REDEFINING CROHN’S DISEASE MANAGEMENT

PillCam™ SB 3 System
A patient-friendly way to get the big picture of the small bowel

Medtronic
Further. Together
THE CHALLENGE OF CROHN’S DISEASE

It’s a progressive, destructive disease. One that can have a serious impact on patients’ lives. Crohn’s disease presents a range of clinical challenges—none more important than the need for early intervention to help prevent long-term complications.\(^1\)

Disease Progression

- Crohn’s disease presents as a disease that may skip bowel segments, including the terminal ileum, which is referred to as TI skipping\(^1,2\).
- In approximately 15% of cases, *endoscopy cannot reach the terminal ileum*\(^3,4\).
- 56% of patients have jejunal lesions, which are strongly and independently associated with an increased risk of relapse\(^5\).
- The presence of jejunal disease significantly increases the risk for stricturing behavior or multiple abdominal surgeries as compared to ileal disease without proximal involvement\(^6\).
- Irrespective of the findings of ileocolonoscopy, *further investigation is recommended to examine the location and extent of any Crohn’s disease* in the upper gastrointestinal tract or small bowel\(^7\).

---

In 88% of cases, Crohn’s disease leads to structural damage over a 20-year period\(^1\).

Crohn’s disease behaves differently in the small bowel, affecting the ileum more severely than in the colon\(^1\).

Disease Activity

- **Mild Disease Activity with TI Skipping**
- **Moderate Disease Activity**
- **Severe Disease Activity**
SEE THE BENEFITS OF DIRECT SMALL BOWEL VISUALIZATION

75% of Crohn’s disease patients have lesions in their small bowel. Capsule endoscopy provides high-quality imaging that helps gastroenterologists accurately detect mucosal abnormalities and evaluate the effect of therapy on mucosal healing.

- For the detection of small bowel lesions, capsule endoscopy has the highest diagnostic yield compared to Small Bowel Follow Through and Computed Tomography Enterography.
- Direct visualization of the small bowel mucosa enables accurate and full assessment of early disease activity.

Enhanced Confidence

A blind survey found that GIs feel significantly more confident in changing a prescription based on direct visualization versus symptoms alone.

PillCam™ SB System: Helping to Optimize Treatment

- 62% of Crohn’s disease patients had their therapy changed within three months of using the PillCam™ SB system.
- Change in therapy was defined as the initiation or discontinuation of an IBD medication.
- 40% were initiated on a new medication.

Low-Risk of Retention

- Capsule retention has been reported in less than 3% of patients with suspected and known Crohn’s disease.
- The PillCam™ patency capsule provides a simple and convenient means to verify functional patency of the GI tract in patients with known or suspected strictures.
Caution: Federal law restricts this device to sale by or on the order of a licensed healthcare practitioner. Rx only.

Risk Information: The risks of the PillCam™ SB 3 capsule include capsule retention, aspiration, and skin irritation. The risks of the PillCam™ patency capsule include capsule retention and aspiration. Endoscopic placement may present additional risks. Medical, endoscopic, or surgical intervention may be necessary to address any of these complications, should they occur. After ingesting either the PillCam™ SB 3 capsule or the PillCam™ patency capsule, and until the capsule is excreted, patients should not be near any source of powerful electromagnetic fields, such as one created near an MRI device. Passage of an intact patency capsule does not preclude the presence of an intestinal stricture or other pathology. Please refer to the product user manual or givenimaging.com for detailed information.

References: