OLYMPUS

Let's Be Clear

Elevating the Standard of Endoscopy



Let's Be Clear: Elevating the Standard of Endoscopy

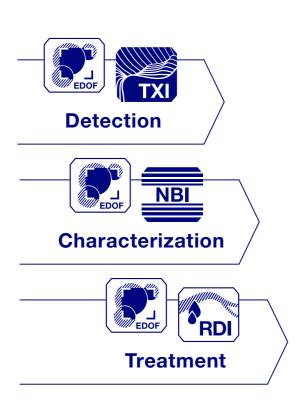
EVIS X1

As the world leader in gastrointestinal endoscopy¹, we are proud to present our most advanced endoscopy system.

EVIS X1 introduces a range of new, easy-to-use technologies that aim to revolutionize the way gastrointestinal disorders can be detected, characterized and treated.

We want to support every endoscopist. In every procedure. Every day.







TXI: The New White Light



Texture and Color Enhancement Imaging (TXI)

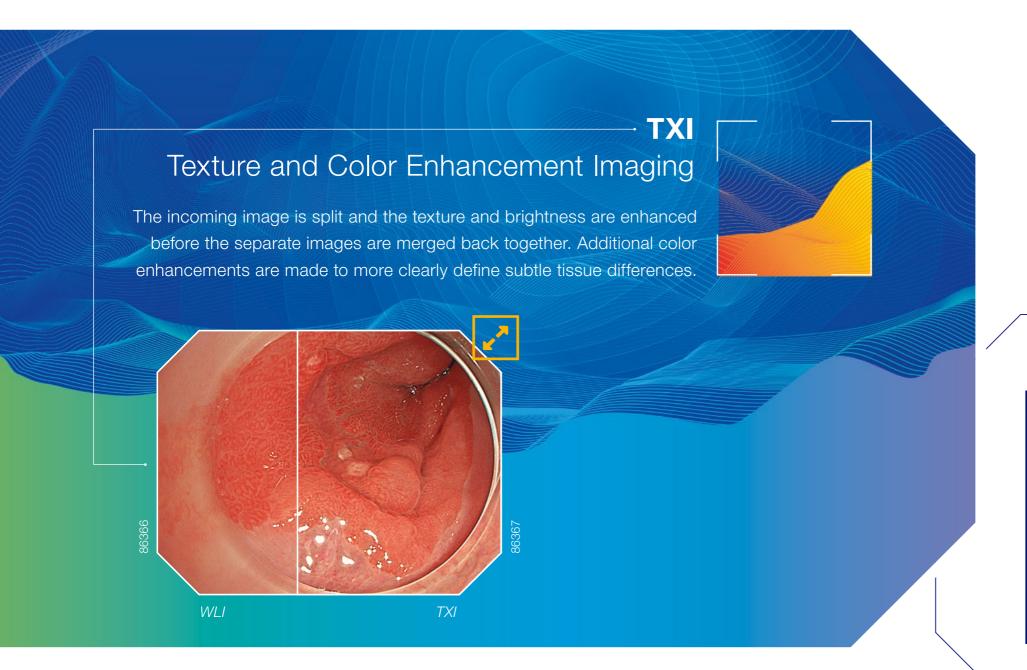


Early detection is critical for cancer prevention and decreasing mortality.² However, precursor lesions are often tiny and easy to overlook.

TXI technology aims to enhance the visibility of potentially suspicious tissue, which includes inflammations, flat or depressed lesions, using a white-light imaging effect that improves the color, structure and brightness.

By supporting better visibility of potential lesions, TXI aims to contribute to higher detection rates.









NBI: The Power of Accurate Diagnosis



Narrow Band Imaging (NBI)

Accurate optical diagnosis is important when assessing lesions to determine potential histology, confirm the lateral extent, and thereby guide therapy decisions and suitable patient surveillance intervals.

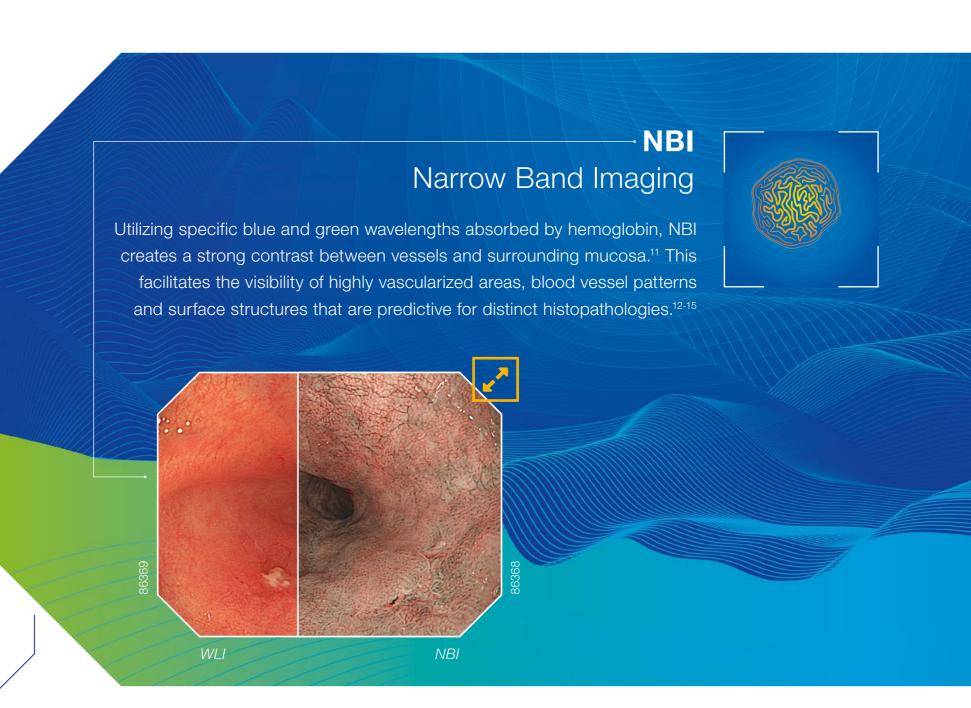
NBI is a powerful and proven optical technology that allows for a reliable optical diagnosis of all major indications in the gastrointestinal tract.³⁻¹⁰

Efficient lesion management strategies that are empowered by NBI include:

- · Targeted biopsies in the upper gastrointestinal tract.^{3, 7}
- · Easier decision-making for suitable endoscopic resection techniques. 6, 7
- · Potentially avoiding histological assessment of low-risk lesions (e.g. diminutive rectosigmoid polyps under the resect and discard paradigm).⁸⁻¹⁰













RDI: The Safeguard for Endoscopic Therapy

Red Dichromatic Imaging (RDI)



Gastrointestinal bleeding is a serious challenge, involving considerable mortality of 5-15% and high management costs.^{16, 17} Consequently, prevention of complications is crucial.

RDI is designed to enhance the visibility of deep blood vessels and bleeding sources.

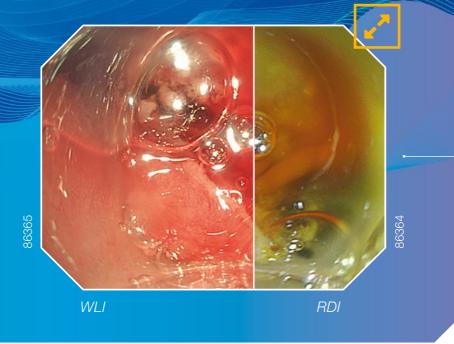
Easier identification of bleeding spots makes hemostasis quicker and easier. This helps to reduce the stress of the physician during endoscopic therapy.





RDI · Red Dichromatic Imaging

RDI works by employing specific green, amber and red wavelengths. The latter two penetrate deep into the mucosa, enabling the visualization of deep blood vessels. In case of acute bleeding, RDI increases the contrast between highly concentrated and diluted blood, thereby clearly visualizing the bleeding point.







Extended Depth of Field (EDOF)



Sharp endoscopic images support accurate results in detection, diagnosis and treatment. However, the gastrointestinal tract poses challenges in keeping an endoscopic image stable and in focus.

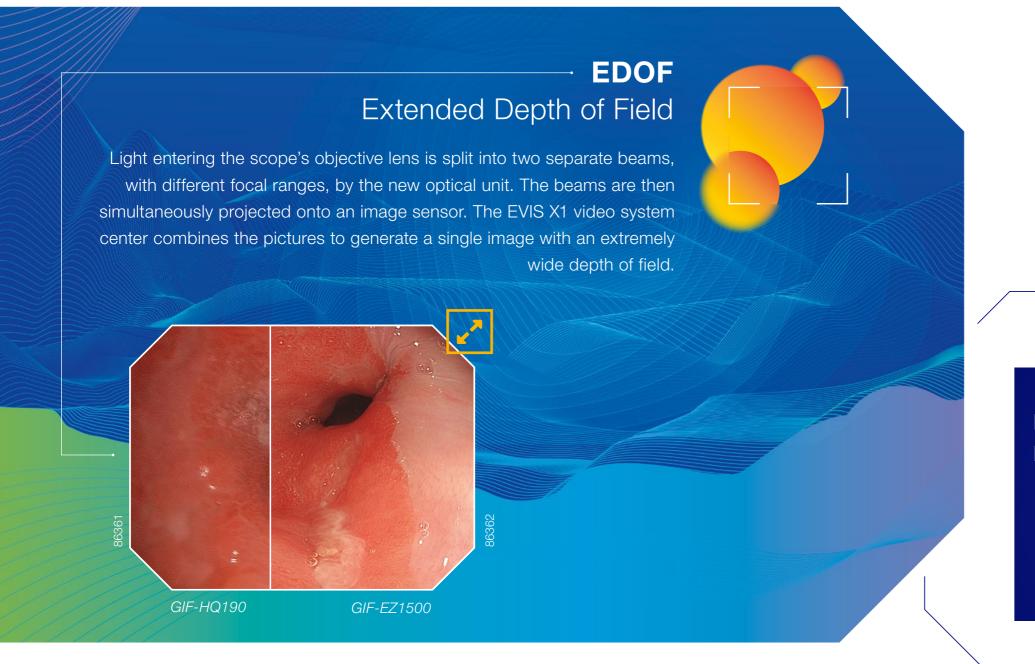
EDOF allows precise observations through continuous broad focus and seamless magnification. At the same time, the established Dual Focus function provides high magnification, which can be activated by the push of a button.



This improved visibility and continuously sharp image is developed to reduce the necessity for focal adjustments and to help make endoscopy more convenient. It may even contribute to easier identification and a more confident abnormality diagnosis.













Two Worlds Become One

One box fits all: EVIS X1 combines advanced knowledge, experience and innovation into one endoscopic system.

With newly established cross-compatibility between formerly two separate systems, our range of products can be combined to provide an extended portfolio of endoscopes for special procedures — expanding the possibilities for every endoscopist.



Watch the Video on System Compatibility:

EVIS EXERA III

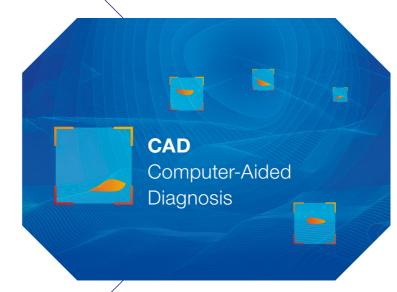
EVIS LUCERA ELITE

Let's Be Clear: Designed Today for Tomorrow's Endoscopy Challenges

Ready for the Future: Artificial Intelligence (AI)



The commitment of Olympus to innovation is about creating new advances that will change the way we think about endoscopy — and allow you to achieve more than ever before.



The next upcoming feature of the EVIS X1 system will be computer-aided diagnosis (CAD) using artificial intelligence to integrate breakthroughs in deep learning into the world of image detection, characterization and staging.

Additional Features



For Smooth Endoscopic Procedures

EVIS X1 provides a combination of diagnostic and therapeutic innovation, alongside proven technologies to streamline and improve endoscopic procedures and scope handling.

- ErgoGrip Improved Control Section
- Dual Focus Two-Stage Optical Lens Technology
- One-Touch Connector
- Pre-Freeze Function Updated Algorithm
- > 5 LED Spectrum Technology

- > RIT (Responsive Insertion Technology)
- > Touch Panel
- > BAI-MAC Improved Image Quality
- Scope Guide
- Water Jet

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References

- ¹ More than 70% global market share in gastrointestinal endoscopic equipment as of March 2019.
- ² American Cancer Society. Colorectal Cancer Facts & Figures 2017-2019; p 15; available at https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf.
- ³ Sharma et al. Gastroenterology. 2016 Mar; 150(3): 591-8.
- ⁴ Thosani et al. Gastrointest Endosc 2016 Apr; 83(4): 684-698.e7.
- ⁵ Kaise et al. Endoscopy 2009 Apr; 41(4): 310-5.
- ⁶ Yao et al. New Challenges in Gastrointestinal Endoscopy 2008, pp 169-176.
- ⁷ Pimentel-Nunes et al. Endoscopy 2019; 51: 365-388.
- ⁸ Dayyeh et al. Gastrointest Endosc. 2015 Mar; 81(3): 502.e1-502.e16.

- ⁹ Kaminski et al. Endoscopy. 2014 May; 46(5): 435-49.
- ¹⁰ National Institute for Health and Care Excellence (NICE). 2017; Diagnostics guidance [DG28]; available at https://www.nice.org.uk/guidance/dg28.

Olympus reserves the right of errors, modification and changes of the service and/or product offerings.

- ¹¹ Gono et al. J Biomed Opt. 2004 May-Jun; 9(3): 568-77.
- ¹² Inoue et al. Annals of Gastroenterology 2015; 28, 41-48 (Esophagus SCC).
- ¹³ Sharma et al. Gastroenterology. 2016 Mar; 150(3): 591-8.
- ¹⁴ Yao. Ann Gastroenterol. 2013; 26(1): 11-22.
- ¹⁵ Hewett et al. Gastroenterology 2012; 143, 599-607.
- ¹⁶ Lanas et al. Am J Gastroenterol 2009; 104: 1,633-1,641.
- ¹⁷ Parker et al. J Med Econ 2011; 14: 279v-287.



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