

NEWLY REVISED RESOURCE FOR PATIENTS WITH SHORT BOWEL SYNDROME

If you work with patients who have Short Bowel Syndrome (SBS), you may want to be aware of the latest version of, “*A Patient’s Guide to Managing a Short Bowel*” by Carol Rees Parrish, MS, RD. It is the first detailed patient-focused resource available on SBS. The book was developed for patients with short bowel syndrome in an effort to help them understand the workings of the gastrointestinal tract (GI) and how to maximize the absorption capability of theirs. This guide was also written to empower patients and their families to take charge of their SBS. Hopefully, the information presented and the understanding that follows will allow for a better working relationship between patient and health care team, and as a result, increase the quality of life not only for those with SBS but also for their steadfast and concerned caregivers. The book covers diet, hydration, medication issues, and a whole lot more. Based on patient and clinician comments, the book has been a well-received resource for both patients and clinicians alike.

This resource has been made available at no cost to patients, caregivers, and clinicians in the United States and Canada. To request a copy, visit:

www.shortbowelsupport.com

ACUPATH LABORATORIES

Acupath Laboratories (Plainview, N.Y.) has recently announced the addition of Fluorescent *in situ* Hybridization (FISH) testing to further classify

patients with Barrett’s Esophagus. The inclusion of FISH on these types of specimens helps identify high risk Barrett’s patients likely to develop esophageal adenocarcinoma, as well as differentiate lower risk patients in need of further monitoring.

Patients with Barrett’s Esophagus are considered to have a pre-neoplastic condition. Cells in the distal esophagus undergo transformation to intestinal metaplasia. These patients are more likely to develop carcinoma than those without the condition. This progression can be observed as the cases are classified into one of four subcategories: (1) Intestinal Metaplasia without dysplasia, (2) low grade dysplasia, (3) high grade dysplasia, and (4) esophageal adenocarcinoma.

Current histological methodologies alone for the diagnosis of Barrett’s Esophagus are riddled with issues. While the standard four-quadrant biopsy remains the gold standard, biopsies alone used for monitoring Barrett’s Esophagus patients provide limited sampling of the affected mucosa leading to false negative biopsy results. In addition, the lengthy procedure time as well as the poor inter-observer reproducibility of pathologists diagnosing dysplasia can also be problematic. Introduction of molecular based testing such as FISH for Barrett’s Esophagus provides an alternative piece of diagnostic information.

FISH for Barrett’s Esophagus is performed on cytology specimens obtained from an endoscopic brushing of the esophagus. Cytology specimens are less invasive, less time-sensitive and provides for a more comprehensive collection of cells from the entire affected area. The use of FISH on these specimens can detect genetic changes that are undetectable with the histological specimen. The high sensitivity and specificity of FISH (utilizing the Barrett’s Esophagus FISH panel) in detecting low grade dysplasia, high grade dysplasia, and esophageal adenocarcinoma make this ancillary testing methodology a valuable tool with diagnostic value.

About Acupath Laboratories

Acupath Laboratories, Inc., is an established and rapidly expanding specialized diagnostic pathology laboratory based in New York. Acupath is staffed by renowned pathology and cancer genetics experts and a dedicated team of professionals who understand the value of superior service. Our board-certified pathologists specialize in gastrointestinal pathology, as well as various other specialties.

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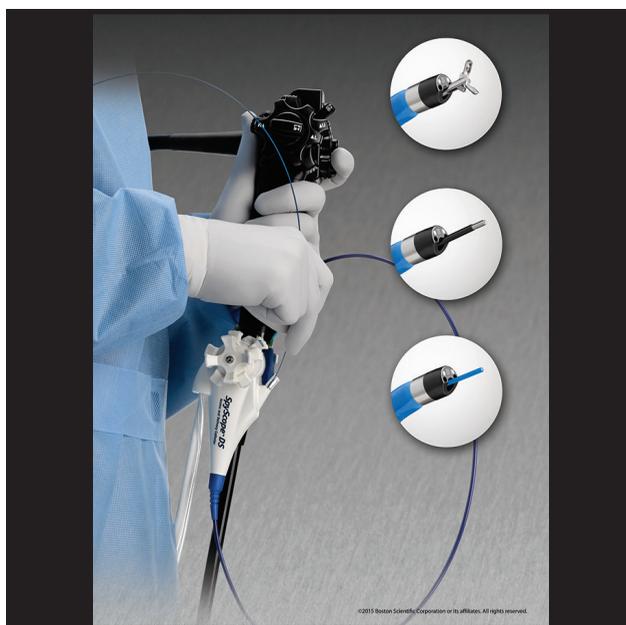
BOSTON SCIENTIFIC LAUNCHES NEXT GENERATION SPYGLASS™ DS DIRECT VISUALIZATION SYSTEM FOR ADVANCED DIAGNOSIS AND TREATMENT OF PANCREATICO-BILIARY DISEASES

MARLBOROUGH, MA – Boston Scientific Corporation (NYSE: BSX) announces 510(k) clearance and the first cases of the SpyGlass DS Direct Visualization System used for cholangioscopy and pancreatoscopy procedures. Built on the technology of the original SpyGlass System, the new SpyGlass DS System is designed to optimize procedural efficiency and productivity with improved ease of setup, ease of use and image quality.

More than one million people worldwide undergo endoscopic retrograde cholangiopancreatography (ERCP) procedures each year to diagnose and treat diseases and conditions of the liver, gallbladder, pancreas and bile ducts.¹ In the event that x-ray imaging is not sufficient to make a definitive diagnosis or therapeutic intervention requires direct visualization, cholangioscopy or pancreatoscopy may be performed. Cholangioscopy is the examination of the bile ducts using an endoscope to enable direct visualization of the biliary tree during ERCP while pancreatoscopy is the examination of the pancreatic ducts. Direct visualization of the bile and pancreatic ducts during ERCP can help obtain biopsy specimens, lead to the diagnosis of abnormalities, and guide stone therapy.²

“I’m extremely pleased with the overall functionality of the new SpyGlass DS System” said Robert Hawes, M.D., FASGE, The Center for Interventional Endoscopy at Florida Hospital Orlando. “It was quick and easy to set up (‘plug and play’), the image quality and stability excellent, and the four-way tip deflection intuitive. The system now enables endoscopists with ERCP expertise to perform cholangioscopy with or without intervention. My expectation is that this technology will increase our ability to diagnose and treat pancreatobiliary diseases and reduce the number of repeat ERCPs.”

Launched in 2007, the original SpyGlass System helped re-establish cholangioscopy and pancreatoscopy as a valuable diagnostic and therapeutic procedure by allowing a single physician to perform the procedure as well as guide devices to examine, diagnose and treat conditions such as gallstones and suspected malignancies of the biliary tree and pancreas. The new SpyGlass DS System builds on this technology with enhanced features to further improve visualization and help simplify the procedure. The system consists of a



The new SpyGlass™ DS System is designed to optimize procedural efficiency and productivity with improved ease of setup, ease of use and image quality. (Photo courtesy of Boston Scientific Corporation)

fully integrated SpyScope™ DS Access and Delivery Catheter, and a single-use scope to eliminate probe reprocessing and image degradation over multiple uses. The integrated digital sensor provides superior imaging, far greater resolution and a 60 percent wider field of view than the first generation system. In addition, the SpyGlass DS System offers physicians an integrated controller that fits on a standard ERCP cart for improved accessibility and ‘plug and play’ setup, helping to reduce procedure time.

“Early detection is critical to improving outcomes in patients suffering from difficult pancreatobiliary diseases, such as pancreatic cancer,” said David Pierce, senior vice president and president, Endoscopy, Boston Scientific. “The new SpyGlass DS System can be performed as an extension of any ERCP procedure, enabling physicians to diagnose and treat more of their patients effectively and efficiently. Boston Scientific is proud to bring single-operator cholangioscopy to a new level of treatment.”

- 1 Chen Y et al, Single-operator cholangioscopy in patients requiring evaluation of bile duct disease or therapy of biliary stones (with videos). *Gastrointest Endosc* 2011; 74:805-814.
- 2 CPT Copyright 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

About Boston Scientific

Boston Scientific transforms lives through innovative medical solutions that improve the health of patients

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around the world. As a global medical technology leader for more than 35 years, we advance science for life by providing a broad range of high performance solutions that address unmet patient needs and reduce the cost of healthcare. For more information, visit:

www.bostonscientific.com

EXACT SCIENCES AND MAYO CLINIC EXTEND, EXPAND COLLABORATION TO CONTINUE FIGHTING CANCER THROUGH ADVANCED SCREENING

Unique Arrangement Aims to Build on the Success of Cologuard

MADISON, WS — Exact Sciences Corp. (NASDAQ: EXAS) and Mayo Clinic announced a five-year extension and expansion of their collaboration, broadening their efforts to develop screening, surveillance and diagnostic tests beyond colorectal cancer to address other diseases within the gastrointestinal tract.

The amended agreement extends the collaboration for five more years with David Ahlquist, M.D., a Mayo Clinic gastroenterologist, and his lab at Mayo Clinic. Exact will continue to have rights to certain intellectual property, including patents, know-how and new markers.

The original June 11, 2009 agreement between Exact Sciences and Mayo Clinic led to the development of Cologuard, which the FDA approved on August 11, 2014. Cologuard is the first and only FDA-approved stool DNA-based colorectal cancer screening test.

“This unique collaboration is producing powerful results,” said John Noseworthy, M.D., president and CEO of Mayo Clinic. “The success of our teams in developing Cologuard exemplifies what can happen when two organizations combine their expertise and unite toward a single goal.”

“By expanding our relationship with Mayo Clinic, we have an opportunity to build on our shared successes and continue looking for new opportunities to take on some of the deadliest forms of cancer,” said Kevin Conroy, CEO and chairman of Exact Sciences. “This collaboration and our ability to leverage both institutions’ distinctly different strengths is unique in American industry. But our ambitions cannot end with Cologuard. We expect our collaboration to continue producing breakthroughs that can change patients’ lives.” For more information about Cologuard, visit:

www.CologuardTest.com

Disclosure Statement

David Ahlquist, M.D., is a co-inventor of the technology that has been licensed to Exact Sciences from Mayo

Clinic. Under that licensing agreement, Mayo Clinic and Dr. Ahlquist share in equity and royalties. Revenue Mayo Clinic receives is used to support Mayo’s not-for-profit mission in patient care, education and research.

About Exact Sciences Corp.

Exact Sciences Corp. (NASDAQ: EXAS) is a molecular diagnostics company focused on the early detection and prevention of colorectal cancer. The company has exclusive intellectual property protecting its noninvasive, molecular screening technology for the detection of colorectal cancer. Stool DNA technology is included in the colorectal cancer screening guidelines of the American Cancer Society and the U.S. Multi-Society Task Force on Colorectal Cancer. For more information, please visit the company’s website at:

www.exactsciences.com

About Mayo Clinic

Mayo Clinic is a nonprofit organization committed to medical research and education, and providing expert, whole-person care to everyone who needs healing. For more information, visit:

<http://www.mayoclinic.org/about-mayo-clinic>

OR

<http://newsnetwork.mayoclinic.org/>

A SIMPLE PHONE CALL CAN HELP PREVENT COLON CANCER

Katie Couric and the Entertainment Industry Foundation Launch Citywide “Make That Call” Campaign with NewYork-Presbyterian and its Jay Monahan Center for Gastrointestinal Health

NEW YORK — Katie Couric, NewYork-Presbyterian Hospital and its Jay Monahan Center for Gastrointestinal Health, and the Entertainment Industry Foundation’s National Colorectal Cancer Research Alliance want you to “make that call” to your doctor for colon cancer screening if you are 50 or older or otherwise at high risk for colon cancer.

The annual citywide “Make That Call” campaign to increase colon cancer screening ran throughout March in recognition of Colon Cancer Awareness Month.

“With appropriate screening, colon cancer is often preventable and, when detected early, highly curable,” said Couric. “Colonoscopies – and other screening methods – save lives. That’s what Make That Call is all about – understanding you can take charge of your health. So make that call, for yourself or someone you love.”

Collaborating on this initiative are the American College of Gastroenterology, the American Society

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for Gastrointestinal Endoscopy, the Colon Cancer Alliance, and the New York Society of Gastrointestinal Endoscopy.

“We are thankful to our friend Katie Couric for her longtime commitment to NewYork-Presbyterian Hospital,” said Dr. Steven J. Corwin, CEO of NewYork-Presbyterian Hospital. “As the founder of our Jay Monahan Center for Gastrointestinal Health, she has worked tirelessly to educate the public on the importance of colon cancer screening. With Katie’s leadership and the support of all of this year’s collaborators, the Make that Call campaign will again help save lives.”

Reasons to Make That Call to Your Doctor

- Colon cancer is the second-leading cause of cancer death in the United States.
- Colon cancer affects men and women equally.
- Symptoms for colon cancer may include rectal bleeding, change in bowel habits, abdominal pain and weight loss.
- Colon cancer is often preventable and when detected early, highly curable.
- Colon polyps and early cancers often cause no symptoms.
- Early screening saves lives!

“Make That Call is a campaign that lasts through March, but our efforts last year-round,” explains Dr. Felice Schnoll-Sussman, director of The Jay Monahan Center for Gastrointestinal Health. “We are constantly working to increase awareness about colon cancer screening. The support from our campaign collaborators and participating organizations is tremendous.”

“Colon cancer is a highly preventable disease, and while our physicians are dedicated to screening patients through colonoscopy and other effective techniques, much depends on individuals reaching out to their doctors to make that appointment,” notes Dr. Frank Gress, clinical chief and director of endoscopy at NewYork-Presbyterian Hospital/Columbia University Medical Center.

Patients can choose to see a physician with NewYork-Presbyterian/Columbia University Medical Center or NewYork-Presbyterian/Weill Cornell Medical Center. As part of the program, callers with questions about colon cancer screening who want more information about the Make That Call campaign can call:

877-902-2232

or visit: **MakeThatCall.org**

or follow: **@nyphospital and @katiecouric**

NewYork-Presbyterian Hospital

NewYork-Presbyterian Hospital, based in New York City, is one of the nation’s largest and most comprehensive hospitals and a leading provider of inpatient, ambulatory and preventive care in all areas of medicine. With some 2,600 beds and more than 6,500 affiliated physicians and 20,000 employees, NewYork-Presbyterian had more than 2 million visits in 2013, including close to 15,000 infant deliveries and more than 310,000 emergency department visits. NewYork-Presbyterian comprises six campuses: NewYork-Presbyterian/Weill Cornell Medical Center, NewYork-Presbyterian/Columbia University Medical Center, NewYork-Presbyterian/Morgan Stanley Children’s Hospital, NewYork-Presbyterian/The Allen Hospital, NewYork-Presbyterian/Westchester Division and NewYork-Presbyterian/Lower Manhattan Hospital. The hospital is also closely affiliated with NewYork-Presbyterian/Hudson Valley Hospital and NewYork-Presbyterian/Lawrence Hospital. NewYork-Presbyterian is the #1 hospital in the New York metropolitan area, according to U.S. News & World Report, and consistently named to the magazine’s Honor Roll of best hospitals in the nation. Affiliated with two world-renowned medical schools, Weill Cornell Medical College and Columbia University College of Physicians and Surgeons, NewYork-Presbyterian is committed to excellence in patient care, research, education and community service. For more information, visit:

www.nyp.org

The Jay Monahan Center for Gastrointestinal Health at NewYork-Presbyterian Hospital/Weill Cornell Medical Center

The Jay Monahan Center for Gastrointestinal Health at NewYork Presbyterian Hospital/Weill Cornell Medical Center is a world-class gastrointestinal cancer and wellness center. The Monahan Center serves as a unique model of coordinated and compassionate care, dedicated to public education and the prevention, diagnosis and treatment of gastrointestinal cancers, including cancers of the colon, rectum, pancreas, esophagus, gallbladder, stomach and small intestine. The Monahan Center at NewYork-Presbyterian Hospital/Weill Cornell is located at the corner of 70th Street and York Avenue in New York City. For more information, visit:

www.monahancenter.org