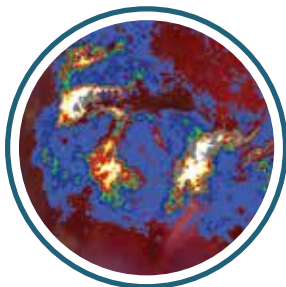




Colposcopy is changing

Is your service ready?



DETECT



DIRECT



DISCHARGE

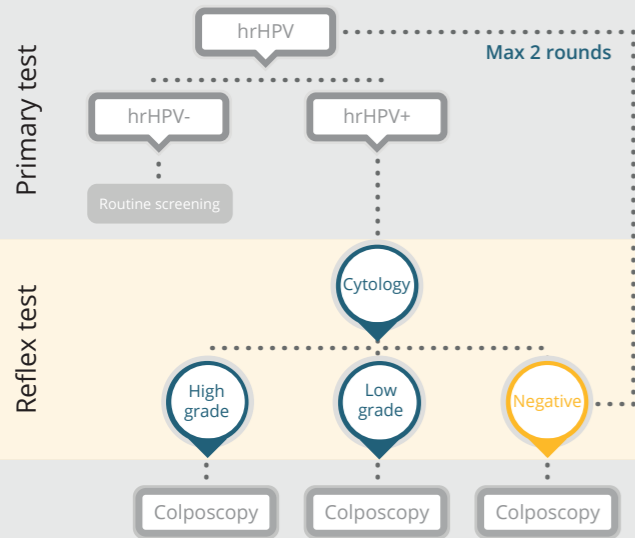
The NHS cervical screening programme is changing.

By 2020, hrHPV testing will become the primary screening test. hrHPV screening achieves a greater sensitivity than cytology leading to the detection of 50% more CIN 2+.¹

How will this impact your colposcopy service?

The new HPV primary screening programme will result in a 54% increase in the number of colposcopies within 2 years.¹ Colposcopy clinics should consider preparing for the increase in referrals and new patient populations (persistent hrHPV+, negative cytology) so they can confidently discharge patients back into routine screening to ensure clinics do not exceed full capacity.

New pathway for HPV primary screening

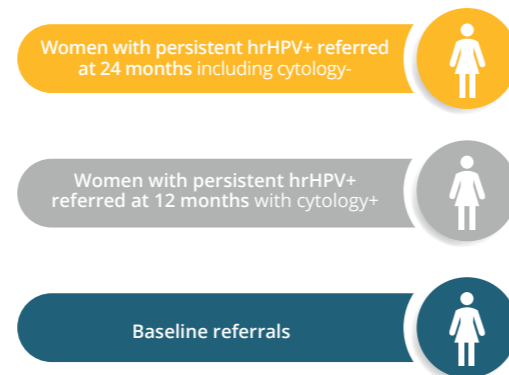
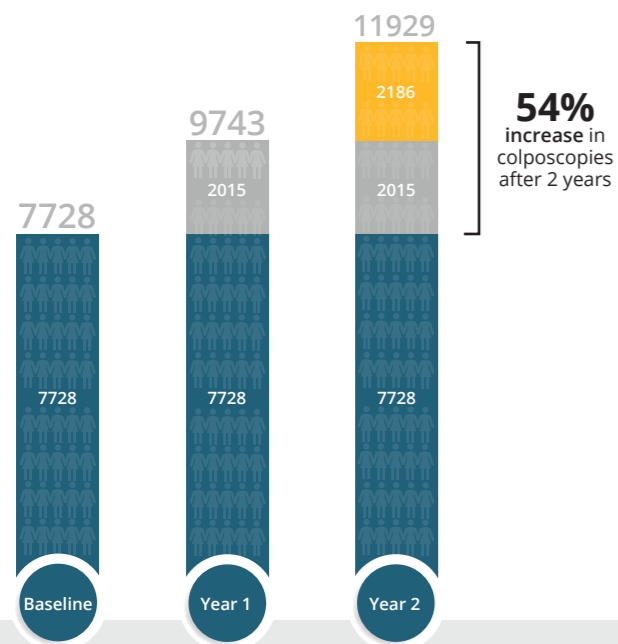


New patient populations Persistent hrHPV+ and negative cytology

Women with hrHPV+ and negative cytology will be rescreened every 12 months for 2 years. At 2 years, women with persistent hrHPV+ will be referred directly to colposcopy regardless of their cytology result.

This challenging new group of referrals will place a burden on colposcopy clinics.

New evidence published in the BMJ highlights the increase in colposcopy referrals at 12 and 24 months.¹

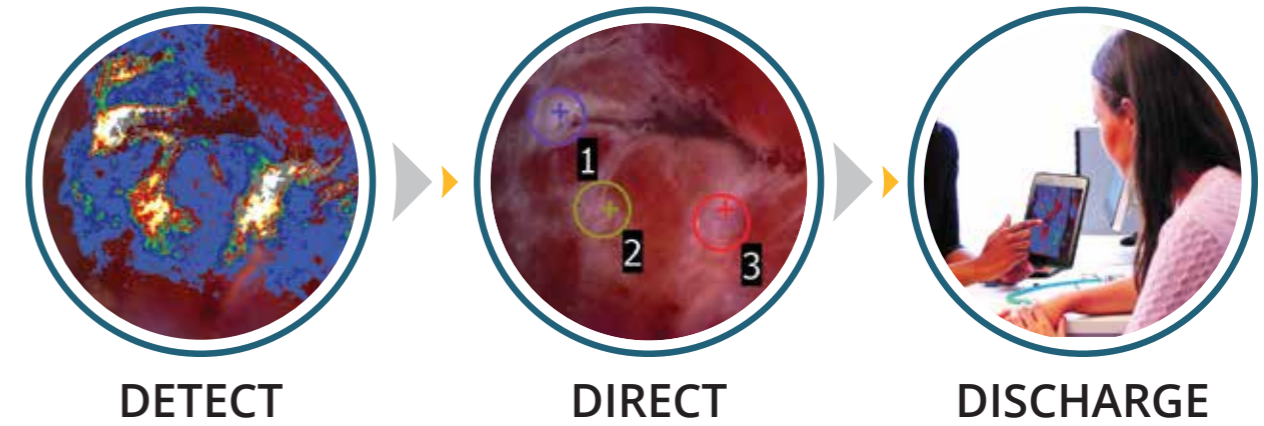


Appropriately discharging patients is more important than ever

Why choose DYSIS Ultra?

DYSIS Ultra with DYSISmap™ is the most effective way to detect cervical disease, improving patient management decisions and providing added confidence to discharge patients appropriately.

How can DYSIS Ultra help your clinic effectively manage change?



Detect more high-grade disease at the first visit

Increase in disease detection by more than 30% in all referrals and up to 50% in certain patient populations.²

Direct and manage patients appropriately

Targeted biopsy markers to improve biopsy accuracy and reduce unnecessary biopsies. Avoid repeat examinations and delays in treatment. Reduce the risk of over-treatment. Enable longitudinal monitoring for conservative management options.

Improve confidence to discharge

High negative predictive value provides added confidence to appropriately discharge women back to the community, for follow up or routine screening.

DYSISviewer and SMARTtrack

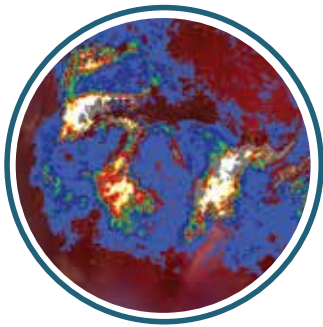
Facilitating multidisciplinary collaboration

Dynamic Playback for post-examination and MDT review to help improve patient management and effectively monitor cervical changes over time.

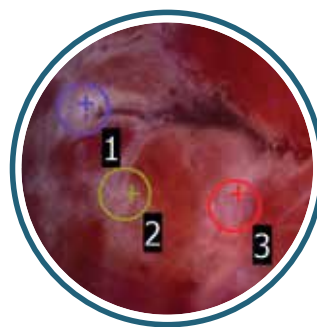


DYSIS Ultra with DYSISmap™ allows right first time assessment to ensure your colposcopy clinic does not exceed full capacity

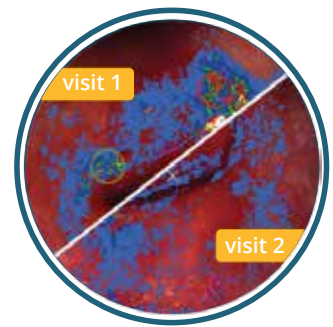
STANDARDISING COLPOSCOPY



Quantified acetowhitening
 DYSISmap™ is our intuitive colour coded map which measures the onset, intensity and persistence of acetowhitening.



Guided biopsy markers
 Increase precision and improve biopsy accuracy.



Superior documentation
 SMARTtrack is our longitudinal tracking system, revolutionising conservative management options.



Superior image quality
 Compact design for straightforward biopsy and treatment.
 Automated acetic acid delivery system.

On-board computer
 Full colposcopy database. Supports industry standard EPR connection.*
 HL7 and DiCOM compatible.

DYSIS Ultra: The new standard of care in Colposcopy

Product images are shown for illustration purposes. Actual product may vary due to product enhancements.

Find out more about DYSIS Ultra and DYSISmap™

Get in touch

info@dysismedical.com
www.dysismedical.com

For more information
 call +44 (0)131 516 3944



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NICE National Institute for Health and Care Excellence

In 2018, NICE concluded that colposcopy using DYSIS with the adjunctive DYSISmap detects more clinically important lesions than colposcopy alone. As a result, NICE recommends its continued adoption, reinforcing its previous 2012 guidance.

NHS Cervical Screening Programme

In March 2016, NHSCSP published the 3rd edition of Publication no.20, Colposcopy and Programme Management. Publication 20, which advises on the latest advancements in cervical screening, has recognised the DYSIS Colposcope for its clinical and financial benefits.

¹ Rebolj M, Rimmer J, Denton K, et al. Primary cervical screening with high risk human papillomavirus testing: observational study. *BMJ*. 2019 Feb 6;364:l240
² DYSIS bibliography available at www.dysismedical.com/clinical-evidence
 *May require customisation