Boston Scientific
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CoreDx™

Pulmonary Mini-Forceps

For intranodal histologic sample collection—a complementary tool for EBUS procedures

About CoreDx

Introducing CoreDx, a mini-forceps enabling pulmonologists to collect intranodal histologic samples. Quantity with quality, potentially alleviating the need for patients to undergo more invasive biopsy procedures.[1]

Histopathological Core Samples

For molecular analysis and diagnosis of sarcoidosis and lymphoma

Flexibility & Column Strength

CoreDx is designed with flexibility to allow access to all regions within the transbronchial tree

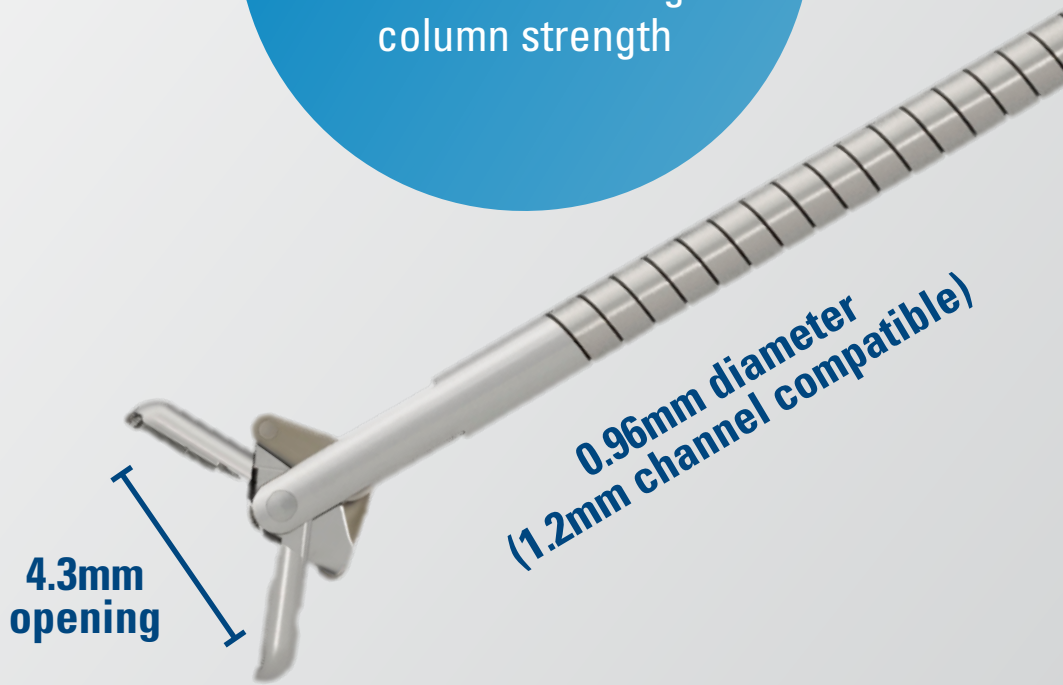
High column strength allows for ease of entry through access hole when used in conjunction with EBUS-TBNA

Scope Compatibility

CoreDx is compatible with all currently available EBUS scopes (Olympus, Pentax, and Fuji)

Compatible with super slim bronchoscope (1.2mm working channel)

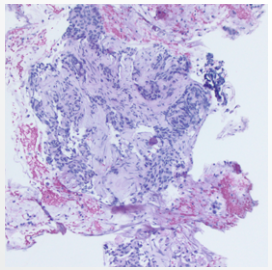
A pushable yet flexible shaft allows scope articulation while maintaining column strength



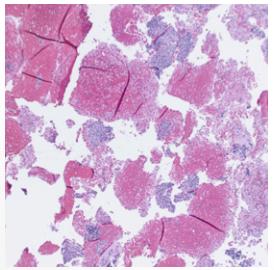
Why Histology?

Quality Histology

Needle histology can be bloody and dilute, but CoreDx maintains the tissue structure necessary for accurate diagnosis.[2]



QUALITY HISTOLOGY SAMPLE



POOR HISTOLOGY SAMPLE

When does histology matter?

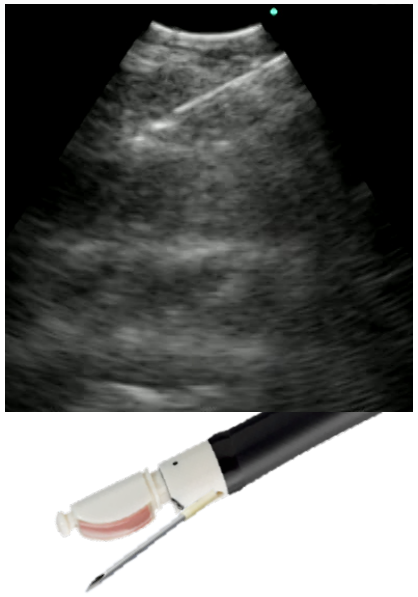
Lymphoma — Lymphoma can be a complex disease, with over 100 different varieties many with their own test requiring large amounts of quality tissue.[2]

Sarcoidosis — Diagnosing Sarcoidosis can be challenging, histologic samples give pathologists a view of structure, which helps ensure accurate an diagnosis.[2]

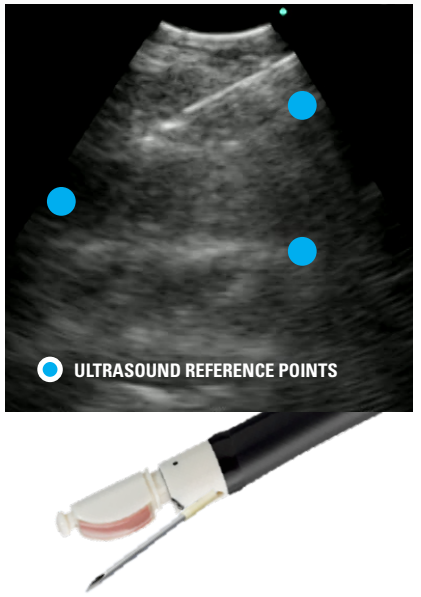
PD-L1 — Genetic sequencing protocols can require histologic samples. Histology enables the testing that leads to targeted therapies for lung cancer treatment.[3]

The increase in diagnostic yield for mini-forceps is most pronounced in patients with Sarcoidosis 88% vs 36% for TBNA and Lymphoma 81% vs 35%.[1]

CoreDx™ Procedure Overview



Following a standard EBUS procedure, CoreDx is used as an adjunctive technique to obtain histologic samples.



When using in conjunction with EBUS, take note of the needle alignment on the ultrasound image and choose reference points to help maintain the scope position during instrument exchange.

With CoreDx at the end of the working channel, align the ultrasound image to your reference points. Then using short deliberate strokes advance the forceps to the location of planned biopsy.

Open jaws carefully under ultrasound visualization. Move forceps forward against the tissue to be sampled and close jaws. Slowly withdraw forceps keeping jaws closed.

Ordering Information

CoreDx™ Pulmonary Mini-Forceps

Endobronchial	GTIN	Description	Minimum Working Channel	Length	Packaging
M00515220	08714729971054	Pulmonary min-forceps	1.2mm	130cm	Each

1 Endobronchial Ultrasound-Guided Miniforceps Biopsy in the Biopsy of Subcarinal Masses in Patients with Low Likelihood of Non-Small Cell Lung Cancer. Herth, Felix J.F. et al. The Annals of Thoracic Surgery, Volume 85, Issue 6, 1874 – 1878

2 Endobronchial-Ultrasound Guided Miniforceps Biopsy of Mediastinal and Hilar Lesions. Chrissian, Ara et al. The Annals of Thoracic Surgery, Volume 92, Issue 1, 284 – 288

3 Endobronchial Ultrasound: Can It Give Us What We Need For Next Generation Sequencing? M. Samant, A. C. Burks, A. Chen. *Am J Respir Crit Care Med* 2017;195:A1651

CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labeling supplied with each device. Information for the use only in countries with applicable health authority registrations. Material not intended for use in France.

Rx Only.

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