PE 319

NEAREST FUTURE ENDOSCOPIC DIRECTIONS – HOW EFFORTS WILL BE MADE TO FILL GAPS?

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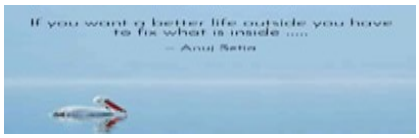


Background (Market) The GI endoscopy has undergone rapid and significant evolution in last two decades. Endoscopic procedures will ramian the cornestone in the GI practice and it will be result in continued high demand for endoscopica procedures. The Endoscopy Devices Market (EDM) researh and competitive intelligence provider , historically, only from 2017 to 2021 , market value of the EDM increased at around 7,6% per year, and in 2021 it was valued at 44,8 Bilion USD, and according this tendency all EDM revenue would increase 2,3 X between 2022 and 2032 , reaching roughly in USD till the 113,8 Billion on 2032 year.

- The advances resection platforms into

interventionalendoscopy and Endoscopic resections (ER)would be firmly establed by next ten years, thereby transforming to the Third Space GastroIntestinal Endoscopy (TSGIE) and will be more than this entire endo-surgery field. Now the emerging fields of endoscopic surgery and present data supporting the contention that endoscopy can now be used to treat many GI diseases that have been traditionally treated surgically.

1st SPACE - endoscopy was confirnes to the GI lume.

2nd SPACE- peritoneal cavity was the surgeon‘s fiel,

3rd SPACE - submucosal space hold for interventions.

Endoscopists were initially confined to the GI lumen (1st space). Historically, only on 1970 year to our practice we starting to use flexible endoscopes, and on 2006-07 we starting to use endoscop’s with balloons to investigate the small intestine.

* The disruptive technologies, particulary genetics and molecular – based testing, may make a dent in routine endoscopic procedures, newer procedures and technologies like motorized enteroscopy. It is the highest technological possibility today performing endoscopy at the 1st space.

The first training experience with motorized enterosope was on 2016 in Dusseldorf by mentors Robert H. Haves and dr.Horst Neuhaus.

- The advances resection platforms into

interventional endoscopy and ER would have come and widely adopted and used and be firmly establed by 2030, thereby transforming to the third – space endoscopy and the entire endo-surgery field.

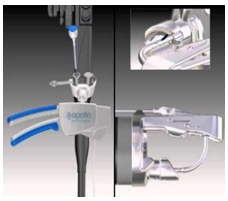
** The scope of flexible endoscopy has increased with the introduction of natural orifice transluminal endoscopic surgery (NOTES). In the current era, endoscopists have gained access into the second space (peritoneal cavity) and third space (intramural or submucosal space).

TAKE HOME MESSAGE ●

- 3rd space is the Pandora’s box
- Learning curve for all procedures
- Technical & accessory requirements
- Cost may be a limiting factor
- Useful non-invasive alternative for many surgical conditions.

*** In this QR code is video type of endoscopic gastroenteroanastomosis using Axios stent. It was made in Dusseldorf on 2016 by my mentor prof. Marc Barthet from Nord Hospital of Marseille.

**** The endoscopic ultrasound interventions will continue to expand the gap between surgery and endoscopy. First introduction with Appolo system I had on 2015, but first sutures were performed three years later in Salzburg , on Advanced Endoscopy Training Workshop.



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Results. TSGIE is safe procedure. Now, the OverStitch™ supports procedures that depend on closure, apposition, or hemostasis of soft tissue in the upper and lower GI tract. OverStitch procedures include traditional GI applications such as fistula closure, endoscopic submucosal dissections (ESD), endoscopic mucosal resections (EMR), and peroral endoscopic myotomy (POEM) procedures.

Market today. https://www.medtechdive.com/news/boston-scientific-BSX-acquire-apollo-endosurgery/637495/ Boston Scientific has agreed to acquire Austin, Tex.-based Apollo Endosurgery for $615 million. The companies offer of $10 per share is 67% higher than the stock’s closing price on Monday. Boston Scientific to buy Apollo Endosurgery for $615M as entry into endobariatric market.

I much appreciate your time, comments and support.

Have a nice Congress.