Imaging Raises the Bar in Pap Testing Results

Imaging elevates workflow in your lab and provides greater LSIL and HSIL categorization versus non-imaged slides.



A Step Ahead with Imaging

Slides screened with the ThinPrep Imaging system showed greater LSIL and HSIL categorization versus non-imaged slides:

Independent Studies Show Increased LSIL and HSIL Cytology Categorization vs Manual ThinPrep Pap Test



The Complete Solution for Cervical Health Screening.



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The ThinPrep Pap test has shown to be significantly more effective than conventional Pap testing¹ and has become the preferred choice in liquid-based cytology today, with more than 750 million ThinPrep Pap tests performed so far.²

The one vial that is tested and trusted.



ThinPrep[®] YEARS





A Wealth of Knowledge in a Single Vial

Trust the Track Record

- > The only FDA-approved Pap test which is significantly more effective than conventional Pap smear for the detection of LSIL and more severe lesions.¹
- **59.7% higher HSIL detection** than conventional Pap testing.¹
- The only Pap test FDA-approved for improved ability to detect glandular disease compared to conventional Pap.³⁻⁷
- ▶ Approved for use with all leading FDA-approved and CE-marked HPV tests.§
- ▶ Used in more than 250 clinical studies, with over 400,000 women tested with the ThinPrep[®] system.⁸

Sample Integrity Preservation



Multifaceted Versatile Application

FDA-Approved and CE-marked

✓ Improved Specimen Adequacy

- ✓ Improved HSIL Detection
- ✓ Improved Glandular Disease Detection
- ✓ For all leading HPV Tests[§]

Approved for Adjunctive use with Aptima Assays

✓ CT/NG‡

- ✓ Trichomonas vaginalis
- ✓ Mycoplasma genitalium

The ThinPrep[®] Pap Test Collection Process Provides:



Patient Comfort

Only one sample needed for cytology and molecular testing.

Efficiency

Scalable levels of automation to optimize lab efficiency.

Chain-of-Custody Verification

Closed-system processing supports strong chain-of-custody.

Versatile Application

Overcoming Conventional Limitations

Conventional Pap Smear

Only a fraction of collected sample is used in slide preparation.¹⁰

Sample smearing factors often produce **poor cell quality**.¹⁰

Slide may fail to accurately represent sample and not reflect patient's actual condition.¹⁰

Cells on slide may overlap or be **obscured** by blood, mucus or other material, making visualization of cells difficult.¹²

Unique cell dispersion, collection & transfer technique⁹





Collection

Randomises/homogenises patient's cell population within the vial.

Dispersion

ThinPrep software senses when optimal diagnostic material levels are present on the exterior surface of the membrane.

Non-Gyn Applications with Standardized Workflow

Standardized process

- Controlled Membrane Transfer Technology automates and standardizes sample dispersion, cell collection and transfer for a wide variety of sample types – the same technology and process as gynae.
- Fine Needle Aspirates (Breast, Lung, Thyroid, Liver, Lymph nodes).
- **Body Fluids** (Ascitic, CSF, Pericardial, Pleural, Urine).
- Respiratory Specimens (Sputum, Bronchial brush/wash).
- Cells limited to smaller area

in a thin layer.¹⁶

Easy interpretation.^{16,17}

§ Aptima® HPV assay, Aptima® HPV 16 18/45 Genotype assay, Cervista® HPV HR Test, Cervista® HPV 16/18 Test, Roche cobas HPV Test and Hybrid Capture 2 HPV DNA test. Approved for all FDA-Approved CT/NG Tests

Increased Disease Detection

Significantly higher sensitivity for CIN (Cervical intra-epithelial neoplasia)



ThinPrep[®] Pap Test

Significantly more epithelial cells collected.1

mmediate fixation maintains cell quality.10

Slides **accurately** represent sample for increased opportunity to detect abnormality.¹⁰

Cells on slide are **cleared** of obscuring elements and distributed evenly for ease of visualization.9

Produces multiple **representative** and reproducible samples.¹⁰



Transfer Natural attraction and slight positive air pressure causes a thin layer of cells to adhere to the glass slide.

Improved slide quality and

interpretation • High cell yield.^{14,15}

 Thin layer technology reduces clumping and overlapping, preserves cell morphology and enhances nuclear detail.15-17

(20mm diameter) and presented



✓ Representative samples

cell quantities (>5,000)¹³

- / Multiple samples from same vial¹⁰
- Increased processing efficiency
- Scalable levels of automation.
- Minimal number of preparation steps.¹⁷
- Ancillary testing from the same sample

Bronchial Wash – Adenoca Lung.



The highest sensitivity for Biopsy confirmed CIN2+ in the PALMS study.¹⁸

Significantly more sensitive for the detection of CIN in the Rhine-Saar study.¹⁹

Relative sensitivity for CIN1+,

CIN2+ and CIN3+ by HSIL+ cut-off







ThinPrep (computer assisted) versus conventional Pap

Significantly increased Glandular Disease Detection

The ThinPrep Pap test is the only pap test with FDA-approved labeling that is supported by multiple peer-reviewed publications reporting increased detection of adenocarcinoma (glandular disease).^{3-7,20}

Sensitivity for Cervical Adenocarcinoma³



" Specifically, the FDA recently approved a labeling change for the liquid-based cytology test, ThinPrep Pap Test, as a result of evidence that this technology produces more reliable results in detecting abnormalities of glandular cells. These abnormalities are sometimes missed by conventional Pap test methods."

The Society of Gynecologic Oncologists (SGO)²¹



Imaging-directed Cytology Means Improvements to Patient Results⁴



Increased sensitivity and specificity over manually reviewed ThinPrep Pap test slides.*



Improved standardization at each stage of sample processing and staining.



39% Reduced falsenegative results.²²

Targeted areas: Imager identifies largest and darkest nuclei for review.

"Biopsy follow-up showed that the significant increase in HSIL diagnoses in the imager group was due to the detection of true disease rather than false positive cytologic diagnoses."23

of 6.4% [95% Cl: 2.6-10.0], a statistically significant increase in HSIL+ specificity of 0.2% [95% 0.06-0.4], and a reduction in false negative fraction of 39% (based on ASCUS+ sensitivity).