

TRACMOTION

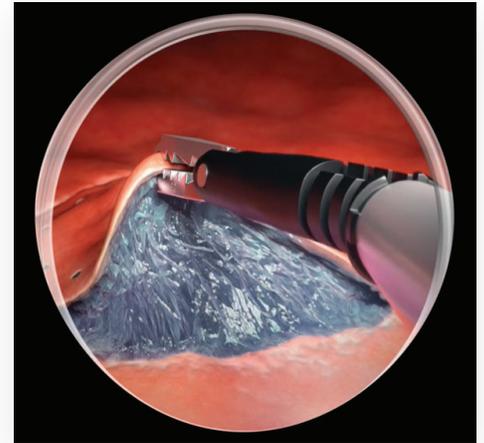
Simplifying ESD.
Advancing Endoscopy.



Advancement Needs for Performing Efficient Endoscopic Submucosal Dissection (ESD)

As a viable alternative to piecemeal resection or invasive surgery, Endoscopic Submucosal Dissection (ESD) can be utilized for *en bloc* resection of large, potentially cancerous polyps or tumors in the gastrointestinal tract. A trained endoscopist may perform ESD both safely and effectively when compared to alternative techniques. ESD has shown to have a higher *en bloc* resection rate and lower local recurrence rate for the treatment of colorectal tumors, without increasing procedure-related complications, when compared to Endoscopic Mucosal Resection (EMR).¹

While ESD is frequently performed globally, these procedures are currently conducted at a significantly lower rate in the United States. A contributing factor includes the lack of proper tools to facilitate visualization, retraction, and tissue manipulation – aspects that could eliminate procedure variables and simplify the overall process. Without sufficient tools, physician training and education has also inherently been lacking in the US for ESD.



Introducing TRACMOTION: Single Operator, 360° Rotatable Retraction Product for ESD

To address this endoscopy market need in the US, Fujifilm has developed the TRACMOTION retraction product for Endoscopic Submucosal Dissection. TRACMOTION is designed to facilitate enhanced visualization and simplify the lesion excision process to allow for greater control and maneuverability during ESD procedures.

TRACMOTION is equipped with 360° rotatable jaws, enabling easy grasping and re-grasping of large lesions during ESD. TRACMOTION simplifies the lesion extraction process, and offers the potential to reduce ESD procedure time.



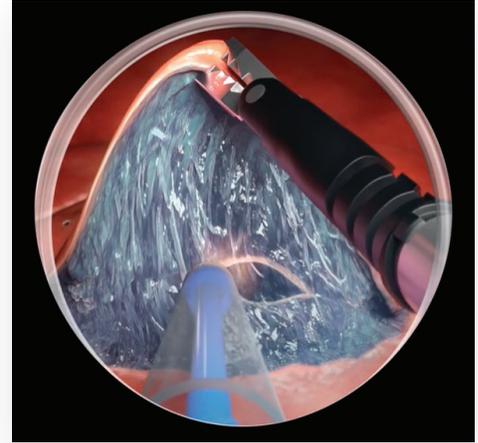
1. Endoscopic submucosal dissection vs endoscopic mucosal resection for colorectal tumors: A meta-analysis
Jing Wang, Xiao-Hua Zhang, Jian Ge, Chong-Mei Yang, Ji-Yong Liu, and Shu-Lei Zhao
World J Gastroenterol. 2014 Jul 7; 20(25): 8282–8287. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4081704/>



TRACMOTION: Simplifying ESD

With TRACMOTION, an endoscopist uses simple single-hand movements to control the distal end of the product, independent of the endoscope's movement. TRACMOTION can hold tissue during ESD without complicated locking mechanisms, potentially adding efficiency during this advanced procedure. In addition, performing ESD with TRACMOTION may allow for *en bloc* extraction while reducing the amount of lifting agent, the number of device exchanges, and the procedure time.

As an intuitive retraction tool, TRACMOTION may enable endoscopists to reduce their time in both learning and performing ESD procedures.



TRACMOTION Compatibility with Dual Channel Endoscopes

TRACMOTION is designed to work simultaneously and unobtrusively with an ESD knife using a dual channel endoscope. TRACMOTION is compatible with the Fujifilm EI-740D/S Dual Channel Endoscope as well as other dual channel endoscopes that have one 3.7mm (or larger) instrument channel and a working length of 1,030mm.

With TRACMOTION, ESD may also be performed in retroflexion to further enhance visualization in challenging anatomy.

What Sets TRACMOTION Apart?

- 360° rotation
- Ability to grasp & re-grasp tissue
- Precise movement in channel, independent of endoscope's movement
- No locking mechanisms needed
- Single operator capability
- Simple, intuitive, single-hand movements
- Potential for easier, faster procedures with better visualization





TRACMOTION Product Specifications

Maximum Insertion Portion Outer Diameter: 3.6mm
Working Length: 1,240mm

Compatible Endoscope Specifications

Number of Instrument Channels: 2
Minimum Instrument Channel Diameter: 3.7mm
Working Length: 1,030mm

**For more information, contact your Fujifilm representative today, or call 1.800.385.4666.
www.fujifilmendoscopy.com**