ACHIEVE MORE WITH EUS

Achieve a more confident diagnosis with the Beacon™ EUS delivery system
Diagnosis of some pancreatic diseases, such as well-differentiated adenocarcinomas and autoimmune pancreatitis, may be difficult to achieve with cytologic smears. In these cases, the use of ancillary testing is critical to achieve a diagnosis. These tests require a sufficient material sample for processing histologically or as a cell block.

The Beacon™ EUS delivery system helps enhance the content and adequacy of specimens for additional diagnostic testing to improve patient care.
ACHIEVE A MORE CONFIDENT DIAGNOSIS

The SharkCore™ FNB needle

- Is engineered to collect core tissue samples to improve diagnostic rate\(^\text{1-5}\)
- Has a unique needle tip geometry with six distal cutting edges designed to collect cohesive units of tissue with intact cellular architecture\(^\text{4-7}\)
- Enables consistent and reliable tissue collection, helping you make more consistent and definitive diagnoses
- Minimizes stacking and fracturing of tissue as it is collected, leading to better core samples\(^\text{4,6,7}\)

The Beacon™ FNA needle

- Helps pathologists improve diagnostic rate by providing optimal samples for cytology
- Features four cutting edges designed to improve tissue yield\(^\text{8,9}\)

“The SharkCore™ FNB needle enhances my diagnostic capabilities because it provides more tissue, so the pathologist can actually see the cells and the preserved tissue architecture. This also reduces the probability that the patient has to come back for a repeat procedure.”
- Dr. Ryou, Gastroenterologist, Brigham and Women’s Hospital, Boston
THE EVOLUTION OF CARE

More than 15 peer reviewed publications have provided evidence demonstrating the advantages of SharkCore™ FNB needles.3–5,7,10–13,15–20

Procedural impact of the SharkCore™ FNB needle

Reduces the number of needle passes required to obtain a tissue diagnosis by half as compared to a standard FNA needle.10–12

50% LESS NEEDLE Passes

Produces diagnostic results without use of rapid on-site evaluation comparable to the use of standard FNA with rapid on-site evaluation.7

Collects significantly more histological tissue than standard FNA needles during EUS guided biopsy.11

“When the pathologist looks at these tissue samples, they’re able to see tissue architecture, they’re able to do better stains, they’re able to make a better diagnosis.”
-Dr. Murad, Gastroenterologist, NorthShore University Health System, Chicago

More than 15 peer reviewed publications have provided evidence demonstrating the advantages of SharkCore™ FNB needles.
Material processing of tissue samples obtained from EUS guided collection can vary by institution. The following sample handling options can help guide your sample preparation practice.

Options for processing tissue collected by EUS guidance:

**Smear preparation and rapid on-site evaluation**
- Pancreatic cancer diagnosis is typically achieved through cytological smear preparation
- Rapid on-site evaluation of smear preparations have been shown to increase the diagnostic yield of EUS-FNA

**Histological preservation in a fixative**
- Histological processing and pathologic interpretation of core tissue samples can be used as an adjunct to cytological evaluation
- Core tissue can be critical to obtaining a diagnosis for certain conditions or disease states (i.e. well-differentiated adenocarcinoma, autoimmune pancreatitis)
- Depending on core sample size, samples can be processed in a cell block or fixed directly into formalin

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**Tissue preparation recommendations**

**EUS-FNA or EUS-FNB Sample**

- **Fixative processing** for histologic evaluation
- **Smeared preparation** for cytologic evaluation

**Smaller Core Samples (< 2 mm)**

**Larger Core Samples (> 2 mm)**

**Cell Block Preparation**

**Formalin Preservation**
REFERENCES

2. Based on internal product development tests #:1085 and #1090.
6. Based on internal product development test #1085.

Risk information: Procedural risks associated with gastrointestinal endoscopy include, but are not limited to: perforation, hemorrhage, aspiration, hypotension, respiratory depression or arrest, cardiac arrhythmia or arrest, infection / fever, bacteremia, allergic reaction to medication, damage to blood vessels, nerve damage, tumor seeding of the needle tract and acute pancreatitis.

Procedural risks associated with EUS needle biopsy include but are not limited to: Bleeding, pain, death, peritonitis, infection / bacteremia, tumor seeding of the needle tract, and needle fracture requiring intervention for removal.

Procedural risks associated with EUS fiducial placement include, but are not limited to: improper fiducial placement, fiducial migration, infection / fever, allergic reaction, local inflammatory foreign body response, minor bleeds, pain, pancreatitis, and needle fracture requiring intervention for removal.

Please see the package insert for the complete list of indications, warnings, precautions, and other important medical information.

Contact customer service or your sales representative for the most up-to-date revision of the package insert.