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**Contact: Jera Sangworn
(405) 604-4551**

Bringing HDTV From the Living Room to the Hospital Room

Deaconess Hospital Introduces High-Definition Endoscopy

Oklahoma City, Okla. (February 24, 2009) – High-definition television (HDTV) is making its way from the living room to the hospital room. Now, Deaconess Hospital is among the first hospitals in Oklahoma City to introduce the technology as part of a new endoscope platform to help doctors diagnose diseases in the upper and lower gastrointestinal tract. Colorectal cancer (CRC) is the second leading cause of cancer-related deaths for men and women combined in the U.S.

Compared to conventional systems, high-definition endoscopy provides doctors with sharper images and better contrast, which in turn may help them to better detect lesions during examinations when using the wide-angle colonoscope. As a result, patients may receive more accurate diagnoses. The new system can also shorten procedure times for patients.

Matthew McBride, M.D. is one of the doctors at Deaconess Hospital who already uses the new endoscope platform, the world's first to deliver both HDTV and Narrow Band Imaging™ (NBI) technologies. Called EVIS EXERA II™, the 180 series from Olympus provides doctors with enhanced observation capabilities, and has been shown to reduce overall procedure time when used with a new wide-angle scope offered as part of the 180 series.

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The HDTV signal from the endoscope platform's video processor is designed to produce an impressive 1080 lines of resolution, more than twice the number of scan lines used by conventional systems, offering doctors breathtaking images of the colon with a high level of detail and color. NBI is a new image processing technique which takes advantage of the scattering and absorption properties of human tissue, thereby improving visual contrast on mucosal surfaces during endoscopic observation of the GI tract. The result is remarkably clear views of anatomical structures and fine capillary patterns of mucous membranes, which are normally difficult to distinguish.

The American Cancer Society (ACS) projects that colon and rectal cancer will kill 55,170 Americans this year. The ACS also points out that the 5-year survival rate for people whose CRC is treated in an early stage, before it has spread, is greater than 90%.

The ACS recommends that beginning at age 50, both men and women should be screened for colon and rectal cancer. People with CRC risk factors, such as a personal history of CRC or adenomatous polyps or a strong family history of CRC or polyps, should talk to their doctor about starting CRC screening earlier and/or undergoing screening more often¹.

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¹ American Cancer Society Guidelines for the Early Detection of Cancer, revised Feb 28, 2006