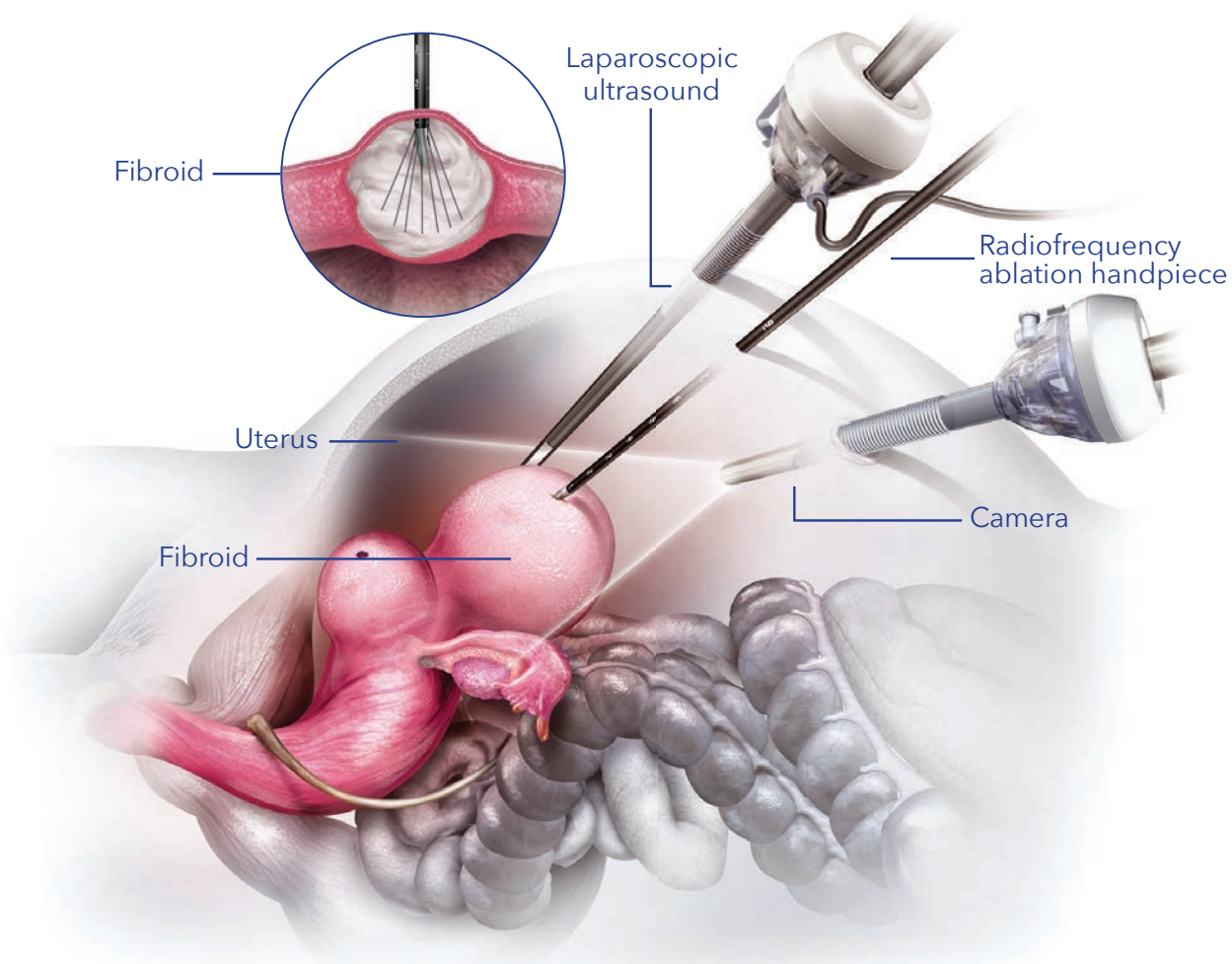




accessa®

Acessa Procedure: Laparoscopic Radiofrequency Ablation (Lap-RFA) for Uterine Fibroids



A clinically proven alternative to hysterectomy and myomectomy that addresses nearly any type of fibroid, including intramural.¹

Lap-RFA

ADDRESSES NEARLY ALL TYPES OF FIBROIDS, INCLUDING INTRAMURAL

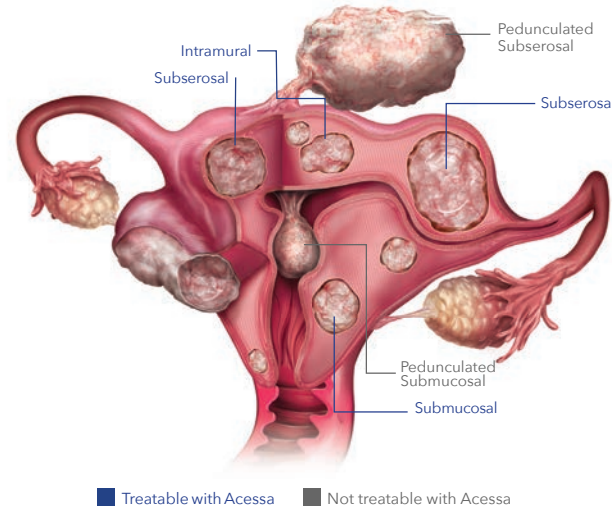


Acessa ProVu® System Benefits

- First and only fully integrated system utilizing laparoscopic ultrasound, guidance mapping and radiofrequency ablation
- Originally designed by a gynecologist, specifically for uterine fibroids
- Identifies 1.5-2.0x more fibroids than preoperative TVUS and MRI³
- Most complete view of fibroids allowing surgeons to identify more fibroids than any other uterine sparing, minimally invasive procedure³
- Lap. specific category 1 CPT code, 58674 with favorable reimbursement
- 11% cumulative 3-yr reintervention rate⁷

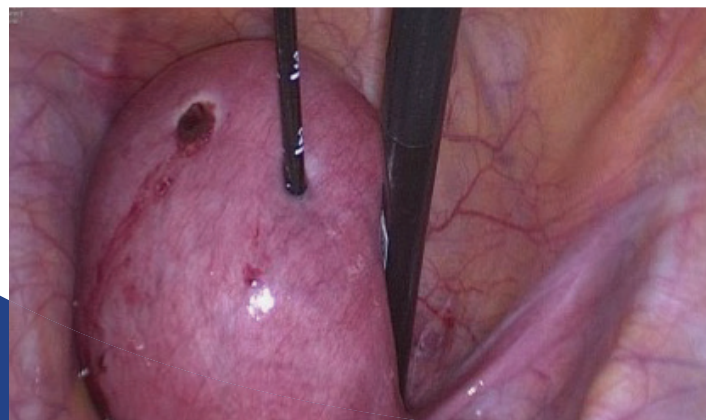
Alternative to Hysterectomy and Myomectomy¹

- Proven on highly symptomatic patients²
- Treats nearly all types of fibroids²
- Uterine sparing
- No suturing of uterine tissue
- Outpatient, quick 4-5 day recovery²
- Addresses symptoms including heavy bleeding and bulk²
- Lower intraoperative blood loss compared to myomectomy and hysterectomy¹

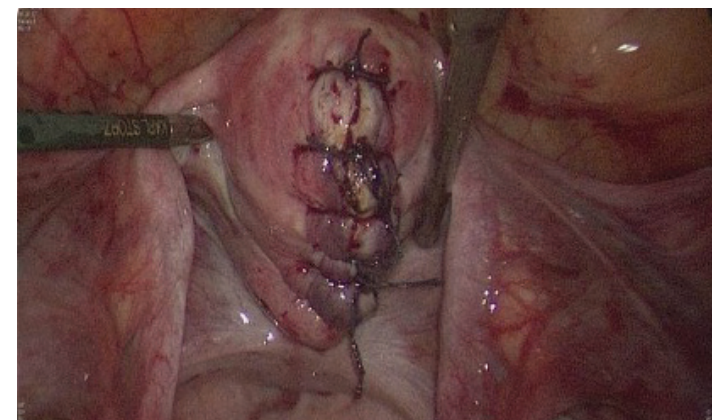


“Our analysis indicates that Lap-RFA is associated with low complication rates, minimal EBL, and low reintervention rates. In addition, patients reported major improvement in their HRQL and symptom severity scores compared to reports of more traditional interventions, such as hysterectomy, myomectomy, and UAE.”

Havryliuk Meta Analysis JSLs 2017¹



Acessa procedure



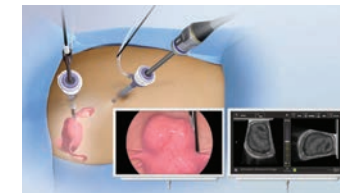
Myomectomy

Lap-RFA

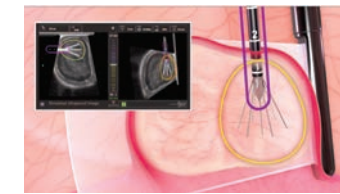
Lap-RFA uses an ultrasound probe to locate the fibroids, guidance mapping that provides visual cues, and a percutaneous handpiece that deploys radiofrequency energy to destroy fibroid tissue through coagulative necrosis.

PROCEDURE STEPS

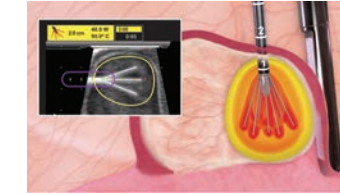
1. Prep & Access



2. Visualize



3. Deploy

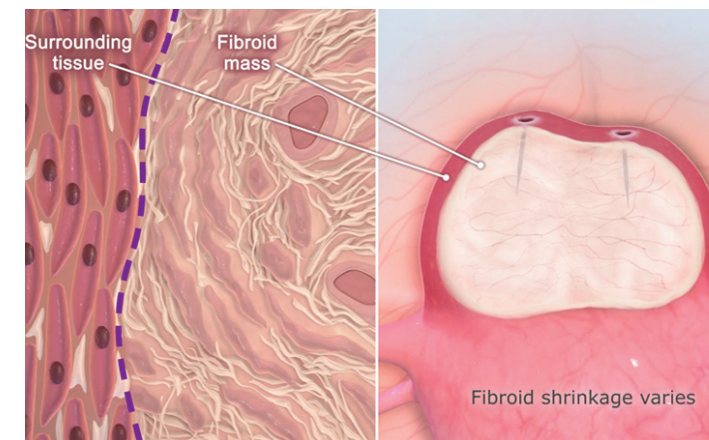


4. Treat

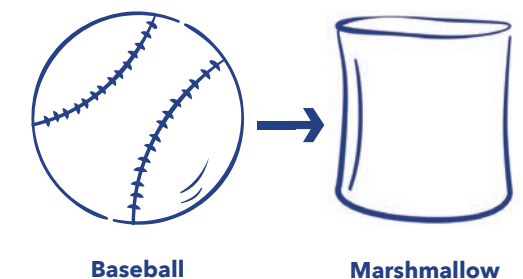


Coagulative Necrosis

Lap-RFA uses radiofrequency energy under laparoscopic ultrasound guidance to cause coagulative necrosis of the fibroid tissue, while preserving healthy uterine tissue. Coagulative necrosis is not ischemic necrosis (UAE) - unlike UAE, Acesa is designed to destroy the fibroid cells during the procedure vs. a gradual degeneration process from starving the uterus of blood supply.



The consistency of the fibroid changes. To explain it to patients, use an analogy: from being hard like a baseball to soft like a marshmallow.^{5,6}



Clinically proven symptom relief - even on highly symptomatic patients

Symptom Relief - Significant improvement in Health Related Quality of Life and Symptom Severity Scores by 3 months and continued out to 3 years.⁷

Heavy Menstrual Bleeding Relief - Significant improvement in HMB; avg. of 103 mL decrease in blood loss per cycle by 12 months after baseline (~20 tampons), measured objectively by alkaline-hematin method.²

Fibroid & Uterine Size Reduction - Average 45% volumetric reduction of fibroid size, 24% volumetric reduction of uterine size by 12 months.²

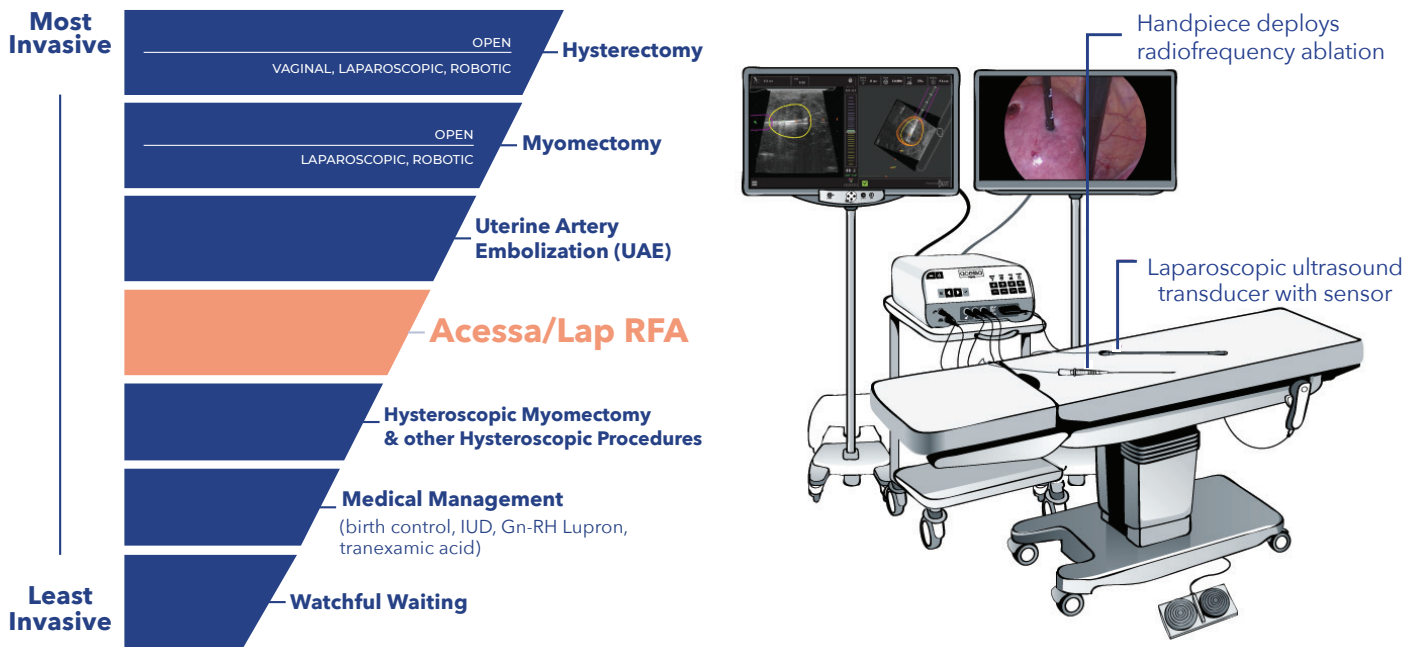
Studied Highly Symptomatic Patients - Baseline menstrual blood loss ranging up to 500 mL per cycle (~100 tampons per cycle) and included symptoms: bulk, pain, back pain, etc.²

Join the growing number of Acesa trained physicians who are elevating the standard of care for women suffering from uterine fibroids.

For information about the Acesa procedure and physician training opportunities visit www.acesaprocedure.com or email clinical@acesahealth.com

Women Want Uterine Sparing Options

51% of women surveyed with fibroids indicated they wanted to keep their uterus.⁸



"Many fibroid patients do not seek treatment because they fear hysterectomy is their only option. By offering all the options, including Acesa, I can break the barrier of fear and develop a personalized surgical approach to each patient's unique fibroids, symptoms, and goals."

Acesa Procedure Disclaimer

Acesa Health encourages patients to seek medical attention for typical and atypical symptoms associated with fibroids to help achieve and maintain good health with as high a quality of life as possible. Although many patients may benefit from the Acesa Procedure, this treatment is not for everyone and results may vary. You should talk to your doctor about the potential benefits and risks and whether this treatment is right for you. Information contained in this brochure is not to be used as a substitute for talking to your doctor. You should always talk to your doctor about diagnosis and treatment information. The Acesa ProVu system is cleared by the FDA for the treatment of symptomatic uterine fibroids under laparoscopic ultrasound guidance. The Acesa procedure is generally safe but complications may occur and can be serious. Risks and complications associated with the Acesa procedure include, but are not limited to: skin burns from the dispersion of radiofrequency energy, mild intraoperative bleeding, transient urinary retention or urinary tract infection, adhesion formation, post-procedural discomfort (cramping, pelvic pain), and transient amenorrhea, infection, injury to adjacent structures, vaginal bleeding and temporary anemia, blood loss requiring transfusion or hysterectomy, pneumothorax, wound dehiscence, deep vein thrombosis and pulmonary embolus, treatment failure, and complications related to laparoscopy and/or general anesthesia including death. Insufficient data exists on which to evaluate the safety and effectiveness of the Acesa procedure in women who plan future pregnancy. Therefore, the Acesa procedure is not recommended for women who are planning future pregnancy. There is limited data regarding pregnancy following the Acesa procedure; if you become pregnant following the Acesa procedure, you should contact your doctor immediately. Please consult with your doctor to understand the risks and benefits of surgery and find out if Acesa may be right for you. Rx Only.

PB-00861-001 Rev 001 ©2020 Hologic, Inc. All Rights Reserved. Hologic, Acesa ProVu, The Science of Sure and associated logos are trademarks and/or registered trademarks of Hologic, Inc. and/or its subsidiaries in the United States and/or other countries.

- Havryliuk, Y., Setton, R., Carlow, J. J., & Shaktman, B. D. (2017). Symptomatic Fibroid Management: Systematic Review of the Literature. *JLS: Journal of the Society of Laparoendoscopic Surgeons*, 21(3). doi: 10.4293/jls.2017.00041
- SG Chudnoff, et al. Outpatient Procedure for the Treatment and Relief of Symptomatic Uterine Myomas. *Obstetrics and Gynecology*, 2013;121(5):1075-82.
- Levine, D. J., Berman, J. M., Harris, M., Chudnoff, S. G., Whaley, F. S., & Palmer, S. L. (2013). Sensitivity of Myoma Imaging Using Laparoscopic Ultrasound Compared with Magnetic Resonance Imaging and Transvaginal Ultrasound. *Journal of Minimally Invasive Gynecology*, 20(6), 770-774. doi: 10.1016/j.jmig.2013.04.015
- Brucker, S. Y., Hahn, M., Kraemer, D., Taran, F. A., Isaacson, K. B., & Krämer, B. (2014). Laparoscopic radiofrequency volumetric thermal ablation of fibroids versus laparoscopic myomectomy. *International Journal of Gynecology & Obstetrics*, 125(3), 261-265. doi: 10.1016/j.ijgo.2013.11.012
- Leppert PC, Jayes FL, Segars JH. The extracellular matrix contributes to mechanotransduction in uterine fibroids. *Obstet Gynecol Int*. 2014;2014:783289. doi: 10.1155/2014/783289
- Lee BB, Yu SP. Radiofrequency Ablation of Uterine Fibroids: a Review. *Curr Obstet Gynecol Rep*. 2016;5(4):318-324. doi: 10.1007/s13669-016-0183-x 3. SG Chudnoff, et al. Outpatient Procedure for the Treatment and Relief of Symptomatic Uterine Myomas. *Obstetrics and Gynecology*, 2013;121(5):1075-82.
- Berman, J., Guido, R., Garza, L. J., Robles, P. R., Whaley, F., & Chudnoff, S. (2014). Three Years' Outcome from the Halt Trial: A Prospective Analysis of Radiofrequency Volumetric Thermal Ablation of Myomas. *Journal of Minimally Invasive Gynecology*, 21(6). doi: 10.1016/j.jmig.2014.08.072
- Borah, Bijan J. et al. The impact of uterine leiomyomas: a national survey of affected women. *American Journal of Obstetrics & Gynecology*, October 2013, Volume 209, Issue 4, 319. e1-319.e20

