

Non-Clinical Value of ENF-VT3

Designed for Office-Based Laryngology



ENF-VT3

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Benefits

Decreased Costs per Procedure

Improved Patient Pathway

Increased Access and Precision

- ENF-VT3 enables the move of procedures like biopsies to an outpatient setting, which may result in **significant cost reduction of up to 91% per procedure.**¹
- Performing biopsies in an outpatient setting with ENF-VT3 **could improve patient pathway by decreasing patients’ waiting times by up to 93%.**^{2,3}
- The **unique four-direction angulation** of the ENF-VT3 scope helps specialist to access difficult areas easier and with more precision.
- **NBI* may further improve the diagnostic outcome** of the biopsy by improving the contrast between suspicious lesions and healthy tissue.

* Narrow Band Imaging

Value Dimensions

ENF-VT3 provides a number of values for you and your staff

Safety

Patient Well-Being

- Reduced waiting times may improve clinical outcome.
- Patients may be able to avoid hospital admission altogether.



Economics

Cost and Cash-Flow Management

- Outpatient setting reduces cost per procedure and frees up hospital beds.
- Operating room capacity is released for more complex and highly reimbursed procedures.

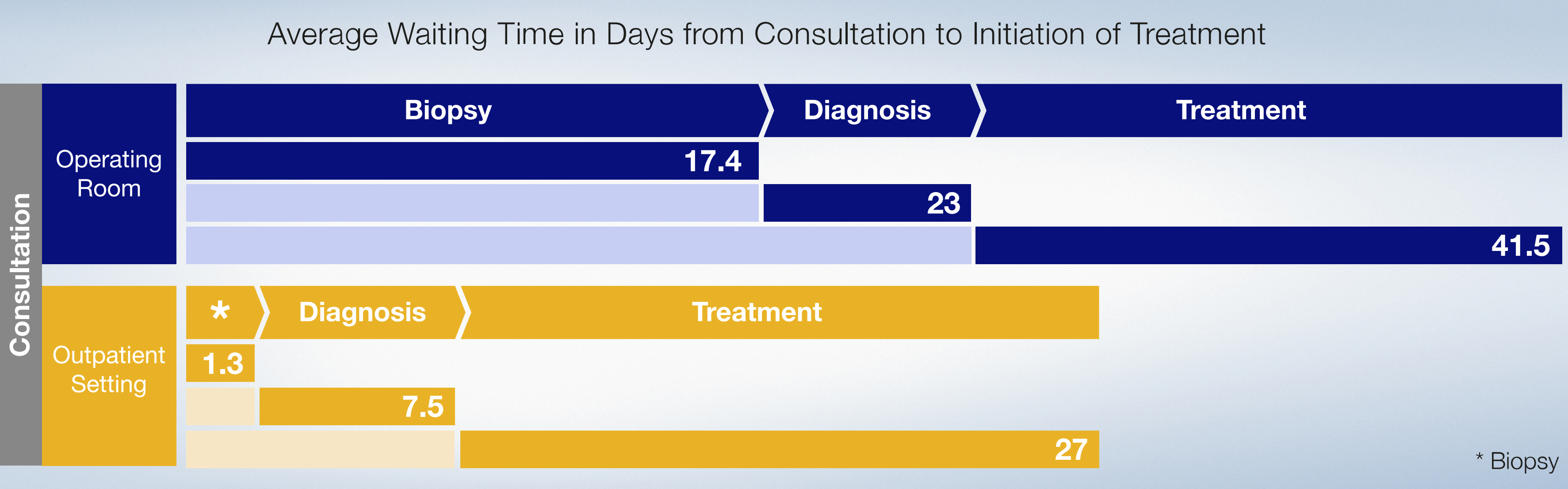
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Outpatient Biopsies Improve Patient Pathway by Reducing Waiting Times Significantly

Traditionally, patients with suspicious head and neck lesions would have a biopsy taken in an operating theater under general anesthesia to confirm a diagnosis. Challenges with scheduling, availability of theatre time, hospital beds and pre-procedure assessments can delay diagnosis and, where needed, the initiation of treatment.

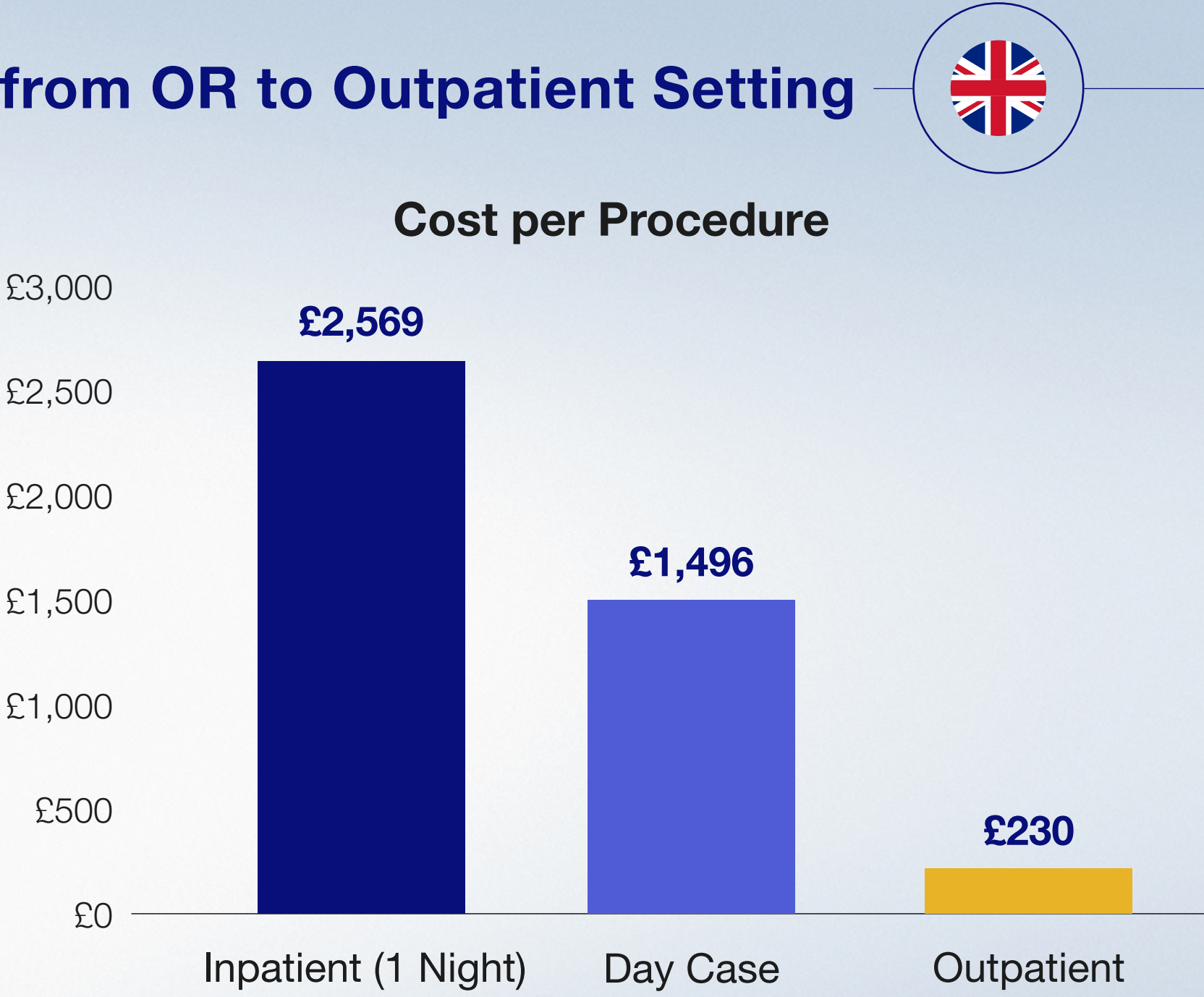
Shifting to outpatient biopsy using ENF-VT3, could reduce the wait for a confirmed diagnosis and the time to start treatment. This approach has the potential to reduce the time between consultation and diagnosis by an average of more than two weeks (15.5 days) according to Lee at al. (2018). and may reduce the time from consultation to initiation of treatment by 14.5 days according to Shutte et al. (2018). Embracing this change is crucial to improving outcomes and addressing head and neck cancer promptly.



UK NHS Example of Cost Savings When Moving from OR to Outpatient Setting

Moving head and neck biopsies from day-case theaters to an outpatient setting presents a significant savings opportunity.**

According to National Cost Collection Data (NCCD) published in 2021/2022 by NHS England, the costs for an outpatient biopsy procedure under local anesthesia is significantly lower, then those of a biopsy performed in an operating theater, and can thus lead to efficient cost savings.¹



To a hospital performing 100-day case procedures annually, the **saving would equate to approximately £126,600 per year.**

** Since fewer staff are required in the outpatient setting, general anesthesia is avoided, and hospital bed stay is not required.

References

1. Outpatient Procedures vs Day Case, CA69A — Diagnostic, Laryngoscopy or Pharyngoscopy, 19 years and over, National Schedule of NHS Costs Year: 2020-21 — All NHS trusts and NHS foundation trusts — HRG Data, NHS England, 2022

2. Decrease time from first consultation to biopsy — 17.4 days (OR) vs 1.3 days (outpatient), and decrease time from first consultation to diagnosis — 23 days (OR) vs 7.5 days (outpatient): Lee F, Smith KA, Chandarana S, et al. (2018). An evaluation of in-office flexible fiber-optic biopsies for laryngopharyngeal lesions. Journal of Otolaryngology: Head & Neck Surgery. 47(1): 31. doi: <https://dx.doi.org/10.1186/s40463-018-0275-x>

3. Decrease time from first consultation to treatment — 41.5 days (OR) vs 27 days (outpatient): Schutte HW, Takes RP, Slootweg PJ, et al. (2018). Digital video laryngoscopy and flexible endoscopic biopsies as an alternative diagnostic workup in laryngopharyngeal cancer: a prospective clinical study. Annals of Otology, Rhinology & Laryngology. 127(11): 770-6. doi: <https://doi.org/10.1177/0003489418793987>

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