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# Optimizing Cinematography

Site Training  
*V05*

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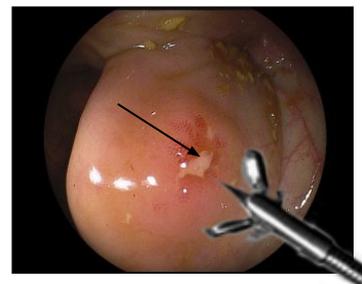
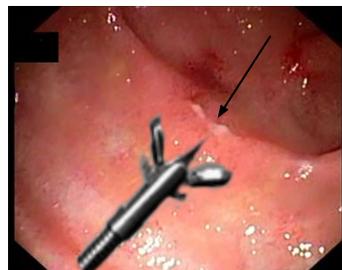
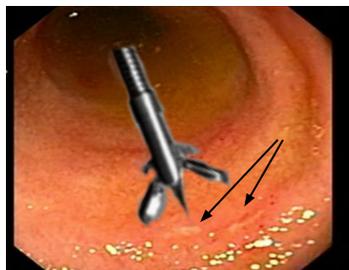
# Important Procedure Reminders

## Measuring Ulcers

- Biopsy forceps can be used to measure the size of an ulcer. Visualize them to assist the Central Reader in determining ulcer size
- Biopsy forceps are approximately 8mm with fully open jaws



- There is a 1mm difference in the span of regular forceps (top) and large-cup forceps (bottom)
  - Jumbo – 9mm, regular – 8mm, pediatric – 7mm
- Example: Ulcer size less than 5mm



# Important Procedure Reminders

## Recording

- Record the endoscopic procedure from the beginning to the end
  - Do not stop recording when taking biopsies or removing polyps

## Patient Privacy

- Do not record the patient's genitalia and face
  - The scope should be covered (e.g. using a cup or a hand) prior to insertion
- Mask patient and site identifiers on site endoscopy processor unit to reduce processing time by Alimentiv and to ensure adherence to local patient privacy regulations

## Scope Size

- Use standard adult size colonoscope (or pediatric colonoscope if standard at site and allowed by protocol)
- Use same size colonoscope across timepoints for subject

# Important Procedure Reminders

## Color Videos

- Videos must be in color (color still images and/or black and white videos may not be accepted).
- Cannot assess components of the score without color (erythema, vascular pattern, etc.)



# Important Procedure Reminders

## Chromoendoscopy and Optical Enhancements

- Alimentiv recommends that no dyes or color light sources are used during the procedure as this can interfere with the central readers' ability to make a full assessment
- If a dye must be used, it should be applied after the segment has been fully explored with white light
- If a chromoendoscopy is performed after the completion of the regular endoscopy, the chromoendoscopy should not be recorded on the CIMS laptop
- Central readers will not assess chromoendoscopy or comment on abnormal areas after dyes have been applied during a regular endoscopy

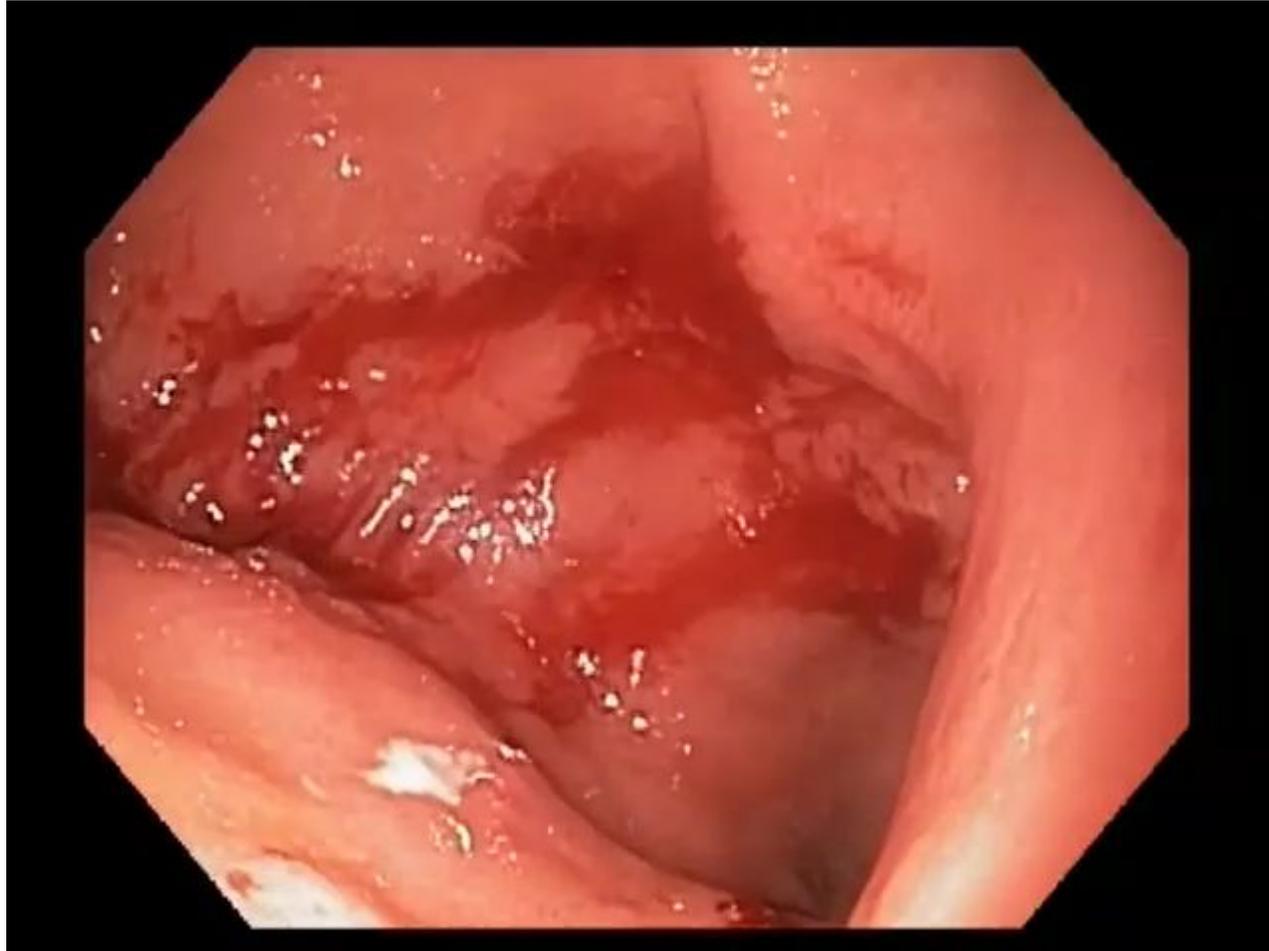
# Biopsy Collection

## Alimentiv General Guidelines

- If discrete lesion (i.e. erosion/ulcer) is present – Take biopsy from edge of ulcer
- If no lesion is present, but inflammation is present – take biopsy from most inflamed area
- If the mucosa appears normal – take random biopsy
- Use standard size (2.2mm outer diameter) spiked double-bite biopsy forceps, or recommended size per your institution

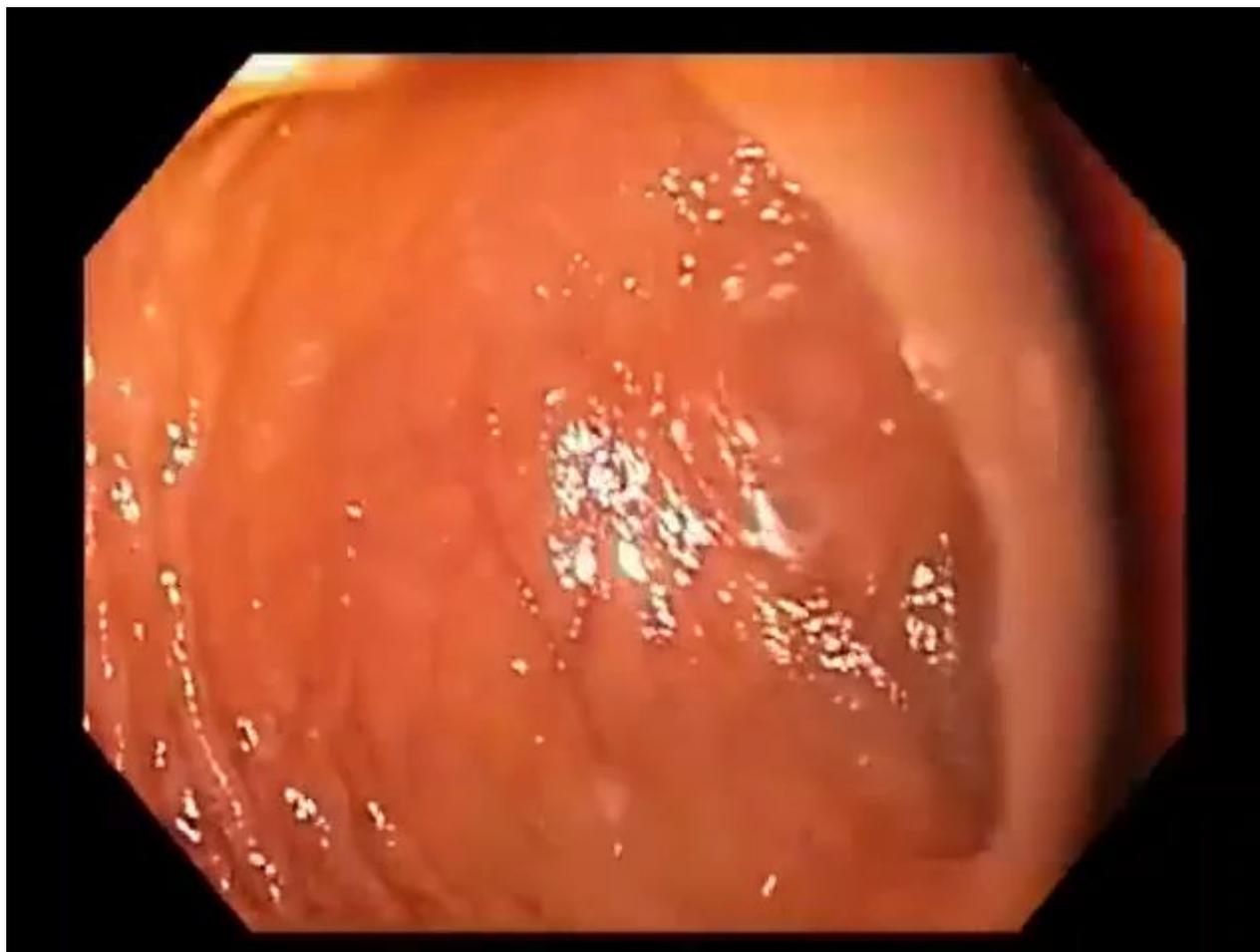
# Biopsy Collection

If lesion is present, take biopsy from edge of lesion



# Biopsy Collection

If no lesion is present, but inflammation is present, take biopsy from most inflamed area



# Biopsy Collection

## Deficient Features

- Central Readers (CRs) assess image quality and indicate specific deficient features
- Deficient features can impede CRs' ability to fully assess disease components
- **Very small biopsy size:** Minimize risk by using regular-sized forceps and checking a full biopsy was captured before placing biopsy in sample container.
- **Biopsy fragmentation** and **mechanical distortion:** Both can be caused by mishandling or excessive handling of biopsies immediately after the procedure and before biopsies are placed in sample container. Minimize risk by reducing physical handling, not manipulating biopsies with sharp tools, and by placing biopsies in sample containers as quickly as possible after collection. If cassettes are used, ensure sponges are pre-soaked in the fixation solution and avoid compressing the biopsies between the sponges.

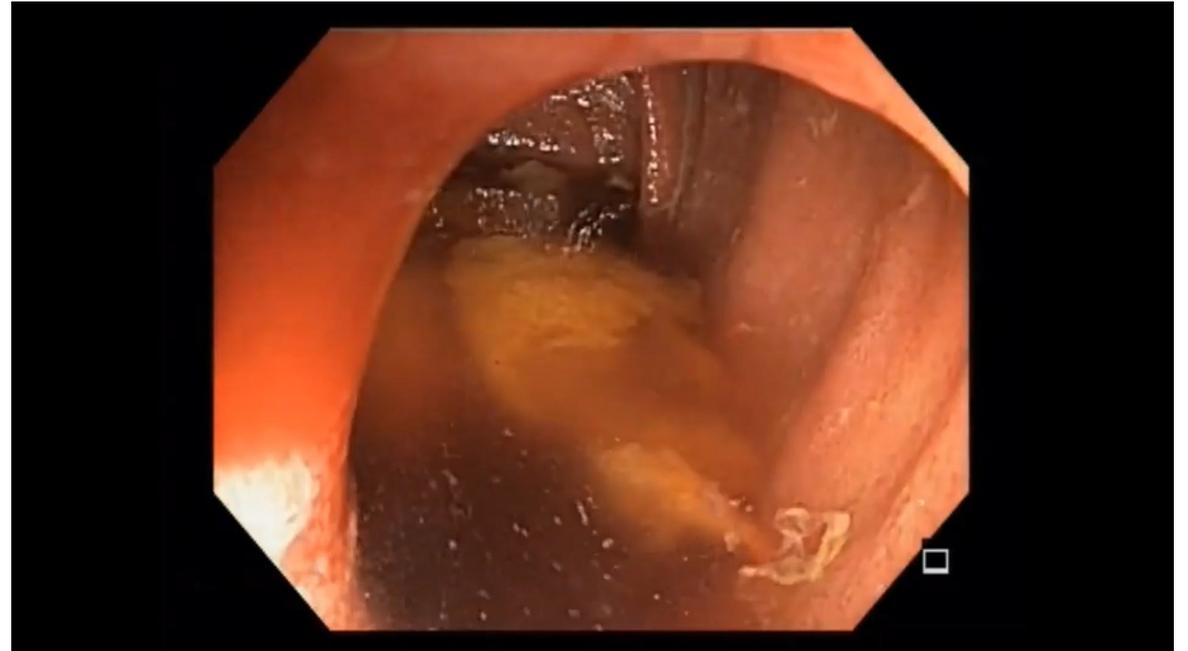
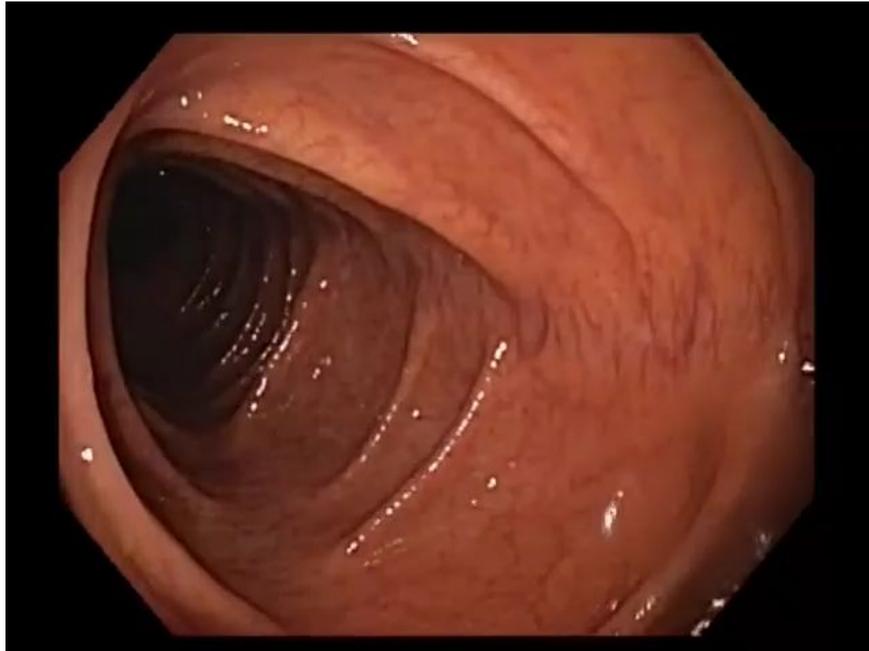
# Key Steps for High Quality Cinematography

- Bowel Preparation
- Thorough Washing
- Adequate Insufflation
- Adequate Lighting
- Endoscope Position
- Slow Withdrawal
- Focus on Areas of Interest

# Optimizing Videos

## Bowel Preparation

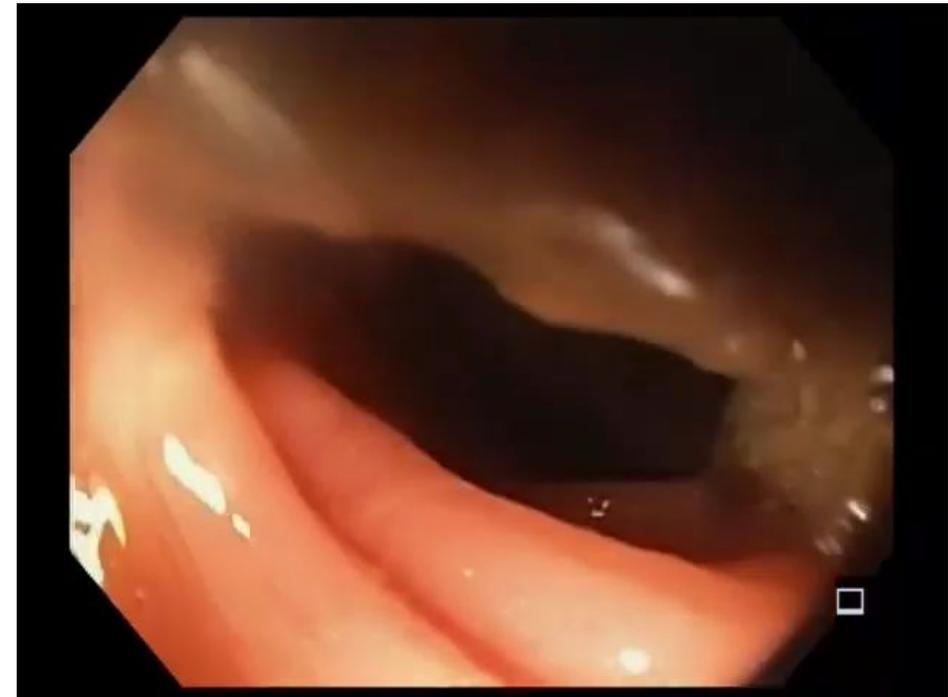
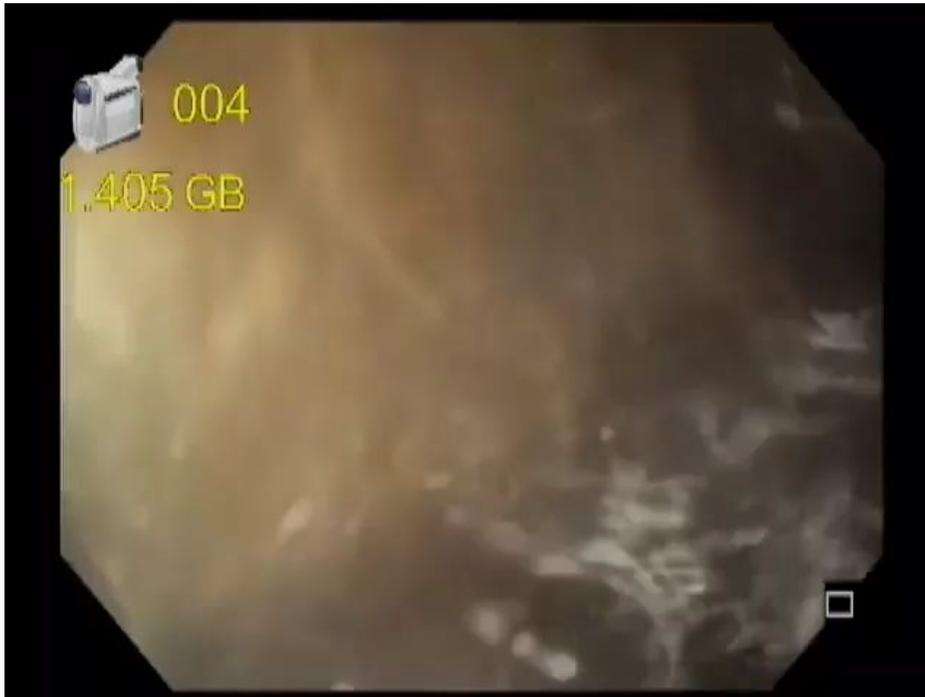
- Any bowel preparation used prior to an endoscopic procedure is part of standard care and should be administered according to local clinical practice
  - Insufficient bowel preparation may impair mucosal visualization and lead to missed lesions, misinterpretation, etc.



# Optimizing Videos

## Thorough Washing

- Vigorous washing and suctioning are needed to ensure adequate visualization; the bowel should be free of residual stool and mucous
- Washing of the lumen is crucial for the central reader to accurately view active disease components. The use of an endoscope washer is highly recommended



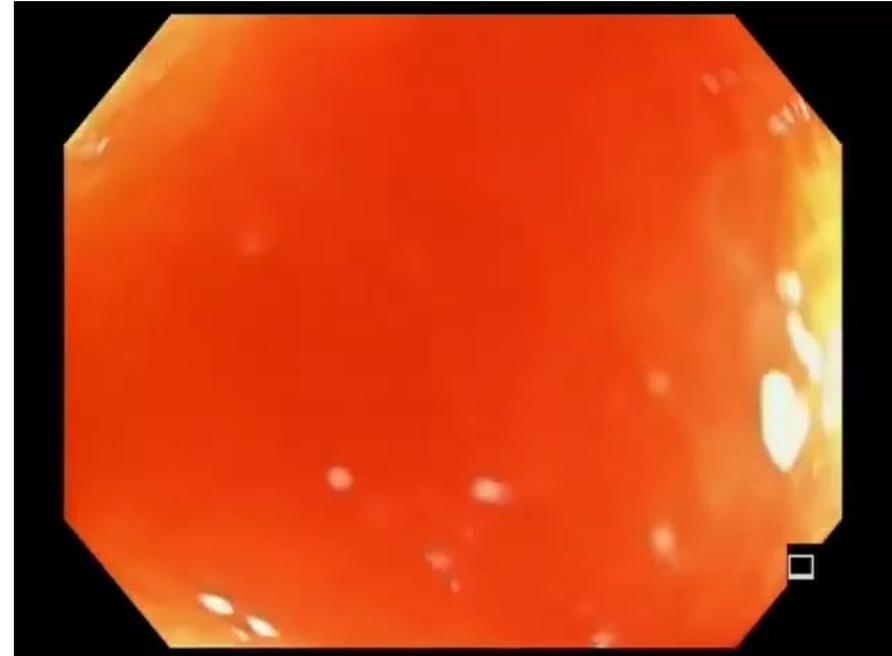
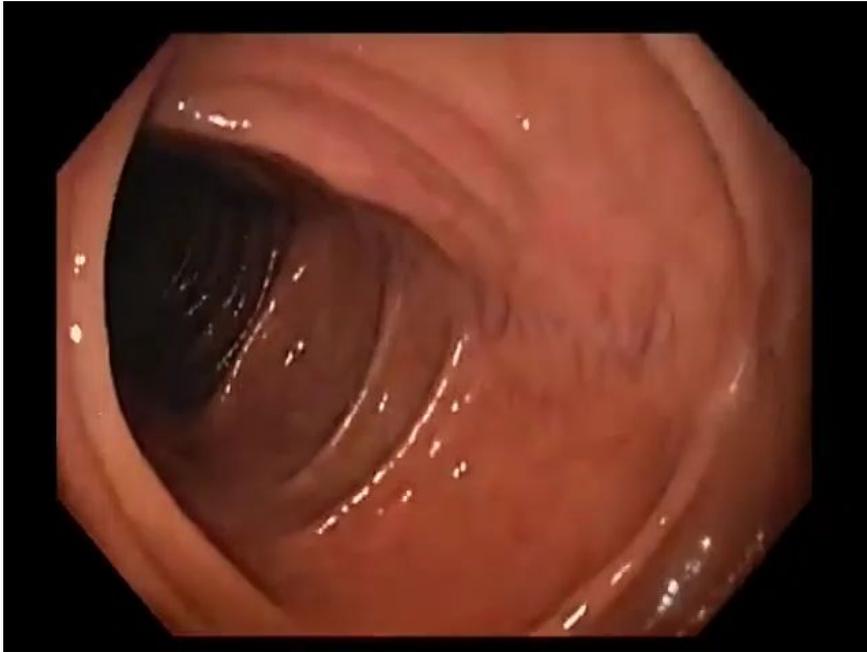
# Optimizing Videos

## Adequate Insufflation, Lighting & Endoscope Position

- Inflate colon to assess the mucosa and narrowing of the lumen
- Use proper illumination and address glare/reflection
- Position endoscope at an appropriate distance from the colonic wall, in the middle of the lumen, to ensure a good quality image

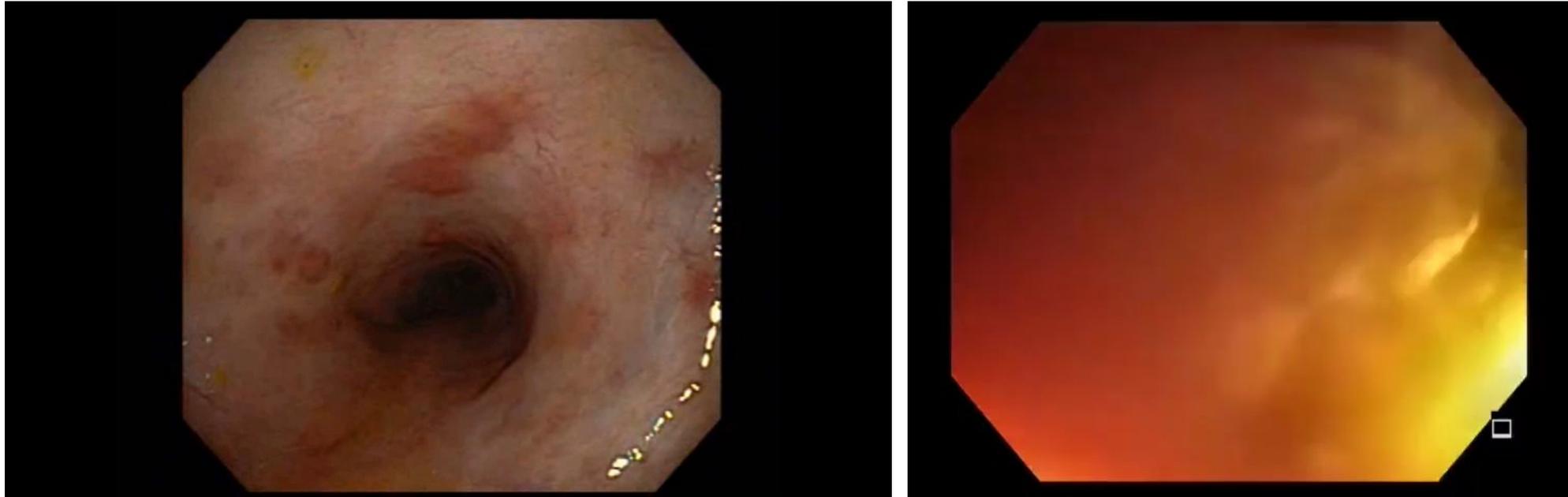
# Optimizing Videos

## Adequate Insufflation



# Optimizing Videos

## Endoscope Position



# Optimizing Videos

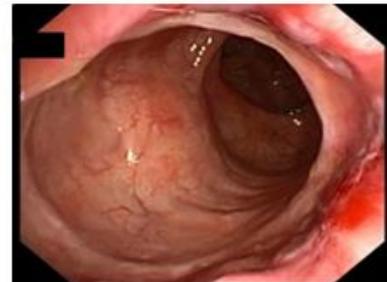
## Slow Withdrawal & Focus on Areas of Interest

- Withdraw endoscope slowly to allow good visualization of the mucosa
- Pause and focus endoscope for a minimum of 3-5 seconds over areas of interest
- Areas of interest can include inflammation, erosions, ulceration, etc.

Ulcers between  
segments/anastomosis



Anal lesions



Size of ulcers



Stenosis



# Optimizing Videos

- Evaluate rectum thoroughly. Perform retroflexed view for any anal lesions

