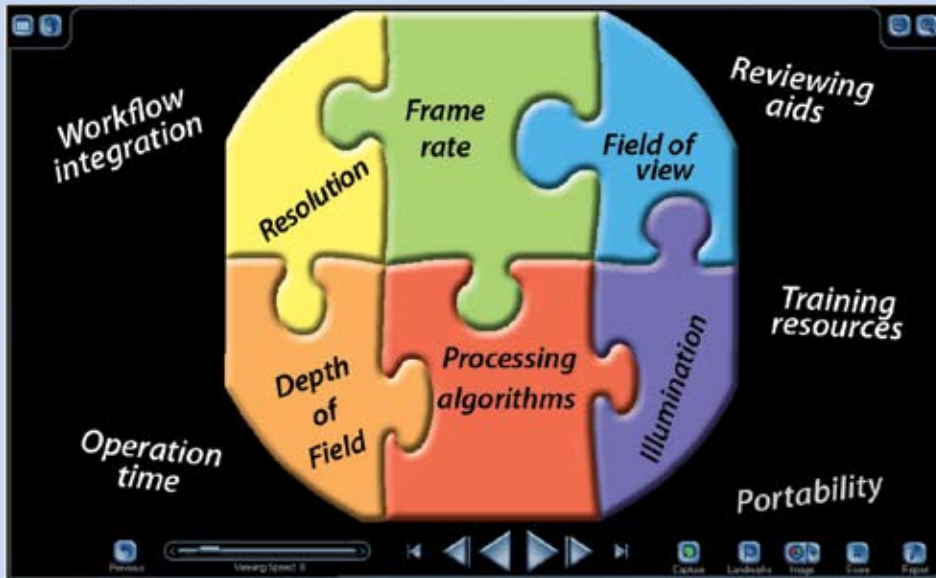


Getting the Whole Picture:



- Grand Rounds: Detecting Small Bowel Tumors with PillCam® SB
- Grand Rounds: Evaluating Colon Mucosa with PillCam® COLON* in a Case of Incomplete Colonoscopy
- The Simplified Ingestion Procedure (SIP)
- New Clinical Application of CE with PillCam® ESO
- New Capsule Endoscopy Atlas
- Parque de las Ciencias Science Museum Exhibit on CE
- CE Nurses Advisory Board

The Science of Advanced CE

Truly effective visualization of the GI tract requires multiple tools and technologies working in harmony. Only a synergistic system, that carefully balances resolution, field-of-view, frame rate, illumination, reviewing tools and more, enables the physician to get “the whole picture” and make a diagnosis—all integrating smoothly into clinical practice to provide the best service to patients.

Innovative technology and collaboration over the years between physicians and R&D scientists at Given Imaging have resulted in the PillCam® Platform, an efficient, patient-friendly, and clinically-proven diagnostic solution that provides visualization of the GI tract in its natural state. With over 830 peer-review articles to date,¹ the published data documenting the safety and effectiveness of capsule endoscopy (CE) come from studies that use the PillCam Platform. Today’s platform consists of next-generation PillCam ESO, PillCam SB, and PillCam COLON* video capsules, the Given® Workstation, and 5th generation of RAPID® software. Over 730,000 PillCam video capsules have been sold to hospitals and GI clinics worldwide. In response to user input, optional accessories such as the RAPID Real-Time device for real-time viewing have been developed to meet the dynamic needs of CE in different clinical settings.

Challenges and Breakthroughs: When Two Heads are Better Than One

Direct visualization of mucosa in the GI tract poses many technical challenges for capsule endoscopy—this is largely due to the physiological differences in the organs that comprise the GI tract.

Several years after pioneering the first video capsule for the small bowel, a team of physicians and scientists at Given Imaging brain-stormed ideas for developing a new video capsule and procedure to visualize the upper GI tract. Members of the original development team said there was much enthusiasm among physicians about

continued on page 6...



Important new material is now available in print and online covering clinical data presented at International Conference on Capsule Endoscopy™ (ICCE™) scientific meetings.

continued on page 9...

Newsflash

The Agile™ patency capsule clears patients with suspected strictures for small bowel CE. A newly-published study concludes more than half of patients with strictures may undergo small bowel CE; the subsequent PillCam® SB procedure revealed significant findings, including ulcers, tumors, and vascular lesions.

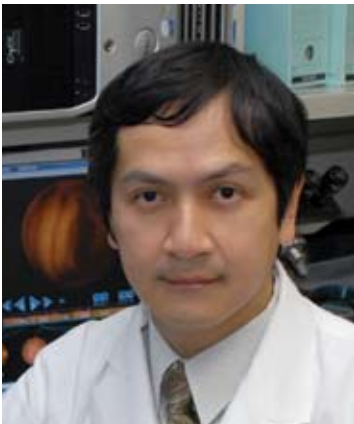
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Grand Rounds

Detecting Small Bowel Tumors: PillCam® SB in Patients with Obscure GI Bleeding / U

by **Shunji Fujimori, MD, PhD, and Choitsu Sakamoto, MD, PhD**
Department of Gastroenterology, Nippon Medical School, Tokyo, Japan



Shunji Fujimori, MD, PhD



Choitsu Sakamoto, MD, PhD

Case History

A 59 year-old male presented with melena and was admitted for evaluation. (After coronary angioplasty due to angina pectoris, fresh blood had been observed in the stool after an anticoagulant was administered.) The patient's previous medical history included cancer of the ascending and transverse colon (resulting in 2 separate operations in the last 10 years), high-blood pressure syndrome, cerebral infarction, and angina.

Previous Diagnostic Procedures and Treatments

Obscure GI bleeding (OGIB) with a bleeding source in the small bowel was suspected after the following non-diagnostic/negative work-up: EGD, colonoscopy, abdominal CT, angiography. Blood test results included: Hgb* 12.1 g/dl, Ferritin* 22 mg/dl, and CEA 0.8 ng/ml (carcinoembryonic antigen level tumor marker). The patient was subsequently referred for PillCam® SB capsule endoscopy (CE).

PillCam® SB Findings

PillCam SB revealed suspected small bowel tumors in the jejunum that were hemorrhagic and circumferential with a large, irregular ulcer. The PillCam SB video capsule was normally excreted.

Patient Management and Follow-up

The PillCam SB findings of small bowel tumor were confirmed at double balloon endoscopy (DBE). The tumor was biopsied at DBE. Histology showed a well-differentiated adenocarcinoma. This small bowel tumor was subsequently removed at laparoscopy. The resected specimen was 20 x 45 mm with the clear edge of a circumferential tumor. Post-op histology confirmed previous histologic diagnosis of well-differentiated adenocarcinoma. The staging level was surgical stage (ss) and the resected tissue was negative for lymph node involvement. The patient has been fine without relapse after 2 years of follow up.



Unexplained Iron Deficiency Anemia

Conclusions

In this case of unexplained OGIB and IDA, CE with the PillCam SB video capsule led to a definitive diagnosis and guided therapy that included DBE and curative surgical intervention.

About the Authors

Dr Shunji Fujimori is a Lecturer and Prof Choitsu Sakamoto is Chairman of the Department of Gastroenterology at Nippon Medical School in Tokyo, Japan. They have been involved with CE since 2004 and were members of the independent Japanese research group, the Capsule Endoscopy Study Group (CESG) which conducted initial clinical research on CE in Japan; both doctors contributed to the Japanese CE Image Atlas published by the CESG in 2006. They are core members of the newly-founded Japanese Academy for Capsule Endoscopy (JACE). In clinical practice and research, Drs Fujimori and Sakamoto focus on diagnosing and treating small bowel diseases. They specialize in using a combined approach of CE with DBE; their article with fellow colleagues in the December 2007 issue of Endoscopy covers long-term outcomes of using this combined CE-DBE approach for diagnosing and treating OGIB in the small bowel.² Drs Fujimori and Sakamoto are actively involved in major conferences such as DDW, J-DDW, the ICCE, and UEGW. They are currently engaged in research on NSAIDs-induced enteritis, using CE as the gold standard for evaluating mucosal damage and healing.

Editor's Note: This case is consistent with data from clinical studies worldwide and the ICCE Consensus statements—supporting the importance of early CE in detecting small bowel tumors as well as the correlation between small bowel tumors, OGIB, and IDA.^{3,4,5}

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Well-differentiated Adenocarcinoma



PillCam® SB

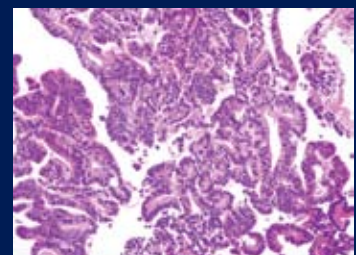


PillCam® SB



PillCam® SB

Histology



Post-op histology confirmed previous histologic diagnosis of well-differentiated adenocarcinoma



Grand Rounds

Evaluation of Colonic Mucosa in a Case of Capsule Endoscopy with the PillCam® COLON* Video

by **Cristiano Spada, MD, Guido Costamagna, MD, FACG, and Maria Elena Riccioni, MD**

Digestive Endoscopy Unit, Catholic University and European Endoscopy Training Center, Rome, Italy



Cristiano Spada, MD



Guido Costamagna, MD, FACG



Maria Elena Riccioni, MD

Case History

A 83 year-old female with a 10-day history of abdominal pain, melena, and hematochezia was admitted to our hospital for evaluation. Hgb was 11.1 g/dl. After a negative/normal EGD, the patient was referred for colonoscopy. At that time, we were involved in a multicenter clinical study evaluating CE with the PillCam COLON video capsule for visualization of the colon.¹⁻³ This patient was eligible for the clinical trial. She provided written informed consent, was enrolled, and followed the colon preparation protocol for the study. The PillCam COLON video capsule was normally excreted 5.5 hrs after ingestion.

PillCam® COLON Capsule Findings

CE with the PillCam COLON video capsule revealed: Right colon: small sessile polyp <6 mm suggestive of a hyperplastic lesion and a large sessile polyp >10 mm suggestive of an adenomatous polyp. Left colon: Small diverticula and an area with hyperemia, multiple irregular ulcerations suggestive of colonic Crohn's disease and a narrowing/stricture. Rectum: Multiple ulcerations.

Other Diagnostic Procedures and Findings

Colonoscopy was incomplete. Multiple, deep, linear, and serpiginous ulcerations were detected in the rectum. The surrounding rectal mucosa was friable and diffusely inflamed. Normal appearing mucosa was seen until the proximal sigmoid colon where the presence of an inflamed and ulcerated stricture made progression of the colonoscope impossible. Diverticula (seen previously at CE) were also found in the sigmoid colon. The clinical, endoscopic, and histologic features were suggestive of colonic Crohn's disease.

Patient Management and Follow-up

Accordingly, the patient was treated medically for Crohn's disease. After 5 months she had a repeat colonoscopy that revealed healing of the rectal mucosa and the sigmoid stricture had resolved. This permitted colonoscopy to be completed beyond the sigmoid colon. The 2 colonic polyps previously detected at CE by the PillCam video capsule were accurately localized and identified in the hepatic flexure and removed. The resected polyps were confirmed to be 6 mm and 12 mm in diameter and were hyperplastic and tubular villous adenoma with low-grade dysplasia, respectively. Patient is continuing to receive therapy and is in good clinical condition after 13 months of follow-up.



f Incomplete Colonoscopy: o Capsule

Conclusions

This Grand Rounds demonstrates a case where conventional colonoscopy was incomplete because of the presence of a sigmoid stricture while the PillCam COLON video capsule allowed a complete examination of the colon. CE enabled detection of colonic polyps proximal to the sigmoid stricture that would otherwise been missed; it was reliable in localizing the site of the findings (confirmed at repeat colonoscopy) both for polyps and colonic Crohn's disease; it also provided accurate estimation of polyp size when compared to colonoscopy as a gold standard. Furthermore, PillCam COLON findings guided therapy and improved patient management and outcomes. CE with the PillCam COLON video capsule can provide a safe and well-accepted modality for colon evaluation and could represent an alternative to colonoscopy in case of incomplete conventional examination.

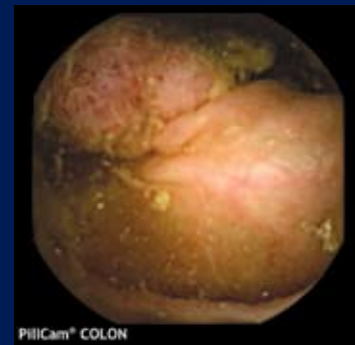
About the Authors

These authors devote their current practices to diagnostic and therapeutic endoscopy in Rome, Italy. They have been involved in CE since 2001, including early clinical trials of PillCam video capsules for the small bowel and colon, as well as the patency capsule. They are Authors of several papers on Capsule Endoscopy. Prof Guido Costamagna is Professor of Surgery and Director of the Digestive Endoscopy Unit at the Catholic University Hospital in Rome, Chief of Digestive Endoscopy, Libera Università Campus Bio-Medico (LUCBM), and Scientific Director of the European Endoscopy Training Centre. He is currently the President Elect of the European Society of Gastrointestinal Endoscopy (ESGE). He is author of many publications and holds many editorial board positions on international peer-review journals. Prof Costamagna is co-chair of the 1st ICCE Workshop on Colon Capsule Endoscopy. Dr Maria Elena Riccioni is a General Surgeon at the Digestive Endoscopy Unit, Catholic University Hospital in Rome, Italy. She is a member of the Italian Society of Digestive Endoscopy (SIED). Dr Cristiano Spada is a Gastroenterologist at the Digestive Endoscopy Unit, Catholic University Hospital in Rome. He is a member of the Governing Board of the Associazione Giovani Gastroenterologi ed Endoscopisti Italiani (AGGEI), the Italian Association of Young Endoscopists and Gastroenterologists. Drs Riccioni and Spada are Medical Staff Member at the EETC. They are also both officers in the Club Italiano della Capsula Endoscopica (CICE), the first capsule club to have been established worldwide.

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Colonic polyps missed at incomplete colonoscopy



PillCam® COLON
Large sessile polyp >10 mm suggestive of adenomatous polyp



PillCam® COLON
Small sessile polyp < 6 mm suggestive of hyperplastic lesion

Colonic Crohn's disease in same patient



PillCam® COLON
Erosions, narrowing, and ulcer in left colon



PillCam® COLON
Hyperemia, ulcerations in rectum



Getting the Whole Picture: The Science

...continued from front page

Challenges and Breakthroughs: When Two Heads are Better Than One



developing esophageal capsule endoscopy (ECE) as a sedation-free, more patient-friendly alternative to screen for esophageal disorders.²

During brain-storming sessions, the team outlined the unique technical challenges to overcome. So different from the physiology of small intestine, the esophagus clearly required a new technology—for optics, sensors and software. With the technology available at that time, there were complicated engineering design challenges, which became even more complex after the team decided to add another video camera at the other end of the capsule without increasing the size of the ingestible capsule. For example, a major challenge was to synchronize transmission and ensure high resolution from the twin cameras via advanced algorithms and electronics, while maintaining the desired capsule size. After initial studies, the frame rate was increased. This last modification required innovative engineering, pooling the talents of the entire team to create a viable product with more complex algorithms and higher-speed imaging.

While technical development on the twin-camera esophageal video capsule progressed, the R&D team also realized that a new, slightly different clinical procedure also had to be developed to slow the capsule, compensating for the capsule's quick "free-fall" down the esophagus. Early on, they realized that the procedure would be brief, and thus,

more effective if the patient swallowed the capsule lying down with a few sips of water. Today's procedure can be performed in less than 30 minutes with no preparation or sedation; and results can be quickly interpreted by physicians.

It took perseverance to develop a working twin-camera prototype, and then refine the miniaturized version that proceeded to clinical trials. By the end of 2004, FDA clearance was granted to the PillCam ESO video capsule and relevant components for the Given Workstation.

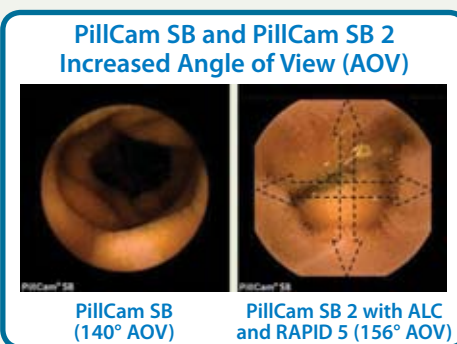
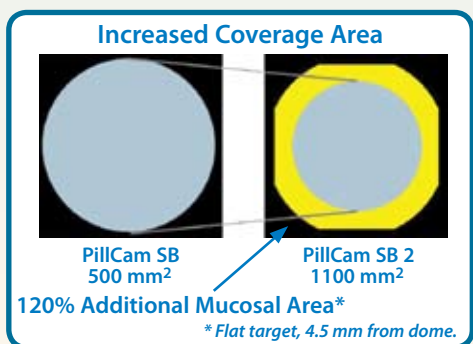
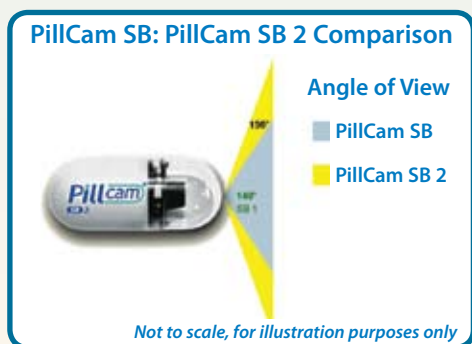
The recent development of CE for the colon is another step forward in providing non-invasive tools for GI visualization. According to scientists, colon capsule endoscopy's advanced imaging represents another breakthrough; the PillCam COLON* video capsule has its own unique hardware design, different from its PillCam siblings, with a specially-engineered software component and prep protocol to meet the challenges of examining the entire colon via CE. The PillCam COLON components received the CE Mark in Europe in fall 2006 and are currently available in Europe and over 20 other countries worldwide. [See pages 4-5 for a Grand Rounds by members of the European multicenter study team using PillCam COLON for evaluating colonic mucosa in a case of incomplete colonoscopy.]



Improved Visualization with Next-Generation Video Capsules

The new PillCam video capsules employ next-generation capsule technology for improved visualization. Advanced optics and imaging components provide physicians with a safe, effective, and patient-friendly method for visualizing the esophagus and small bowel, respectively. They are identical in size to the previous video capsule versions. Better visualization is achieved with a combination of improvements, including:

- Wider field-of-view to capture more than twice the mucosal area per image
- Advanced optics for enhanced image quality
- Automatic Light Control (ALC) provides optimal illumination for each image and improved visualization
- New image shape for optimized display of wider field-of-view



Next generation video capsules (with permission from www.CapsuleEndoscopy.org)

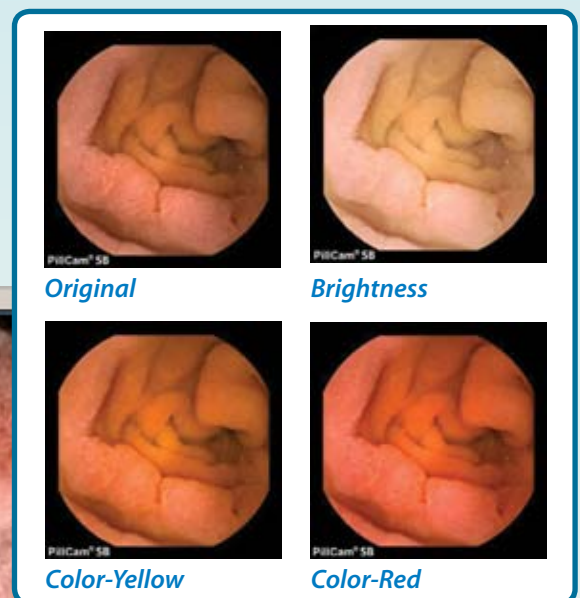
Evolution of Advanced CE

Image-Processing Advances

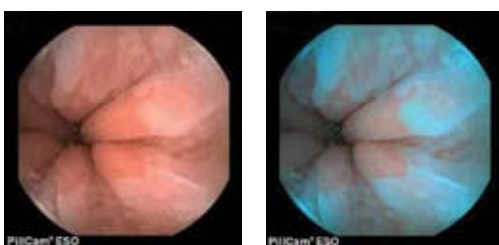
Providing the image-processing horsepower, RAPID software enables efficient review of PillCam video studies. RAPID software is now in its fifth generation, demonstrating a pattern of continuous innovation. RAPID 5 provides multiple reading modes (eg, DualView, QuadView), advanced features that aid interpretation (eg, Automatic Viewing Mode, QuickView v5), patient report generation, and exporting of images.

Latest advances include support for the next-generation PillCam video capsules, real-time viewing with the RAPID Real-Time hand-held device, connectivity to IT networks via RAPID Access, and data-compression improvements. Unique algorithms enable new image adjustment features that allow physicians to customize image appearance to enhance visualization while reading:

- Quick Adjust uses a new proprietary technology to display an image with enhanced sharpness and contrast via a single click
- Sharpness, Color, and Brightness can be customized to user preferences
- A Blue Image feature adjusts the display color contrast to render a bluish image that may assist in the diagnostic process



Unique algorithms enable RAPID 5 image adjustment features



The Blue Image feature

For more information about Given Imaging's continuous innovation in CE and the PillCam Platform, click [Contact Us](http://www.givenimaging.com) at www.givenimaging.com or contact your Given Imaging representative.

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New Clinical Application

Early Detection of Esophageal Injury with Radiofrequency Ablation Therapy for Atrial

A novel application of CE has been investigated—using PillCam ESO in cardiology patients following radiofrequency ablation (RFA) therapy; PillCam ESO was administered post-ablation within 48 hours of RFA therapy for early detection of esophageal injury. This article presents background and findings of several cases included in the recent pilot study of 88 patients at the Cleveland Clinic Foundation (CCF) in the USA. The multi-discipline research team for the study included a cardiology team (electrophysiology specialists) led by Dr Walid Saliba at the Cleveland Clinic's Heart & Vascular Institute and gastroenterologists (CE specialists) led by Dr Milan Dodig at CCF's Digestive Disease Institute.

Background and Statistics for This New Application of CE

According to the American Heart Association, atrial fibrillation (AF) is a disorder found in about 2.2 million Americans. During AF, the atria quiver instead of beating effectively. Since blood isn't pumped completely out of the atria, it may pool and clot, increasing the risk of cerebrovascular disease (stroke)—about 15% of strokes occur in people with AF. The likelihood of developing AF increases with age; 3-5% of people over 65 have AF. Treating AF can help prevent stroke and the AHA recommends aggressive treatment of this heart arrhythmia.¹ Radiofrequency ablation (RFA) is widely used procedure to treat refractory AF. In this procedure, a catheter is inserted through a blood vessel into the heart. Radiofrequency energy is then delivered to destroy tissue that triggers AF.

The Need to Monitor Post-RFA Patients for Esophageal Injury

RFA is a standard therapy for refractory AF because of well-documented improvements in morbidity, mortality, and quality of life. However, RFA is associated with a 6% risk of major complications, including the formation of an atrial-esophageal (A-E) fistula—which carries a mortality rate of at least 50%. A-E fistulas may develop as a result of coagulation necrosis (and) or ischemic trauma which occur during the procedure. Incidence of A-E fistula after RFA has been reported to range up to 1.2%; these patients usually present about 12 days post-RFA with a range of symptoms such as air embolism, sepsis, endocarditis, gastrointestinal hemorrhage, and stroke. Therefore it is crucial to monitor post-RFA patients for potentially life-threatening complications.²

Challenges of Current Modalities

It is important to visualize esophageal mucosa following RFA therapy to stratify patients into categories with possible increased risk of developing serious complications. The optimal approach should detect esophageal injury early in development—before life-threatening A-E fistulas form—to enhance patient management to improve outcomes. Current modalities include:

- CT scan: often a preferred method to detect air in the mediastinum, but diagnosis of esophageal injury / A-E fistulas may be too late for meaningful interventions
- EGD: clinicians are often hesitant to perform EGD for fear of:
 - Inducing esophageal perforation in the setting of possible transmural injury
 - Subjecting patients to another test requiring sedation, discomfort, and prolonged hospital stay

Use of PillCam® ESO

The physicians at CCF found that capsule endoscopy with PillCam ESO provided several advantages over other methods:

- Safer modality for evaluating esophageal mucosa—no need for sedation, insufflation, or physical instrument manipulation



PillCam® ESO after Fibrillation

- Ease of incorporation into clinical workflow for both post-op cardiology and GI teams:
- PillCam ESO can be easily administered by post-op team according to needs
- CE specialist can read and report findings conveniently in their office
- Immediacy of results can provide timely insight into esophageal mucosal lesions with minimal risk of complications in this patient population
- Heightened patient satisfaction

PillCam® ESO Findings and Patient Management

In the pilot study of PillCam ESO in post-RFA patients, 17/88 (19%) had esophageal findings at CE, mostly in the mid-to-distal esophagus. Of these 6/17 had symptoms (chest pain, throat pain, nausea, and abdominal pain). Types of esophageal lesions visualized included fresh blood, erosions, and submucosal hematoma. Patients with positive CE findings were triaged for further management and follow-up. A larger prospective study is in development to include pre-op PillCam ESO ingestion to baseline esophageal mucosa as well as post-op ingestion, as in the pilot study.

Conclusions

The results of the pilot study suggest that PillCam ESO enables early detection, often within 24 hrs, of esophageal injury following RFA therapy for AF. Using CE to identify patients at risk may lead to earlier recognition of serious complications post-RFA and improve outcomes.

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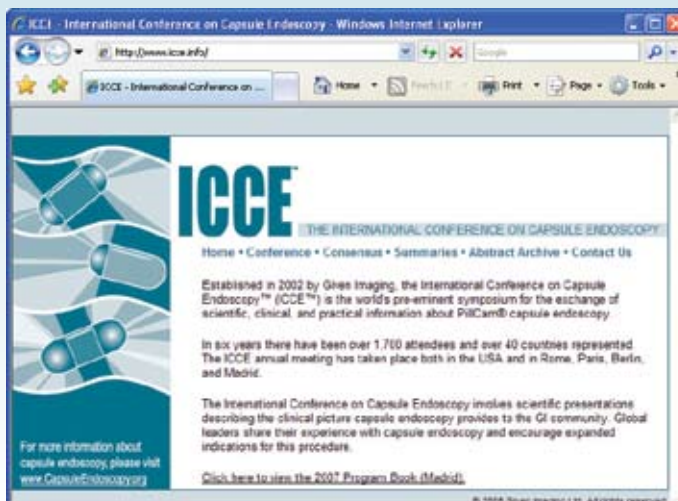
ICCE News

The ICCE is the pre-eminent symposium for the exchange of scientific, clinical, and practical information about capsule endoscopy. The recently-published peer-review article in *Endoscopy* (2007;39:895-909) includes the updated Consensus statements for small bowel capsule endoscopy, with a literature review and recommendations for clinical application of small bowel CE, based on a panel discussion by international experts. It covers global data reviewed by ICCE Consensus panel members on PillCam CE for small bowel indications such as OGIB, IDA, IBD, celiac disease, small bowel tumors, and other topics such as intestinal preparations and prokinetics.



The new 6th *ICCE Conference Report* is now available in print and online at www.ICCE.info, which also has an archive of past publications. *The ICCE Conference Report* is an annual review of a selection of the state-of-the-art talks presented at ICCE. The publication provides resources in the form of interviews, case studies, and summaries of Consensus statements, as well as providing an extensive reference list of many of the articles and abstracts represented in the ICCE Consensus statements.

Visit www.ICCE.info for clinical updates and information on ICCE scientific events, such as this year's 1st International Workshop on Colon Capsule Endoscopy.





CE Practice Tips

...continued from front page

Agile™ Patency Capsule Clears Patients with Suspected Strictures for Small Bowel CE



The study entitled “Agile Patency System Eliminates Risk of Capsule Retention in Patients with Known Intestinal Strictures Who Undergo Capsule Endoscopy” appeared in the May edition of *Gastrointestinal Endoscopy*. Led by Dr Juan Manuel Herrerías (Spain), this study assessed the ability of the device to identify which patients with known strictures may safely undergo small bowel capsule endoscopy. Of 106 patients with known strictures, the Agile patency capsule examination demonstrated that 56% of patients had a patent small bowel. These patients all proceeded to have a safe PillCam SB evaluation. Forty-one percent were found to have significant findings, including ulcers, tumors, and vascular lesions. Without the Agile patency capsule, some patients with known strictures included in the study would likely have been determined to be ineligible for small bowel capsule endoscopy and, therefore, would not have benefited from PillCam SB.

The Agile patency capsule is the same size and shape as the PillCam SB video capsule. It includes twin timer plugs that seal the dissolvable capsule's body. If the Agile patency capsule is retained in the small bowel, the timer plugs begin to erode after 30 hours, allowing penetration of intestinal fluids and subsequent dissolution of the capsule. The Agile patency capsule is a unique product from Given Imaging. No other product exists solely to determine eligibility for small bowel CE. See “CE Practice Tips” in the *GI insider* Vol. 5 No. 1, 2007 for the article “Agile Patency Procedure.”

For the abstract of this study and a wealth of published research on CE, visit the Reference Library at www.CapsuleEndoscopy.org.



Reference Library at www.CapsuleEndoscopy.org.

Reference

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New Capsule Endoscopy Atlas

The *ATLAS of Capsule Endoscopy* (ISBN 13: 978-84-612-0293-5) is new English-language book independently published by Drs Juan Manuel Herrerías (Spain) and Miguel Mascarenhas-Saraiva (Portugal). It covers indications, terminology, and clinical practice experience with capsule endoscopy of the small bowel, esophagus, and colon, as well as using the patency capsule. For sample chapters and ordering information, see www.atlasofcapsuleendoscopy.com.

The Simplified Ingestion Procedure (SIP)

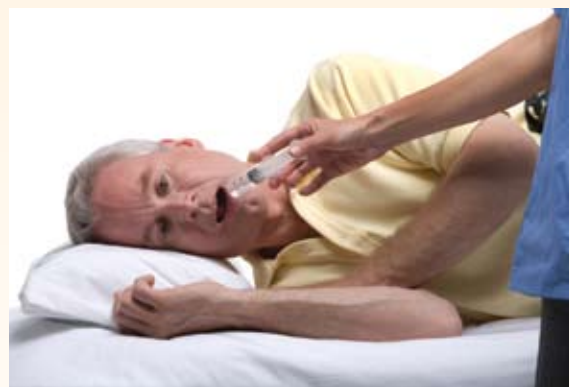
Following are highlights of basic steps of the new simplified ingestion procedure (SIP) for PillCam capsule endoscopy of the esophagus. Refer to the detailed SIP instructions Given Imaging publication #GMB-0249-02 when performing the actual procedure.

Pre-ingestion

- Prepare syringe, clearing cup, syringe-refilling cup according to detailed SIP instructions.
- Attach SensorArray while patient is on his/her back.
- Connect SensorArray to DataRecorder (DR) and place the DR in the belt.
- Test system by removing PillCam video capsule from blister, holding capsule close to the sensors for ~ 15 seconds.
- Explain the ingestion procedure to patient.
- Have patient lie on his/her right side, head on a pillow.
- Have patient take ~ 3 sips of water from the tip of the syringe to familiarize him/her with the volume of water needed to propel the capsule.

Ingestion

- Follow detailed instructions for ingestion.
- If using RAPID Real-Time (real-time viewer), make sure all connections are secure and an image is obtained before the patient drinks.



Some basic steps of the new simplified ingestion procedure (SIP) for PillCam capsule endoscopy of the esophagus.

Advantages of this new procedure were introduced in the study by Gralnek et al in *Endoscopy* (2006;38(10):963-970).



Worldwide CE Community

Parque de las Ciencias Science Museum New Exhibit on CE

Visitors to the Parque de las Ciencias Science Museum in Granada, Spain, will be able to learn more about capsule endoscopy thanks to a special exhibit in the museum's new wing dedicated to medical advances. This exhibit is one of the worldwide educational projects sponsored by Given Imaging. R&D engineers worked with museum curators to create a hands-on exhibit of interest to all ages. Visitors can experience RAPID® Real-Time viewing (without actually swallowing a PillCam® video capsule), see the first CE atlas and one of the earliest video capsule prototypes, as well examine the "guts" of a video capsule with transparent walls. For more information, visit the Parque de las Ciencias website www.parqueciencias.com.



CE Nurses Advisory Board in the USA

The Nurses Advisory Board is a newly-formed group in the USA with the goal of sharing knowledge and best practices for CE. The 9 board members have a combined experience of several decades working with capsule endoscopy and each has played a critical leadership role in day-to-day activities of some of the busiest CE practices in the USA; some Board members have been involved in CE since the initial clinical trials. With representatives from private clinics and hospital/university settings, all are active in the Society of Gastroenterology Nurses and Associates (SGNA) and other professional organizations. This group recently presented 3 posters at the SGNA 35th Annual Course and conducted panel sessions that focused on CE indications, the value of physician extenders and the best practices of running an effective CE program.

Editor's Note: We plan to include this material in future issues of the GI insider.



CE Nurses Advisory Board (USA)
 L-R: Renee Klamut, Margaret Allen, Joe Alexander, Sherri Nobriga-Bonica, Kathi Bishop, Tammy Glenn, Kathy Geissler, and Wanda Batch. Not pictured: Peg O'Grady.

We would like to hear from you. Send your ideas and material for publication to editor@givenimaging.com.



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