



Not All Tattoos Are Created Equal

Keep your patients
safe with the #1 global
endoscopic tattoo

Used in More than 5M Cases

Featured in Society Guidelines

Published in More than 25 Studies

Made in the USA

Spot[®] Ex
Endoscopic Tattoo

 **GI Supply[®]**
Specialty Endoscopic Products

Spot® Ex

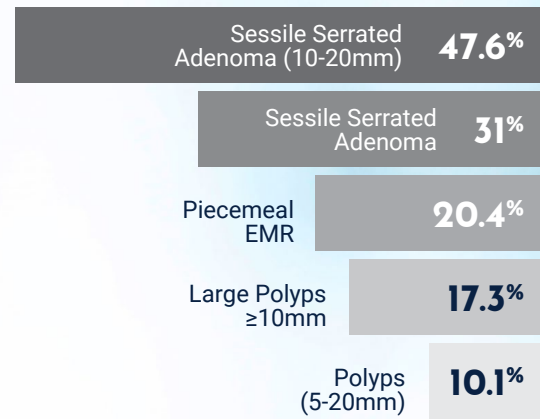
Endoscopic Tattoo

Spot® Ex is the only endoscopic tattoo indicated for both surgical localization and clinical surveillance.¹

Did you know?

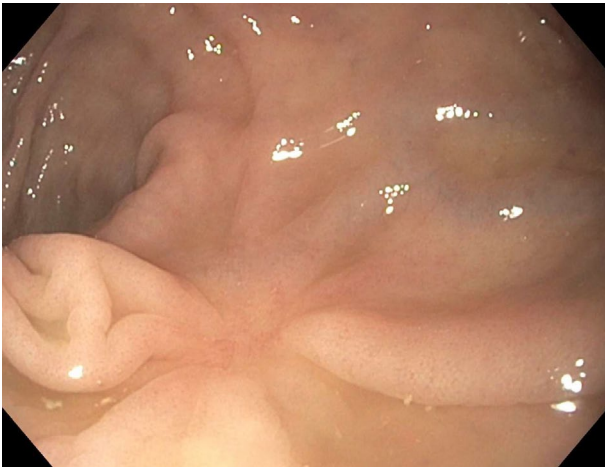
- The recurrence rate of complex polyps is 25-32%²
- Interval cancers being attributed to incomplete resections 10-27%³
- Scar tissue of resected lesions can potentially be difficult to detect

Incomplete Resection Rate³



Spot® Ex Expedites Localization at Follow Up Procedures

Follow-up Procedure Post Polypectomy⁸



Scar tissue healed at 4 months without endoscopic tattoo

Polypectomy Procedure with Spot® Ex



Spot® Ex is permanent,^{1,7} enabling a lifetime of follow-up procedures



Safe

Spot® Ex has a 33% higher safety margin of carbon⁴



Darker

Spot® Ex is 30% darker which facilitates easy identification^{5,6}



Less Carbon

Spot® Ex uses 37% less carbon⁴



Permanent

Spot® Ex has a permanent indication based on long-term published evidence^{1,7}



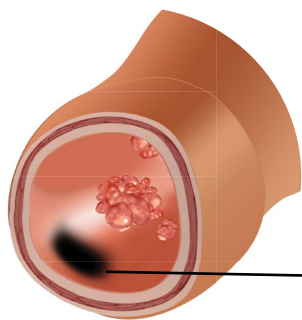
Guide to **Endoscopic Tattooing:**

“ Latest society guidelines recommend the use of tattoo, using sterile carbon particle suspension, to demarcate any lesion that may require localization at future endoscopic or surgical procedures¹ ”

- US Multi Society Task Force on Colorectal Cancer 2020

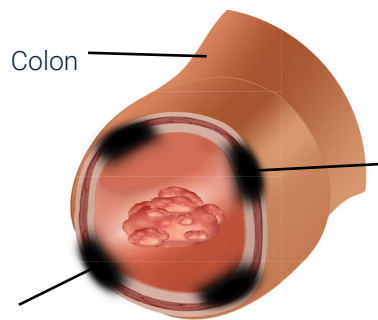
Submucosal Injection Technique

Marking for **EMR/ESD**⁹



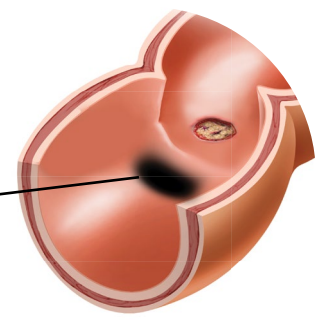
If the lesion is being marked for future endoscopic resection place the tattoo on the same side of the bowel, 3 cm distal.

Marking for **Surgical Resection**¹⁰



If the lesion is being marked for surgical resection, mark the lesion on the distal side and place the tattoos 2-3 cm from the lesion in 3-4 quadrants circumferentially.

Marking for **Surveillance** of difficult to detect or large polyps¹¹



After lesion removal, place one injection adjacent (next to site) to the resection defect. Location should be noted on the endoscopy report.

Spot® Ex is Cost Effective: 2022 CMS Tissue Marking National Payment

| | Colonoscopy with Polyp Removal, Snare (CPT 45385) | | If Tissue Marking Is Additionally Done (CPT 45381) |
|------------------------------------|---|---|---|
| Physician (Facility) ¹² | \$258 Work RVU: 4.57 | + | \$16 (Total \$274) Work RVU 3.56; Total Work RVU: 5.86 |
| ASC ¹⁴ | \$537 | + | \$269 (Total \$806) |
| Hospital Outpatient ¹³ | \$1,059 | + | \$530 (Total \$1,589) |

Spot® Ex is perfect post resection with EverLift® submucosal lifting agent

EverLift® is the first submucosal lifting agent designed to reduce cost and aid in complete resection.

Experience the Difference:

- Superior Cushion
- Cost Effective
- Conveniently Packaged



Endoscopic Resection and Tattooing Ordering Information

| Item No. | Description | Unit |
|----------|---|---------|
| GIS-45 | Spot® Ex Endoscopic Tattoo | 10/ box |
| GIS-55 | EverLift® Submucosal Lifting Agent, 5 mL | 10/ box |
| GIS-59 | EverLift® Submucosal Lifting Agent, 10 mL | 10/ box |

References:

1. Spot Ex Instructions For Use. Rev 06. October 2019
2. Gottumukkala R., et al. Outcomes of Endoscopic Mucosal Resection As an Alternative to Surgery in Patients with Complex Colon Polyps. Gastrointestinal Endoscopy 2016; 84(2): 315-325
3. Pohl H, et al. Incomplete Polyp Resection During Colonoscopy—Results of the Complete Adenoma Resection (CARE) Study. GASTROENTEROLOGY 2013;144:74–80
4. NAMSA Biological Safety Report. Evaluation of Carbon Black. July 2019
5. Lee P, Finding EndoscopicTattoos: The Impact of Contrast. GI Supply. 2018
6. Spot Ex Luminosity Lab Results. Northwestern Biological Imaging Facility. Nov 2017
7. Jackson FW. Long-term Visibility of Endoscopic Tattoos Using Sterile Carbon Suspension in a Prefilled Syringe. American Journal of Gastroenterology 2017; 112:S1–S45
8. Diehl, D. (January 2020). Procedural Image
9. Kaltenbach et al. Endoscopic Removal of Colorectal Lesions – Recommendations by the US Multi Society Task Force on Colorectal Cancer. Feb 2020
10. Rex, D. Endoscopic Tattooing Demonstration. How to Tattoo a Flat Colorectal Cancer. 2017. https://www.youtube.com/watch?v=VTkXGKGf_mE
11. Rex, D. Endoscopic Tattooing Demonstration. How to Tattoo a Tumor for Later Resection. 2017. https://www.youtube.com/watch?v=xL2sDqfN_E
12. CMS-1715-F, Addendum B multiplied by 2021 conversion factor (\$36.0896),
13. CMS-1717-CN, Addendum B,
14. CMS-1717-CN, Addendum AA

Note: Payment rates listed represent 2021 Medicare national payment amounts, individual provider payment will vary



Visit gi-supply.com
to learn more about Spot® Ex