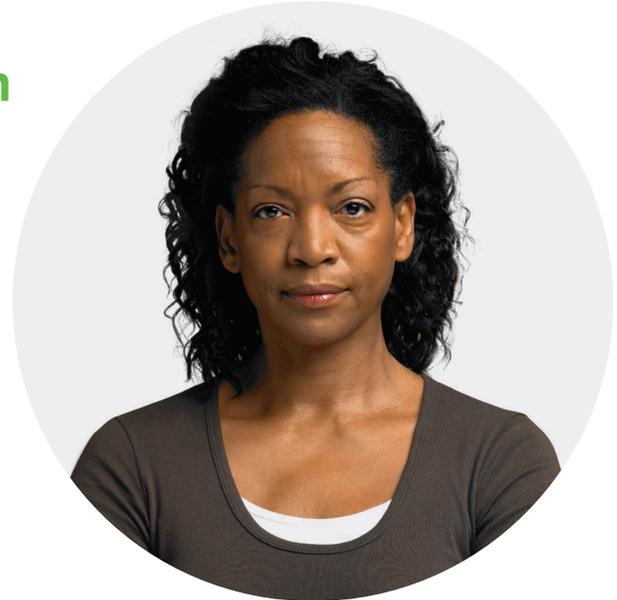


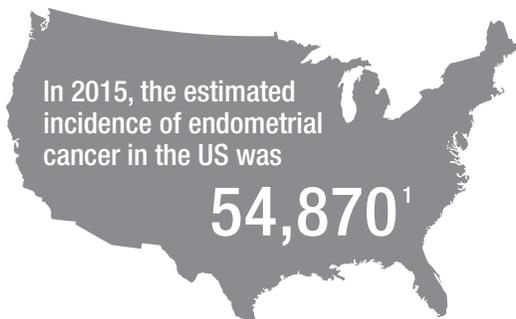
The importance of diagnostic quality with high-risk patients

Abnormal uterine bleeding (AUB) in a 44-year-old woman

- **Chief complaint:** bleeding between periods x 7 months
- **Risk factors for endometrial cancer:** obesity, nulliparity, hyperthyroidism, S/P cholecystectomy
- **Diagnostic studies**
 - **Transvaginal ultrasound (TVUS):** no masses seen
 - **Pipelle procedure:** quantity not sufficient for diagnosis



AUB is a red flag for endometrial cancer



AUB is the first symptom in

95% OF CASES²

Endometrial cancer is the most common malignancy of the female reproductive tract³

NONVISUALIZED D&C CAN FAIL TO DIAGNOSE^{4*}:

50%

OF HYPERPLASIAS (5/10)

60%

OF COMPLEX ATYPICAL HYPERPLASIAS (3/5)

11%

OF ENDOMETRIAL CANCERS (2/19)

When the differential diagnosis includes serious abnormalities, you need **complete quality tissue collection.**

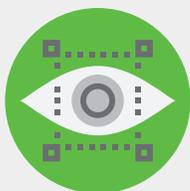
GET ENLITENED

See tissue removal in a whole new LITE

With high-risk patients, it becomes more important to get the most complete tissue collection to aid in specimen quality.

In a study of 50 endometrial specimens, **60% of D&C procedures curetted less than half of the uterine cavity.**⁵

The MyoSure® system helps you:



VISUALIZE

the uterine cavity throughout the entire procedure



COMPLETE

the procedure efficiently in one simple step



TRUST

that the quality and quantity of your collection will allow for histologic assessment

American College of Obstetricians and Gynecologists (ACOG) recommendation:

“If a surgical approach is favored, D&C with hysteroscopic guidance is recommended over D&C alone because it has higher accuracy and superior diagnostic yield.”^{6†}

Contact a sales representative or visit MyoSure.com/LITE to learn more.

IMPORTANT SAFETY INFORMATION

The MyoSure® tissue removal system is intended for hysteroscopic intrauterine procedures by trained gynecologists to resect and remove tissue including submucous myomas, endometrial polyps, and retained products of conception. It is not appropriate for patients who are or may be pregnant, or are exhibiting pelvic infection, cervical malignancies, or previously diagnosed endometrial cancer.

*N=105 postmenopausal women with endometrial thickness ≥ 5 mm by TVUS.

†ACOG recommends hysteroscopic guidance in general for endometrial sampling; they do not recommend a specific brand.

REFERENCES: 1. Siegel RL, Miller KD, Jemal A. Cancer statistics, 2015. *CA Cancer J Clin.* 2015;65(1):7. 2. Litta P, Merlin F, Saccardi C, et al. Role of hysteroscopy with endometrial biopsy to rule out endometrial cancer in postmenopausal women with abnormal uterine bleeding. *Maturitas.* 2005;50(2):118. 3. American Cancer Society. Cancer Facts and Figures, 2010. <http://www.cancer.org/research/cancerfactsstatistics/cancerfactsfigures2010/index>. Accessed March 2016. 4. Epstein E, Ramirez A, Skoog L, Valentin L. Dilatation and curettage fails to detect most focal lesions in the uterine cavity in women with postmenopausal bleeding. *Acta Obstet Gynecol Scand.* 2001;80(12):1131-1136. 5. Stock RJ, Kanbour A. Prehysterectomy Curettage. *Obstet and Gynecol.* 1974;45(5):539. 6. The American College of Obstetricians and Gynecologists (ACOG). Practice bulletin no. 149: endometrial cancer. *Obstet Gynecol.* 2015;125(4):1006-1026.

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Myo-Sure® LITE