonpedunculated colorectal lesions. Gastrointest Endosc. Vol 81, Issue 1, P204-213, January 2015. doi: 10.1016/j.gie.2014.08.038.

2. Rehman H, et al. MULTIMODAL THERAPY FOR PREVIOUSLY MANIPULATED LESIONS USING ENDOROTOR. Gastrointest Endosc. Vol 99, No 6S : 2024. doi: 10.1016/j.gie.2024.04.1842. 3. Knabe et al. Endoscopic powered resection device for residual colonic lesions: the first multicenter, prospective, international clinical study. Gastrointest Endosc. Vol 99, Issue 5. 2024. doi: 10.1016/j.gie.2023.11.050.



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