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

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)
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 Oesophagus with NBI (3)
- Optical diagnosis and DISCARD in the colon with NBI, endorsed by ESGE and ASGE (4)
- Targeted biopsy in Barrett’s Oesophagus surveillance with NBI, endorsed by ASGE (5)
- Up to 86% fewer biopsies in Barrett’s surveillance with NBI and Dual Focus (6)
- Easier insertion and operation for doctors and nurses (7)
- 4% higher caecal intubation rates (8)
- Easier and more successful intubation for trainees (9)
- Less pain during colonoscopy (10)
- 78% of patients experiencing no pain at all (11)
- High patient comfort and satisfaction
- 20% shorter time to caecum (12)
- Less sedation (13) = lower spending on sedative drugs
- Less sedation (13) = quicker patient recovery and less blockage of recovery room
- Lower spending on histopathology (if DISCARD and targeted biopsies are applied) (14)

VALUE OF EVIS EXERA III FOR HEALTH CARE AND PROCUREMENT

**Clinical Outcomes and Secondary Benefits**

<table>
<thead>
<tr>
<th>Clinical Quality</th>
<th>Cost-Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improves detection (12)</td>
<td>✓</td>
</tr>
<tr>
<td>Allows optical diagnosis in the colon (DISCARD) (9,10)</td>
<td>✓</td>
</tr>
<tr>
<td>Allows targeted biopsy in Barrett’s Oesophagus (3,4)</td>
<td>✓</td>
</tr>
<tr>
<td>Allows easy monitoring of ADR</td>
<td>✓</td>
</tr>
<tr>
<td>Lower spending on histopathology (if DISCARD and targeted biopsies are applied) (14,15)</td>
<td>✓</td>
</tr>
<tr>
<td>Increases confidence of optical diagnosis (8)</td>
<td>✓</td>
</tr>
<tr>
<td>Less spending on for histopathology (if DISCARD and targeted biopsies are applied) (14,15)</td>
<td>✓</td>
</tr>
<tr>
<td>Easier insertion in colonoscopy (9)</td>
<td>✓</td>
</tr>
<tr>
<td>High caecal intubation rate with variable stiffness (16)</td>
<td>✓</td>
</tr>
<tr>
<td>Shorter time to caecum (9)</td>
<td>✓</td>
</tr>
<tr>
<td>Less sedation → quicker patient recovery (10)</td>
<td>✓</td>
</tr>
<tr>
<td>Less patient pain (10)</td>
<td>✓</td>
</tr>
<tr>
<td>Higher caecal intubation rate (trainees and experienced clinicians) (12)</td>
<td>✓</td>
</tr>
<tr>
<td>Shorter time to caecum (12)</td>
<td>✓</td>
</tr>
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