WATS3D® AI PLATFORM

How WATS3D overcomes the limitations of the Seattle Protocol in Barrett's esophagus and dysplasia diagnoses

There is a lack of utility and confidence in the Seattle protocol

An **estimated 33%** **of esophageal adenocarcinomas were diagnosed within 1 year** of negative index endoscopy.[1]

The NEW ENGLAND JOURNAL of MEDICINE — David A. Johnson, MD reviewing Visrodia K, et al. Gastroenterology, 2016.

There **is no significant mortality reduction** from Seattle protocol surveillance in Barrett's esophagus patients.[2]

aga American Gastroenterological Association — Corley DA, et al. Gastroenterology, 2013.

WATS3D OFFERS AN INNOVATIVE 3-IN-1 DIAGNOSTIC SOLUTION

that helps physicians overcome current limitations

Click or scan to see how WATS3D works

Enhanced wide-area tissue sampling reduces sampling error[3,4]

3D imaging with AI-powered analysis improves diagnostic efficacy[3,4]

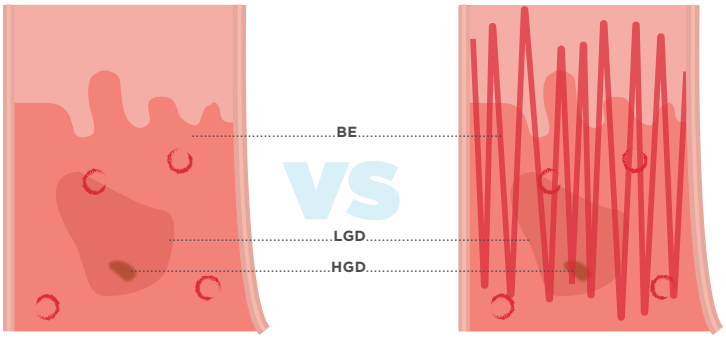
Team of expert GI pathologists provides diagnostic precision[3,4]

WATS3D enhanced tissue sampling is key to reducing sampling error[4-6]

Forceps

LIMITED SURFACE SAMPLED

Forceps biopsy has a significant potential for sampling error



WATS3D + Forceps

EXTENSIVE SURFACE SAMPLED

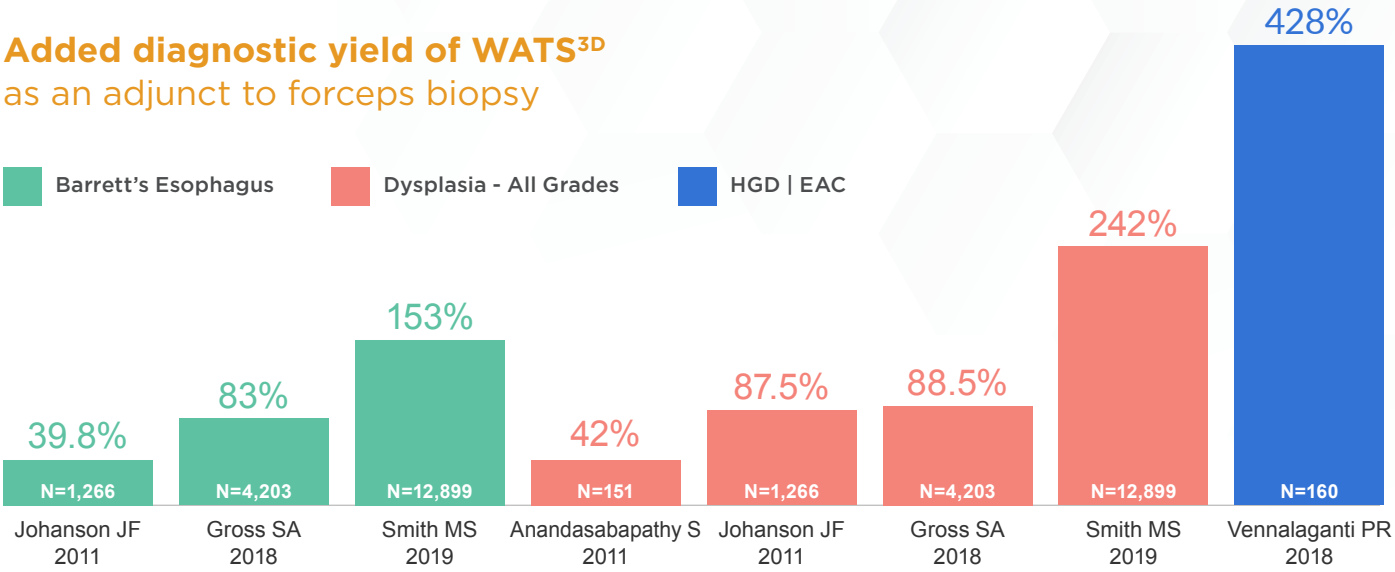
The wider surface area sampled by WATS3D addresses this problem

BE=Barrett's esophagus; HGD=high-grade dysplasia; LGD=low-grade dysplasia.

WATS3D® AI PLATFORM

WATS3D has demonstrated significant clinical results[5-9]

Added diagnostic yield of WATS3D as an adjunct to forceps biopsy



WATS3D increased detection of[5,8]

BARRETT'S ESOPHAGUS by **~1.5X**

DYSPLASIA - ALL GRADES by **~2.4X**

HGD | EAC by **~4.2X**

ASGE American Society for Gastrointestinal Endoscopy

WATS3D is included in the ASGE Standards of Practice Guidelines on the screening and surveillance of Barrett's esophagus

ASGE Practice Guidelines **suggest using WATS3D for known or suspected Barrett's esophagus** in addition to WLE with Seattle protocol biopsy sampling compared with WLE with Seattle protocol biopsy sampling alone.[10]

www.WATS3D.COM

CDx DIAGNOSTICS

866-3636-CDX

References: 1. Johnson DA. High rate of missed esophageal adenocarcinoma in Barrett esophagus. NEJM Journal Watch Gastroenterology. March 14, 2016. https://www.jwatch.org/na40738/2016/03/14/high-rate-missed-esophageal-adenocarcinoma-barrett. Accessed September 7, 2021. **2.** Corley DA, Mehtani K, Quesenberry C, Zhao W, de Boer J, Weiss NS. Impact of endoscopic surveillance on mortality from Barrett's esophagus-associated esophageal adenocarcinomas. Gastroenterology. 2013;145(2):312-9.e1. **3.** Vennalaganti PR, Kanakadandi VN, Gross SA, et al. Inter-observer agreement among pathologists using wide-area transepithelial sampling with computer-assisted analysis in patients with Barrett's esophagus. Am J Gastroenterol. 2015;110(9):1257-1260. **4.** Singer ME, Smith MS. Wide area transepithelial sampling with computer-assisted analysis (WATS3D) is cost-effective in Barrett's esophagus screening. Dig Dis Sci. 2021;66(5):1572-1579. **5.** Vennalaganti PR, Kaul V, Wang KK, et al. Increased detection of Barrett's esophagus–associated neoplasia using wide-area trans-epithelial sampling: a multicenter, prospective, randomized trial. Gastrointest Endosc. 2018;87(2):348-355. **6.** Gross SA, Smith MS, Kaul V; US Collaborative WATS3D Study Group. Increased detection of Barrett's esophagus and esophageal dysplasia with adjunctive use of wide-area transepithelial sample with three-dimensional computer-assisted analysis (WATS). United European Gastroenterol J. 2018;6(4):529-535. **7.** Johanson JF, Frakes J, Eisen D; EndoCDx Collaborative Group. Computer-assisted analysis of abrasive transepithelial brush biopsies increases the effectiveness of esophageal screening: a multicenter prospective clinical trial by the EndoCDx Collaborative Group. Dig Dis Sci. 2011;56(3):767-772. **8.** Smith MS, Ikonomi E, Bhuta R, et al; US Collaborative WATS Study Group. Wide-area transepithelial sampling with computer-assisted 3-dimensional analysis (WATS) markedly improves detection of esophageal dysplasia and Barrett's esophagus: analysis from a prospective multicenter community-based study. Dis Esophagus. 2019;32(3):doy099. **9.** Anandasabapathy S, Sontag S, Graham DY, et al. Computer-assisted brush-biopsy analysis for the detection of dysplasia in a high-risk Barrett's esophagus surveillance population. Dig Dis Sci. 2011;56(3):761-766. **10.** ASGE Standards of Practice Committee; Qumseya B, Sultan S, Bain P, et al. ASGE guideline on screening and surveillance of Barrett's esophagus. Gastrointest Endosc. 2019;90(3):335-359.e2.