

HOW WATS^{3D} OVERCOMES THE LIMITATIONS OF THE SEATTLE PROTOCOL IN BARRETT'S ESOPHAGUS AND DYSPLASIA DIAGNOSES

There is a lack of utility and confidence in the Seattle protocol



An estimated 33% of esophageal adenocarcinomas were diagnosed within 1 year of negative index endoscopy.¹

David A. Johnson, MD reviewing Visrodia K, et al. Gastroenterology, 2016.



There is no significant mortality reduction from Seattle protocol surveillance in Barrett's esophagus patients.²

Corley DA, et al. Gastroenterology, 2013.

WATS^{3D} offers an innovative 3-in-1 solution that overcomes current limitations



ENHANCED WIDE-AREA TISSUE SAMPLING REDUCES SAMPLING ERROR^{3,4}



3D IMAGING WITH AI-POWERED ANALYSIS IMPROVES DIAGNOSTIC EFFICACY^{3,4}

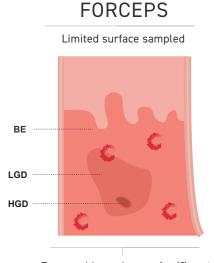


TEAM OF EXPERT PATHOLOGISTS PROVIDES DIAGNOSTIC PRECISION^{3,4}



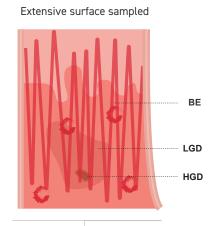
Click or scan to watch WATS^{3D} overview video

WATS^{3D} enhanced tissue sampling is key to reducing sampling error⁴⁻⁶



Forceps biopsy has a significant potential for sampling error

WATS^{3D} + FORCEPS



The wider surface area sampled by WATS^{3D} addresses this problem

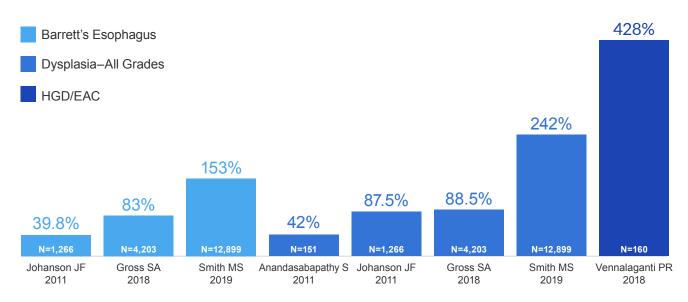
For illustration purposes only.



WATS^{3D} HAS DEMONSTRATED SIGNIFICANT CLINICAL RESULTS⁵⁻⁹

ADDED DIAGNOSTIC YIELD OF WATS^{3D}

As an adjunct to forceps biopsy



WATS^{3D} increased detection of ^{5,8}:

Barrett's Esophagus by

Dysplasia-All Grades by

HGD/EAC by

~1.5X

~2.4X

~4.2X

WATS^{3D} is included in the ASGE Standards of Practice Guidelines on the screening and surveillance of Barrett's esophagus



ASGE Practice Guidelines suggest using WATS^{3D} for known or suspected Barrett's esophagus in addition to WLE with Seattle protocol biopsy sampling compared with WLE with Seattle protocol biopsy sampling alone.¹⁰

References: 1. Johnson DA. High rate of missed esophageal adenocarcinoma in Barrett esophagus. NEJM Journal Watch Gastroenterology. March 14, 2016. https://www.jwatch.org/na40738/2016/03/14/high-rate-missed-esophageal-adenocarcinoma-barrett. Accessed September 7, 2021. 2. Corley DA, Mehtani K, Quesenberry C, Zhao W, de Boer J, Weiss NS. Impact of endoscopic surveillance on mortality from Barrett's esophagus-associated esophageal adenocarcinomas. Gastroenterology. 2013;145(2):312-9.e1. 3. Vennalaganti PR, Kanakadandi VN, Gross SA, et al. Inter-observer agreement among pathologists using wide-area transepithelial sampling with computer-assisted analysis in patients with Barrett's esophagus. Am J Gastroenterol. 2015;110(9):1257-1260. 4. Singer ME, Smith MS. Wide area transepithelial sampling with computer-assisted analysis (WATS³0) is cost-effective in Barrett's esophagus screening. Dig Dis Sci. 2021;66(5):1572-1579. 5. Vennalaganti PR, Kaul V, Wang KK, et al. Increased detection of Barrett's esophagus-associated neoplasia using wide-area trans-epithelial sampling: a multicenter, prospective, randomized trial. Gastrointest Endosc. 2018;87(2):348-355. 6. Gross SA, Smith MS, Kaul V; US Collaborative WATS³0 Study Group. Increased detection of Barrett's esophagus and esophageal dysplasia with adjunctive use of wide-area transepithelial sample with three-dimensional computer-assisted analysis (WATS). United European Gastroenterol J. 2018;6(4):529-535. 7. Johanson JF, Frakes J, Eisen D; EndoCDx Collaborative Group. Computer-assisted analysis of abrasive transepithelial brush biopsies increases the effectiveness of esophageal screening: a multicenter prospective clinical trial by the EndoCDx Collaborative Group. Dig Dis Sci. 2011;56(3):767-772. 8. Smith MS, Ikonomi E, Bhuta R, et al; US Collaborative WATS Study Group. Wide-area transepithelial sampling with computer-assisted 3-dimensional analysis (WATS) markedly improves detection of esophageal dysplasia and Barrett's esophagus: analysis from a prospective multicenter c

ASGE=American Society for Gastrointestinal Endoscopy; EAC=esophageal adenocarcinoma; WLE=white-light endoscopy

