

CONNECT

WE CONNECT YOUR LIFE



Taewoong News

- International Conference & Performance
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- Endoscopic RFA Current Status
- AERAT Program for EUS-guided Radiofrequency Ablation Training Program

Scientific Update

- SPAXUS™ for lumen apposition in EUS-guided drainage and access
- ELRA™ for RFA in inoperable biliopancreatic tumors complicated with obstructive jaundice
- EUSRA™ for initial experience of EUS-guided radiofrequency ablation of unresectable pancreatic / for pancreatic insulinoma a case series in humans

We shall never stop challenging and working continuously to improve the life quality of patients as our slogan “Life connector”!

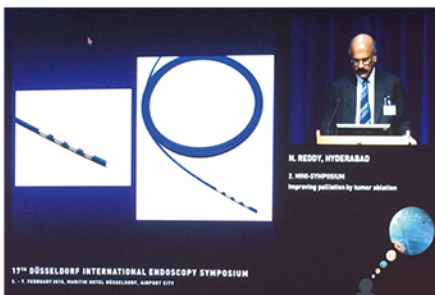
We have always been taking precedence in the efforts to develop less invasive treatment in gastrointestinal field for the healthier life of patients. With incessant investment in R&D, which conduces to launching of new innovative products consistently, we aspire to provide a better life for patients and more convenient treatment modes for doctors. In 2015, another factory has been built to expand R&D and manufacturing facilities. Moreover, the last year launched Endoscopic RFA business is drawing many KOL's significant attention.

Taewoong Medical runs a wide range of businesses, namely urinary stent, surgical-suture, U-health care equipment, prosthetic valve, Endoscopic RFA as well as our main product GI stent. We shall never stop challenging and working continuously to improve the life quality of patients as our slogan “Life connector”.

Look into Taewoong's worldwide performance in 2015

There are now dozens of international conferences and a growing list of events featuring Taewoong Medical products where our representatives engage many audiences.

02



17th International Endoscopic Symposium Dusseldorf (Dusseldorf, Germany) Feb 6-7

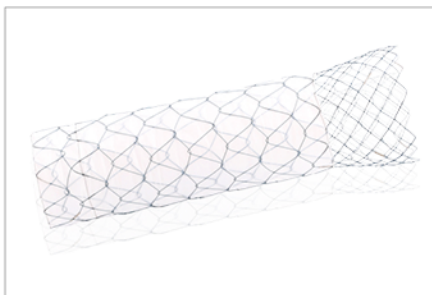
It's 1st ELRA™ Live demonstration on Int's congress in European countries. It was very successful and has received much attention.



13th GI live Endoscopy Demonstration (Bangkok, Thailand) Feb 23-24

NAGI™ demonstration was conducted by Dr. Yasuda at Bangkok. Although it was his first time to deploy the NAGI™ stent, procedure was finished well without any adverse events.

03



Introduction of New product “Enteral Comvi™ flare” stent

Enteral Comvi™ flare stent was newly launched and began promotion in Europe first.



The New Building

In order to increase production and expand research facilities, another factory has been built.

Advanced ERCP Course 4th Round (Taipei, Taiwan) Mar 1

Dr. Isayama introduced Taewoong products and had time to review cases of Niti-S™ stent for Taiwan doctors.



Philippine Digestive Health Week 2015 (Manila, Philippines) Mar 5-7

We have stated promoting Niti-S™ products at Philippines last year, and Niti-S™ products received overwhelming interest of many doctors in the first official event in PDHW 2015.

04

Endocon 2015 (Visakhapatnam, India) Apr 10-12

Live demonstration of Esophageal Anti reflux, Biliary D, NAGI™, ELRA™ was conducted in Endocon 2015, Especially Dr.Reddy who conducted NAGI™ procedure mentioned soft flare of NAGI™ would be more efficient than other stents with rigid flares due to possibility of damage in necrotic cell in the pseudocyst wall.

Cairo University Workshop (Cairo, Egypt) Apr 16-19

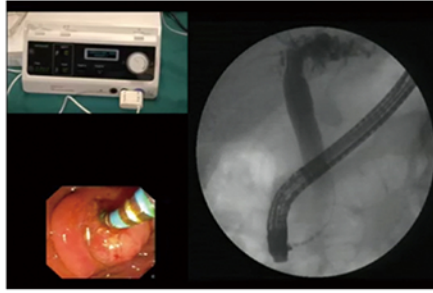
Lecture of EUS-guided treatment included NAGI™, GIOBOR™, EUSRA™ was held by Prof.Hakan Sentruk. And live demonstration of MEGA™ and BETA™ stent which received great attention in Middle East area was successfully carried out.



Endoscopy 2015 (Kuala Lumpur, Malaysia) Apr 17-19

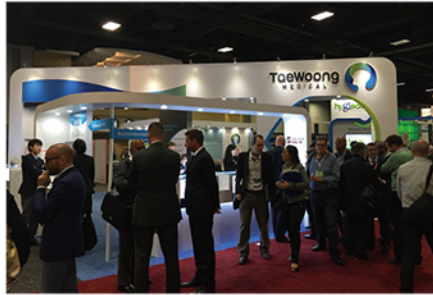
It's 1st EUSRA™ Live demonstration on International congress. We had two patients of pancreatic cancer and procedures were successfully carried out. After Endoscopy 2015 EUSRA™ live demonstration, there were many requests from around the world regarding EUSRA™.

05



Roma Endo Live 2015 (Roma, Italy) May 6-8

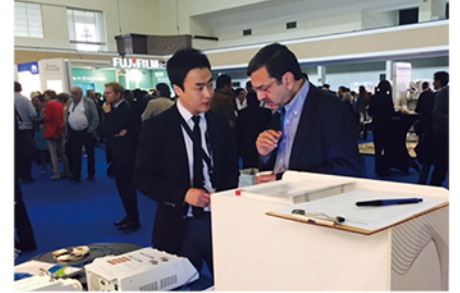
There were 2 cases of ELRA™ live demo. Among them, one patient already inserted SEMS had developed tumor ingrowth. Although SEMS was placed in bile duct, ablation was successful.



Digestive disease week 2015 (Washington DC, USA) May 17-19

Abstracts of Taewoong products included ELRA™, EUSRA™, NAGI™ was introduced in DDW, and we obtained a lot of interest from American local doctors once again. Niti-S™ Dinner party, one of the most important annual event, was successfully held with leading experts related to Taewoong products.

06



33rd Gastroenterology and Endotherapy European Workshop (Brussels, Belgium) Jun 15-17

Dr. Giovannini demonstrated TTS Esophageal stent placement to remove partially covered stent which was initially placed in the site. And he also introduced GIOBOR™ and EUSRA™ in the lecture of EUS-guided treatment.

07



Tokyo Conference of Asian Pancrea- to-biliary Interventional Endoscopist 2015 (Tokoy, Japan) Jul 2-4

Prof. Sundeep, user of EUSRA™ for pancreas ablation, presented that RFA provides the immune system with a new antigen source for the induction of antitumor immunity. Antigen-presenting cells take up antigens in the periphery after which they induce specific immune responses.

Taewoong medical, has contributed to spread EUS-guided drainage using metal stent through early development of various products

Recently, EUS-guided drainage using stent has been widely carried out by experienced endoscopists. Compared to surgical and percutaneous approaches, EUS-guided drainage is minimally invasive, avoids some of the potential complication of percutaneous drainage, has lower morbidity rates, and is less expensive. In case of PFCs (Pancreatic fluid collections), EUS-guided drainage has been shown to complete resolution in 78-100% of reported cases.

Plastic stent is significantly less expensive, but it can lead to additional procedures to replace the stent due to its characteristics. Compare with plastic stent, metal stent provides the shorter procedure time with single stent deployment and the wider diameter to expedite drainage period.

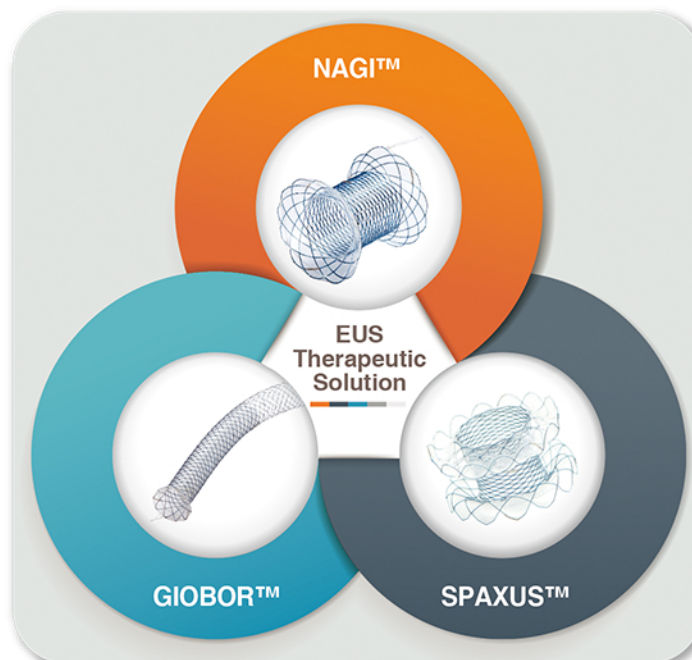
We have contributed to spread EUS-guided drainage through early development of NAGI™, GIOBOR™, and SPAXUS™. NAGI™ is indicated for pseudocyst drainage with soft round large flares and GIOBOR™ is specially designed for hepaticogastrostomy with its

half covered and half uncovered design to avoid side branch blocking. Double pigtail plastic stents have been the mainstay of therapy, however GIOBOR™ and NAGI™ have begun to come into widespread use now.

We always are striving for development and investment to provide a better life for patients, in this year, we are ready to release new stent called SPAXUS™, a lumen apposing stent for pseudocyst drainage and gallbladder drainage, and it has been drawn many KOL's attention before official launching.

The SPAXUS™ is designed with silicone coated two large flares at

each end to help maintain apposition and prevent leakage. Additionally the wider diameter (From 8mm to 16mm) facilitates better drainage of the cyst contents and enables the passage of a gastroscop into the cyst to perform necrosectomy without migration. It is also possible to access the gallbladder lumen through the stent with an endoscope to accomplish stone removal or biopsies for EUS-GBD cases. Furthermore, it had been used for EUS-guided gastrojejunostomy by Dr.Itoi, and there were no serious procedure-related adverse events.



SPAXUS™ is delivered with a 10F conventional delivery system, so all of experienced physicians can easily access and deploy SPAXUS™ without learning instruction of complex delivery system. It will be introduced in Europe first, and then we will extend market worldwide.

Reference:

- EUS-guided drainage of pancreatic fluid collections: Double pigtails, metal biliary, or dedicated transluminal stents? by Tyler McVay et al [Endoscopic ultrasound, Vol4, Issue1]
- A Newly designed fully covered metal stent for lumen apposition in EUS-guided drainage and access: a feasibility study by Jong H.Moon et al [Gastrointest Endosc 2014;79:990-995]
- Novel EUS-guided gastrojejunostomy technique using a new double-balloon enteric tube and lumen-apposing metal stent by Takao Itoi et al [Gastrointest Endosc 2013;78:934-939]

“We promise to comply with customer’s needs to provide the best quality through incessant investment in R&D.”

Successful result with SPAXUS™ for lumen apposition in EUS-guided drainage and access

AN INTERVIEW WITH



Jong H. Moon, MD, PHD

Digestive Disease Center & Research Institute
SoonChunHyang University School of Medicine, Bucheon / Seoul, Korea

Q) Prof. Moon, since you designed and proposed the development of SPAXUS™ with Taewoong Medical, what kind of benefits can we provide to the patient with this novel product?

Conventional plastic or metal stents with tubular design are originally designed for relieving strictured segment. In present, these stents are also used for EUS-guided drainage, but, adverse events may occur by inherent limitation, like leakage and stent migration. Therefore, when performing EUS guided drainage, you need to use its exclusive designed stent. Lumen-apposing SPAXUS™ stent was designed for the EUS guided drainage, and with this, we could provide better treatment and successful clinical result for patients.

Q) What are strong features of SPAXUS™ compare to others?

SPAXUS™ has **user friendly delivery system** (same as conventional system) and deployment can be easily controlled like other metal stent delivery systems.

And the length of SPAXUS™ is long and flexible. Therefore, it is easy to deploy and **accommodate various wall thicknesses**.

Q) Do you have any comments or procedure related tips of SPAXUS™ for the first time user?

SPAXUS™ deployment is very simple if you are fully aware of the blue marker on the delivery system. The blue marker on delivery system allows easy and accurate stent placement. When the outer x-ray marker overlaps with the inner x-ray marker, distal flange is completely opened under EUS and fluoroscopy guidance. Then you pull the whole delivery system back until the blue marker is visible under endoscopic view. This means that you are in correct position to open the proximal flange. And of course, it has to be carried out by professional endoscopist with interventional EUS and ERCP experiences.

Q) What do you suggest for improvement or development of SPAXUS™ in the future?

Especially, I expect to develop electrocautery tip of the delivery system to allow one step procedure for effective and safe EUS guided transluminal drainage. Additionally, it will be good to have various diameter and length to extend indications.

Q) What do you think about the future prospects of EUS guided treatment?

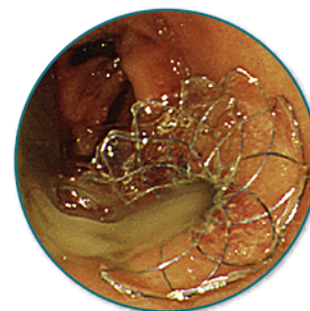
With continued development of EUS drainage special stent and accessories like SPAXUS™, EUS guided drainage procedure is to have better technical success with minimal adverse events and to contribute safe and effective treatments for patients.

* CE mark of SPAXUS™ stent is pending

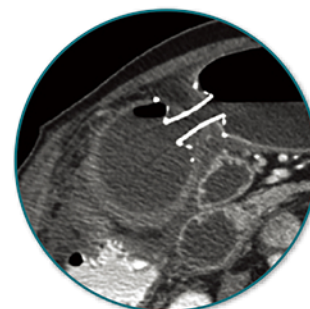
Reference:

A Newly designed fully covered metal stent for lumen apposition in EUS-guided drainage and access: a feasibility study by Jong H. Moon et al [Gastrointest Endosc 2014;79:990-995]

Gallbladder drainage

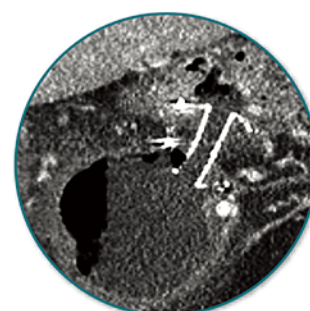


Endoscopic view of the deployed SPAXUS™ on the stomach

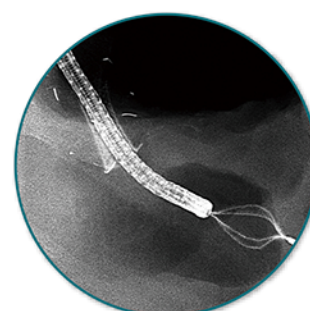


CT showing lumen apposition between the stomach and GB by using the SPAXUS™

Pancreatic pseudocyst & WOPN



CT Showing lumen apposition between the stomach and pseudocyst by using the SPAXUS™



Radiograph showing removal of necrotic tissue through the SPAXUS™

CURRENT STUDY STATUS

Nowadays, radiofrequency ablation treatment is known to have successful results with lesser surgical complications, making it a popular form of treating patients with various medical complication.

The minimal exposure to risk, accurate treatment, and fast recovery are the undercurrents of growth in the ablation technologies. As a medical device company leading the market, we, Taewoong Medical, are doing the best to introduce our RFA devices in the world. At the beginning stage of our new business area, we are under way to several studies related with our RFA devices named ELRA™ (Endobiliary RFA catheter) and EUSRA™ (EUS-guided pancreas ablation catheter). Studies are currently being conducted by each country, refer to the information below.



ELRA™ Study_Belgium

Title: Investigation of the effect of intraductal radiofrequency ablation in inoperable biliopancreatic tumors complicated with obstructive jaundice

Principal investigator: Wim Laleman, M.D, Ph.D

Number of cases & study period: 24 pts and approx. 6-9months



ELRA™ Study_Korea

Title: Safety and efficacy of endobiliary radiofrequency ablation by using a novel RFA catheter (ELRA™) in patients with distal malignant biliary strictures: A single-arm feasibility study

Principal investigator: Choi HJ, M.D, Ph.D

Number of cases & study period: 30 pts and approx. 12 months months

Title: Efficacy and safety of endobiliary radiofrequency ablation by using a novel RF catheter (ELRA™) on maintaining the patency of endobiliary metal drainage in patients with distal malignant biliary strictures: A double-arm comparable study

Principal investigator: Chung MunJae, M.D, Ph.D

Number of cases: 48 pts



EUSRA™ Study_France

Title: Efficacy and safety of guided pancreatic EUS radiofrequency (RF needle EUSRA™) destruction of pancreatic endocrine tumors or cysts (IPMT)

Principal investigator: Prof. Marc BARTHET

Number of cases & study period: 30 pts and 30 months total duration of the study 42 months

** Additionally, local and international multicenter protocols are being conducted below the countries:
Italy, Japan, Hong Kong, Singapore

Investigation of the effect of intraductal radiofrequency ablation in inoperable biliopancreatic tumors complicated with obstructive jaundice

(On-going ELRA study introduction)

Biliary obstruction is the most relevant factor for survival and quality of life in patients suffering from primary bile duct malignancies or pancreatic head carcinoma. Due to their insidious course, these cancers are often diagnosed at an advanced stage. Within this setting, the prevention/treatment of biliary complications such as jaundice, cholangitis, or cholangiosepsis is one of the key therapeutic factors to extend survival and maintain quality of life. Self-expandable metal stent (SEMS) are the current standard treatment for the palliative management of malignant biliary strictures. Recently, endoscopic ablative techniques with direct affect to local tumor have been developed to improve SEMS patency. Due to this reason, a number of related studies are currently underway. In this page, we are introducing ELRA™ first international single study.

Aim

To evaluate feasibility, safety and efficacy of thermal ablation of biliary obstructive malignancies by means of the ELRA™ RF during ERCP with primary intent to obtain palliative biliary

Number of patients to be included

Total patients N=24 (Hilar cholangiocarcinoma: n=8, Distal cholangiocarcinoma/pancreatic cancer; n=8, Tumor ingrowth in earlier placed metallic stent: n=8)

Study period

Approximately 6-9months

Objectives

Primary: To evaluate the effect intraductal RFA for biliopancreatic malignancy on

- Feasibility, safety and efficacy
- Progression-free survival at 3 months
- Duration of stent patency after the RFA-performed procedure

Secondary: To evaluate the effect intraductal RFA for biliopancreatic malignancy on

- Discontinuation medical therapy (for chemotherapy group)
- Hospital stay
- Adverse events within 30 days post-intervention
- 30-day, 90-day and overall mortality

AN INTERVIEW WITH

Wim Laleman, M.D, Ph.D

Department of Liver and Biliopancreatic disorder
University Hospitals Leuven, Leuven, Belgium



Q) How many cases are you done with ELRA™ so far? How was the procedures results?

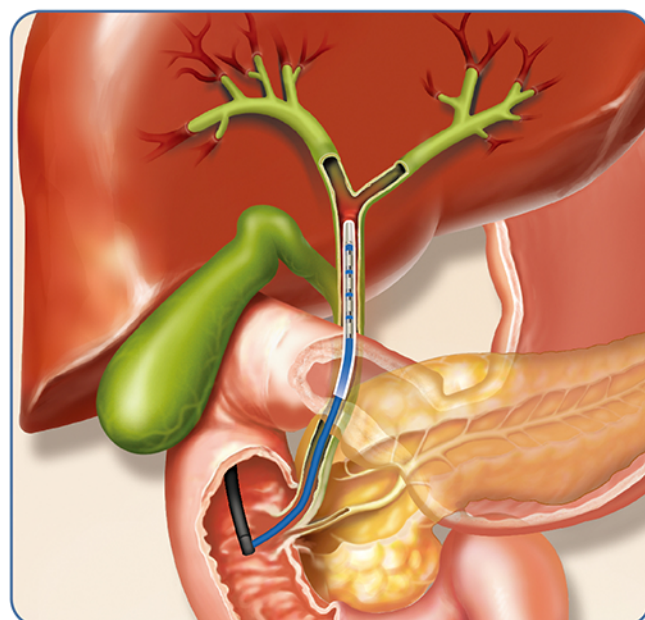
We have done 10 cases so far all within the phase-2 IGNITE-study (NCT02468076). This study, conducted at our unit in Leuven, is the first registered protocol with the ELRA-device that aims to study feasibility, safety and efficacy in patients with inoperable biliopancreatic malignancies. So far all procedures went well and were uneventful. Regarding efficacy the study will need to be completed before giving answer to this question. However, all but 1 patients remained without progression so far with an average follow-up of 4 months.

Q) Do you have any ablation case inserted self-expandable metal stent? If you have, how was the procedure? Isn't there any problem to being ablation with metal stent?

Until now, we did one patient with a tumor-occluded metal stent. The procedure went comparable to non-stent-cases. We obtained recanalization and patient is going well so far

Q) Is there any complication like bleeding and perforation after ablation?

As mentioned earlier, we did not experience serious adverse events such as perforation or bleeding and I hope it will remain like that (of course).



Do you want to learn EUS-guided RFA?

AERAT will lead to informative lesson for EUS-guided procedures training course



RFA (Radiofrequency Ablation) has been used percutaneously and intraoperatively to treat many organ malignancies by achieving localized tumor necrosis. Recently, EUS-guided RFA for the localized coagulative necrosis of pancreatic neoplasms has been introduced using a novel device, and the need of practice for its clinical application has been widely appreciated.

AERAT (Asan Medical Center **EUS-guided Radiofrequency Ablation Training Program**) will provide the opportunities to understand mechanism of EUS-guided RFA and to learn the essential technical tips for successful clinical applications through comprehensive lectures and hands-on courses. Through the intensive course, the attendee can achieve an informative lesson from the educational cases. We kindly invite medical personal who has experience in EUS procedures and is interested in EUS-guided radiofrequency ablation to AERAT.

Learning Aims

- Learn advanced EUS-guided procedure
- Understand the mechanism of RFA
- Learn technical tips and knowledge for EUS-guided RFA for pancreatic neoplasm

Target Attendee

- Healthcare professionals who are interested in EUS-guided RFA
- Medical personnel who has experience in EUS-FNA

Program

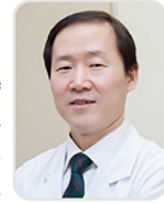
DAY	TIME	PROGRAM
1	15 : 00 ~	Opening & Course Introduction
	16 : 00 ~	Lecture
2	09 : 00 ~	Live demonstration: EUS-guided Interventions
	14 : 00 ~	EUS-guided RFA Hands-on course on porcine model
3	09 : 00 ~	Lecture & Discussion
	11 : 00 ~	Closing

**The program is subject to change.

Initial experience of EUS-guided radiofrequency ablation of unresectable pancreatic cancer

Seo, Dong Wan, MD, Prof

Department of Gastroenterology University of Ulsan Medical College
Asan Medical Center, Seoul, South Korea



Background

Radiofrequency ablation (RFA) has been used as a valuable treatment modality for various unresectable malignancies. This study aimed to assess the technical feasibility and safety of EUS-RFA for unresectable pancreatic cancer.

Introduction

Pancreatic cancer carries a poor prognosis with a 5 year overall survival of less than 5% and a median survival of less than 6 months. Resection provides the only chance of a cure, with 5-year overall survival rates of 18% to 24%; unfortunately, however, only one fifth of patients present with resectable disease. The outcomes of chemotherapy or chemoradiation therapy are not satisfactory, with most pancreatic cancer patients experiencing only a small benefit. Therefore, new advances in the treatment for pancreatic cancer are needed.

Radiofrequency ablation (RFA) works by emitting energy resulting in coagulative necrosis of the surrounding tissue. RFA is considered a safe and potentially curative method, and has been widely used for the treatment of tumors of the liver, lung, and kidney, but not of the pancreas. The reluctance of clinicians to use RFA for pancreatic cancer may be related to the fear of adverse events, such as thermal injury-induced pancreatitis, thermal damage to structures around the pancreas, and technical limitations. Recent studies have shown that RFA is feasible in patients with unresectable pancreatic cancer in an open, laparoscopic, or percutaneous setting. Particularly, endoscopic ultrasound (EUS)-guided RFA allows real-time imaging of the pancreas mass where RFA may result in safe tissue ablation. According to our previous study, EUS-guided RFA was feasible and safe for the porcine pancreas.

The aim of this study was to assess the feasibility and safety of EUS-guided RFA for unresectable pancreatic cancer.

Methods

An 18-gauge endoscopic RFA electrode and a RF generator were used for the procedure. The length of the exposed tip of RFA electrode was 10mm. After insertion of RFA electrode into the mass, the RF generator was activated to deliver 20 to 50 W ablation power for 10 seconds. Depending on tumor size, the procedure was repeated to sufficiently cover the tumor. (**Table 1. Characteristics of patients**)

Result

EUS-guided RFA was successfully performed in all 6 patients (median age 62 years, range 43-73). Pancreatic cancer was located in the head (n=4) or body (n=2) of the pancreas. The median diameter of the mass was 3.8cm (range: 3-9cm). Four patients had stage 3 disease and 2 patients had stage 4 disease. After the procedure, 2 patients experienced mild abdominal pain, but there were no other adverse events such as pancreatitis or bleeding.

Conclusions

EUS-guided RFA could be a technically feasible and safe option for patients with unresectable pancreatic cancer.

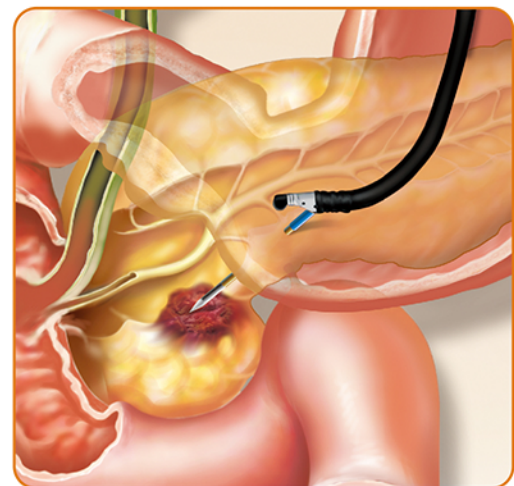


Table 1. Characteristics of patients.

No	Age	Sex	Tumor size, cm	Tumor location	Primary symptom	Session of RFA	Duration of follow-up, months	Adjuvant chemotherapy	Procedure-related adverse events
1	73	Female	3.8	Head	Abdominal pain	1	3	None	None
2	43	Female	5.6	Head	Abdominal pain	2	4	Gemcitabine	Abdominal pain
3	68	Male	3.7	Head	Weight loss	1	6	Gemcitabine	None
4	59	Female	9	Body	Abdominal pain	2	2	Gemcitabine	Abdominal pain
5	50	Female	3	Head	Jaundice	1	6	None	None
6	67	Female	3.6	Body	Abdominal pain	1	4	None	None

No, number; RFA, radiofrequency ablation

EUS-guided radiofrequency ablation (EUS-RFA) using a novel internally cooled needle electrode for pancreatic insulinoma: a case series in humans

Sundeep Lakhtakia, MD, DNB, DM, MNAMS FASGE
Asian Institute of Gastroenterology,
Consultant Gastroenterologist and Endosonologist, India



Introduction

Insulinoma is one of the most common functional pancreatic neuro-endocrine tumor (PNET). Insulinomas are usually small in size and difficult to localize. Surgical removal is the standard of care, with associated post-operative morbidities. Non-surgical treatment for symptom relief is needed in patients unwilling or unfit for surgical resection. Radiofrequency ablation (RFA) has been reported for insulinoma approaching percutaneously under CT guidance or intra-operatively. EUS-guided RFA of insulinoma, when possible, may be beneficial for symptoms relief.

Objective

To evaluate feasibility, safety and efficacy of EUS-RFA to manage patients with symptomatic insulinoma using a novel EUS RFA needle electrode in selected patients

Method

EUS-RFA of pancreatic insulinoma using a novel 19G EUSRA™ internally cooled needle electrode.

Main outcome measurements

- Technical success in targeting and ablating insulinoma
- Adverse events
- Symptom and biochemical levels improvement up to 12 months after EUS-RFA

Technique of EUS-RFA using EUSRA™

(*Including procedure steps)

Generator set to 50 watts and RFA needle electrode(EUSRA™) passed, like EUS FNA, into target lesion transgressing minimum of normal pancreas. Avoid puncture of any major vessels and pancreatic duct. Echogenic needle tip positioned within lesion, at far end. (*Foot pedal to control energy delivery by the operator). Appearance of bubbles on EUS monitor indicates completeness of RFA at the site. EUSRA™ needle then withdrawn, under EUS vision to ablate another unburnt area in same trajectory. Additional pass made ("Fanning") to ablate other area in same lesion.

First target zone is the technically most challenging part of lesion. Completeness of RFA assessed by torquing the EUS-scope to scan the entire lesion for echogenic bubbles.

Results

Three male patients (mean age 45 years) with a single or multiple symptomatic insulinoma underwent EUS-RFA. All had rapid symptoms relief and significant biochemical improvement. There were no procedure related adverse events. Patients remained symptom free at early post procedure an up to 1 year follow up. (Table 2, 3, 4)

Table 1. Patient details

	Case 1	Case 2	Case 3
Age/Gender	42 year/male	41 year/male	52 year/male
Presentation	Hypoglycemia, Recurrent seizures 4 years	Hypoglycemia, frequent eating & Weight gain (>20kg) over 1 year	Hypoglycemia, Recurrent syncope for 2 years
EUS-based Lesion Characteristics	Single hypoechoic SOL at body-tail junction; 14x12 mm; Ealy chronic pancreatitis	Single hypoechoic SOL at genu; 17x12mm; vascular	Multiple hypoechoic SOLs in head, body & tail; largest 22x19 mm in head - targeted for ablation
Reason for Refusing Surgery	Risk associated with poor cardiac status (cardiomyopathy)	Risk associated with obesity	Concern over major surgery

Table 2. Baseline Lab Levels & Procedure

		Case 1	Case 2	Case 3
Pre EUS RFA	Fasting Insulin*	41.1	51.2	36.2
	C-Peptide**	4.0	5.8	5.5
	Blood Sugar	43	39	49
EUS-RFA	Access route	Gastric	Gastric	Duodenal
	Needle electrode pass, number	3	2	4
	Ablation areas, number	4	3	8

Normal: Fasting serum insulin 2.6-24.9 µU/ml, C-Peptide 1.1-4.4ng/ml
Units: Blood sugar (mg/dl), Insulin (µU/ml), C-Peptide (ng/ml)

Table 3. Results of Lab levels & Clinical

		Case 1	Case 2	Case 3
Immediate Peri EUS-RFA	Procedural Complications	None	None	None
	S Amylase	92	102	93
	Symptoms	None	None	None
48hr Post EUS-RFA	Blood sugar	72	87	91
	Fasting Insulin	10.7	19.8	25.5
	Fasting C-peptide	2.4	3.6	4.0

Units: Amylase (U/L), Insulin (µU/ml), C-Peptide (ng/ml)

Table 4. Results of Medium term follow up

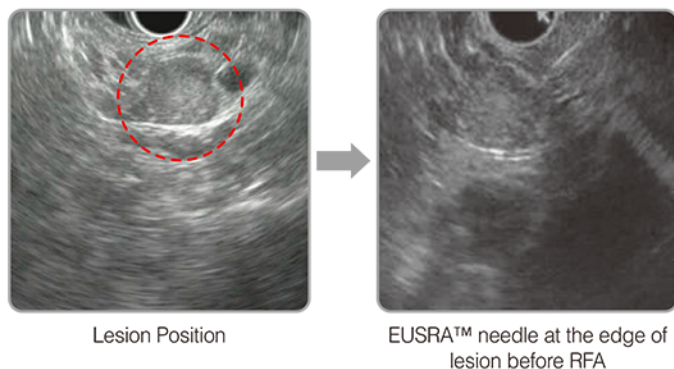
		Case 1	Case 2	Case 3
Blood sugar	3 mo.	70	88	90
	5-6 mo.	110	111	115
	11-12 mo.	104	108	123
Fasting Insulin Fasting C-peptide	11-12 mo.	9.8	20.1	12.9
	11-12 mo.	2.4	3.3	2.7
Symptoms	3 mo.	None	None	None
	5-6 mo.	None	None	None

Units: Amylase (U/L), Insulin (µU/ml), C-Peptide (ng/ml)

Conclusions

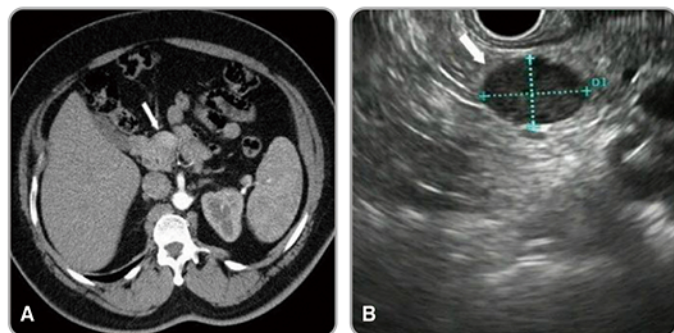
EUS-RFA is feasible, apparently safe and effective for symptoms relief in symptomatic pancreatic insulinoma patients unfit or refusing surgery.

Case 1. EUS-RFA procedure

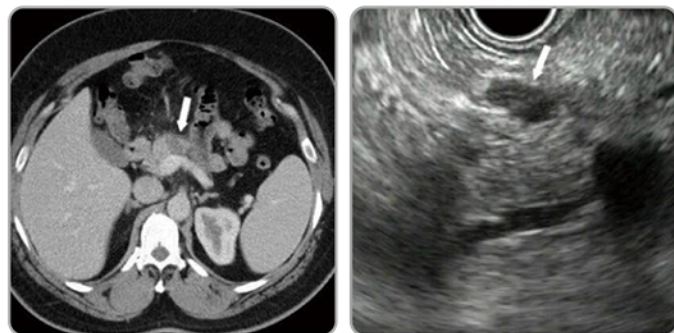


Case 2

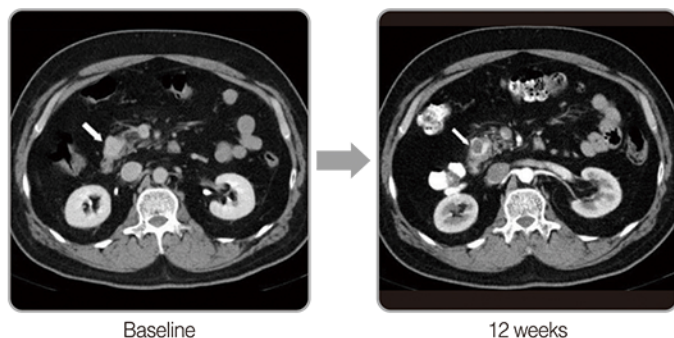
1) Pre EUS-RFA



2) Post EUS-RFA at 6 weeks



Case 3. CECT, Pre & Post EUS-RFA



Meet new device 'Endoscopic RFA' in the world. You can be next partners!



We have started new business "Endoscopic RFA" since last year. These products are currently sold in the world. We welcome you to be our partners, and we appreciate your interests of these product.

If you are interested in becoming an Endoscopic RFA distributor, please contact us. We would love to hear from you.

We're waiting for your feedback!

www.taewoongmedical.com

We have newly updated website for user convenience. Product animations, procedure videos, along with other information on Taewoong products are intended to provide easy-to-understand for users.

We'd always love to hear your thoughts, ideas, feedback. Please come to our website and press the green button for inquiries.



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