

What you  
need is an  
answer.

TAKE CONTROL WITH THE



SPiN THORACIC NAVIGATION SYSTEM<sup>TM</sup>



# You've got the skill. Now you have the tools.

Introducing the SPiN Thoracic Navigation System™—a revolutionary platform that gives you greater control over bronchoscopic yields, so you can speed time to diagnosis and get the answers you need.

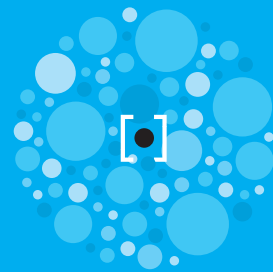
## **WE'VE ENGINEERED A BETTER WAY**

Transform the standard of care for lung cancer diagnosis and transcend procedural limitations with the SPiN System™, which puts definitive results, peace of mind, and early intervention within reach.



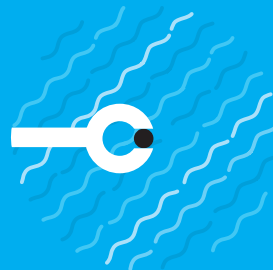
## Locate

Armed with the SPiN System's™ highly accurate 3D roadmap and respiratory gating technologies, you can localize the most challenging targets—even as they move during respiration.



## Sample

Visualize all the way to the nodule using any of the SPiN System's Always-On Tip Tracked® Instruments and gain the flexibility to switch to a percutaneous approach in a single procedure.



## Diagnose

When you're in control of bronchoscopic yields, the answers are in your hands. The SPiN System™ helps you speed time to diagnosis, so life-saving interventions don't have to wait.



## Capture moving targets.

Nodules move when your patient breathes, but our advanced SPiN software accounts for this motion.

# 46%

While all lung nodules exhibit respiratory motion, **46%** of these nodules move a distance greater than their size¹.

### ADVANCED 3D ROADMAP

Only the SPiN System™ uses inspiration and expiration CT scans to generate a highly accurate 3D roadmap² for optimal planning and navigation.



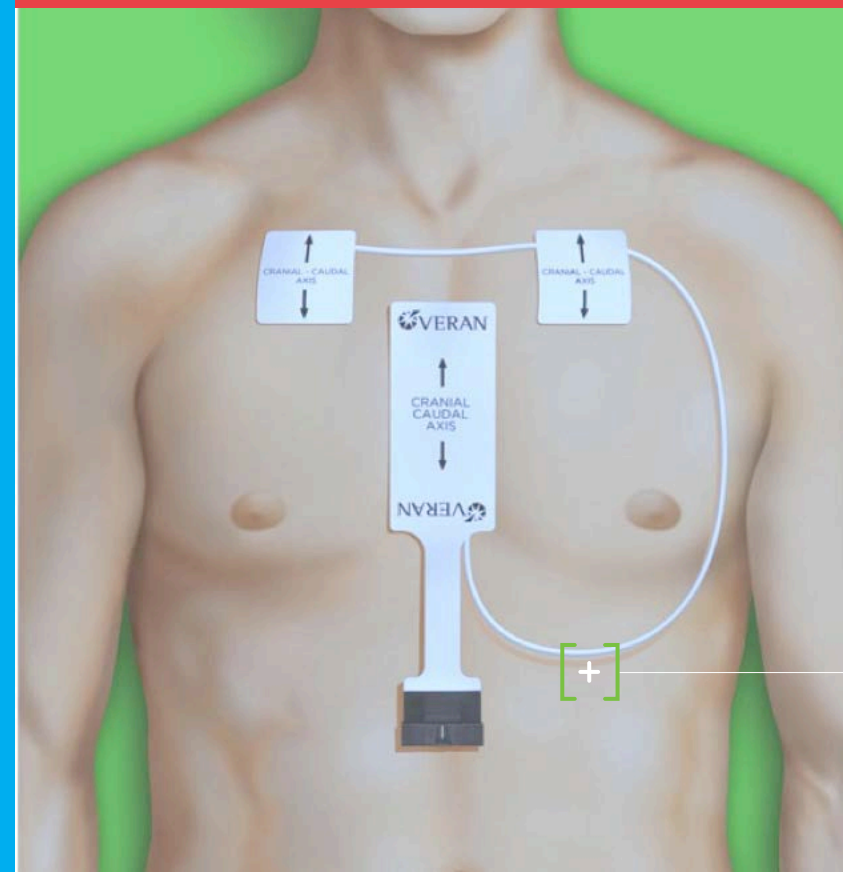
### vPAD™

The vPad™ enables automatic registration and dynamic referencing throughout the entire procedure.

# 20x

per second

SPiN software communicates with the vPad™ to update respiratory movement.



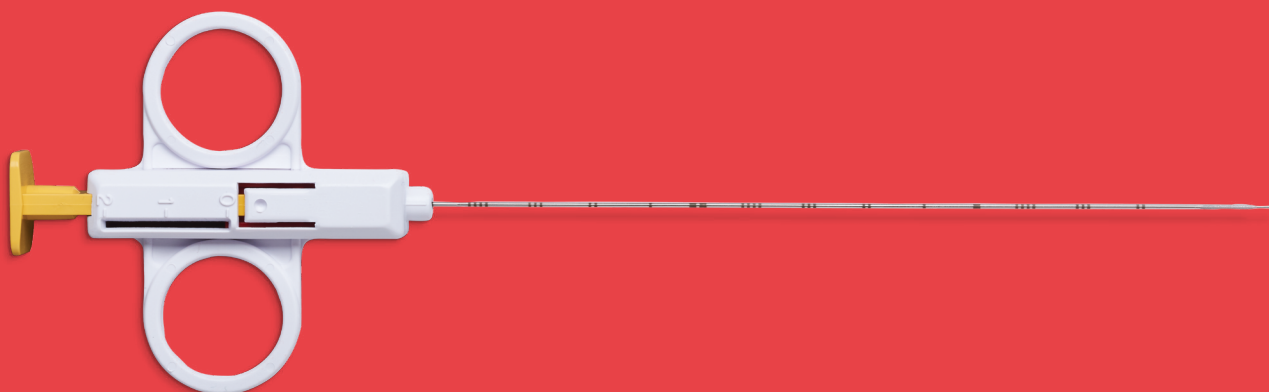
# Choose your approach.

Our advanced instrumentation allows you to reach challenging targets by using a percutaneous approach—so you don't have to delay results.

40% of all lung nodules are located outside an airway<sup>3,4</sup>

## SPiN PERC®

The SPiN Perc® Kit enables you to seamlessly transition from navigated bronchoscopy to navigated TTNA in the same procedure.



## ALWAYS-ON TIP TRACKED® INSTRUMENTS

Always-On Tip Tracked® Instruments feature electromagnetic sensors that enable clear visualization—even during biopsy.



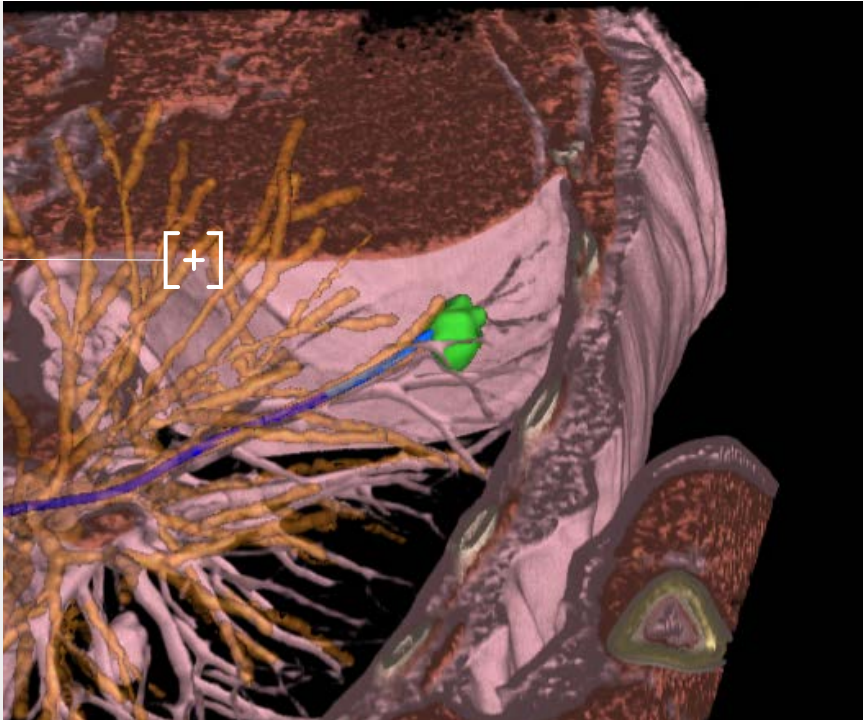


# Get the feedback you need.

Quickly and precisely line up with your target, while being able to visualize and avoid blood vessels. Place fiducial markers accurately and precisely via endobronchial and percutaneous approaches.

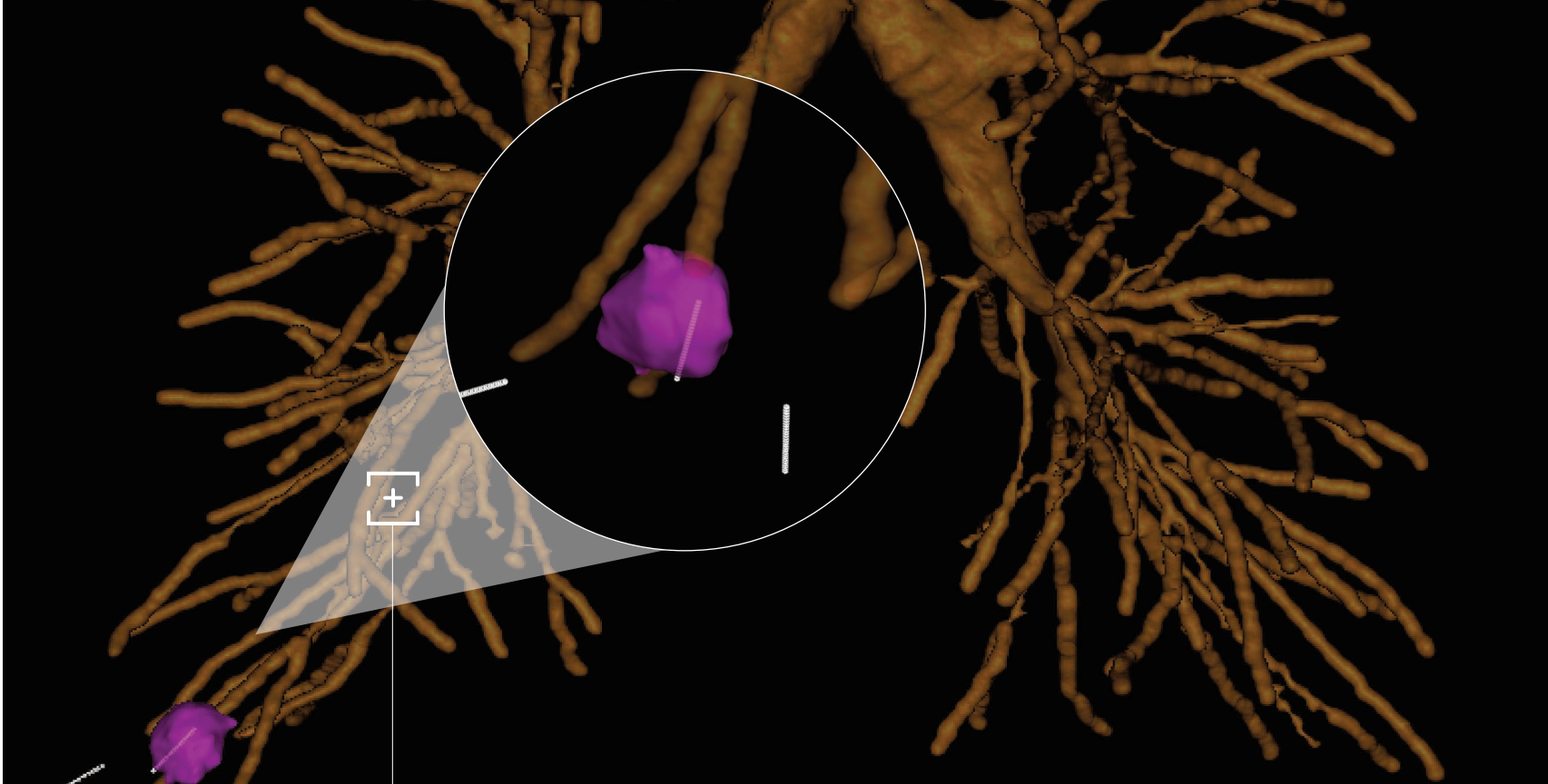
## VR VIEW

A Volume Rendered (VR) 3D view that allows vessels, airways and lung tissue to be seen along the selected pathway. Visualize the airway-vessel relationship in order to avoid vessels.



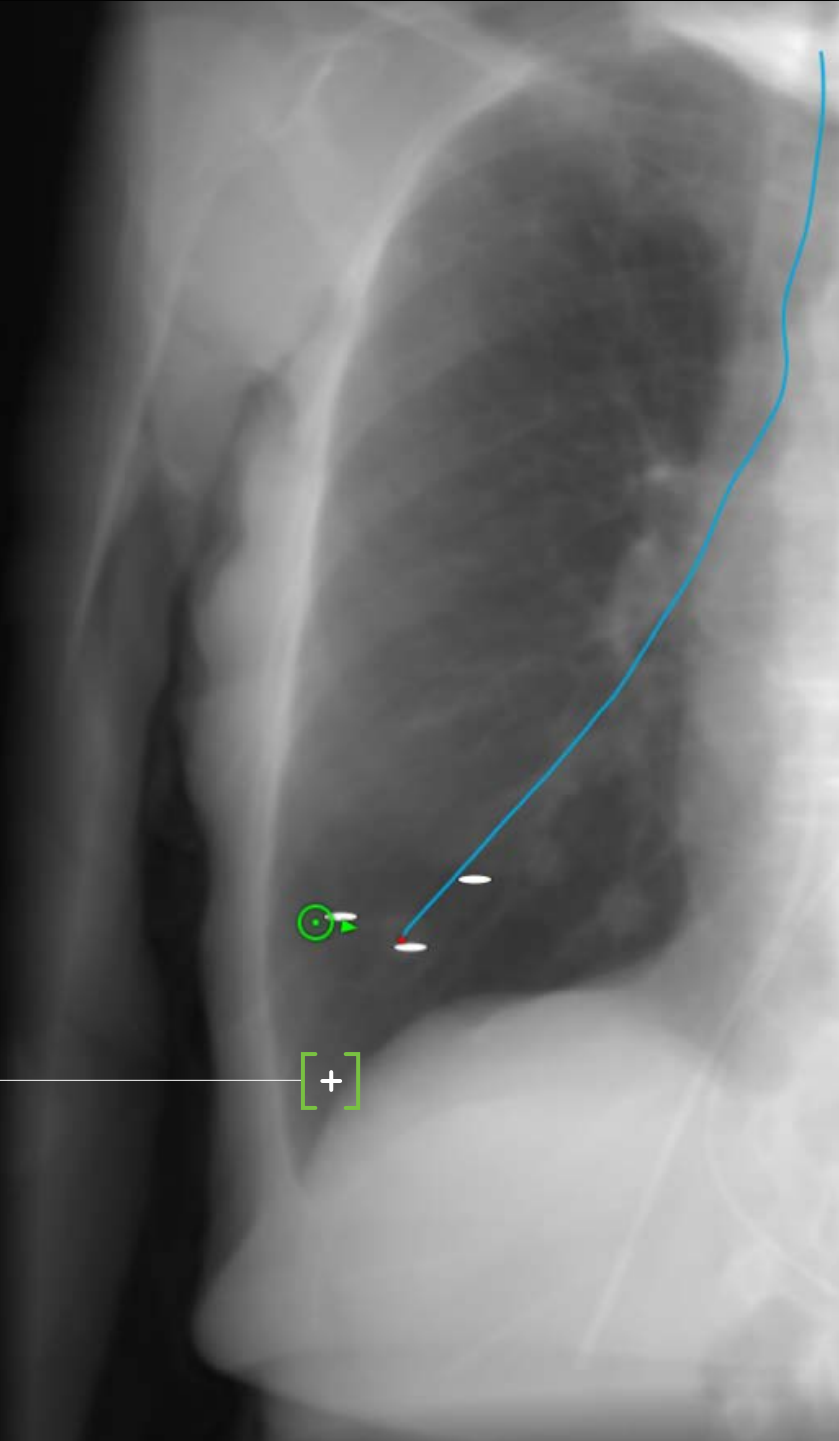
## ENDOBONCHIAL FIDUCIAL PLACEMENT

3D airway map displays fiducial location after deployment and will also appear in an exportable fiducial marker report.



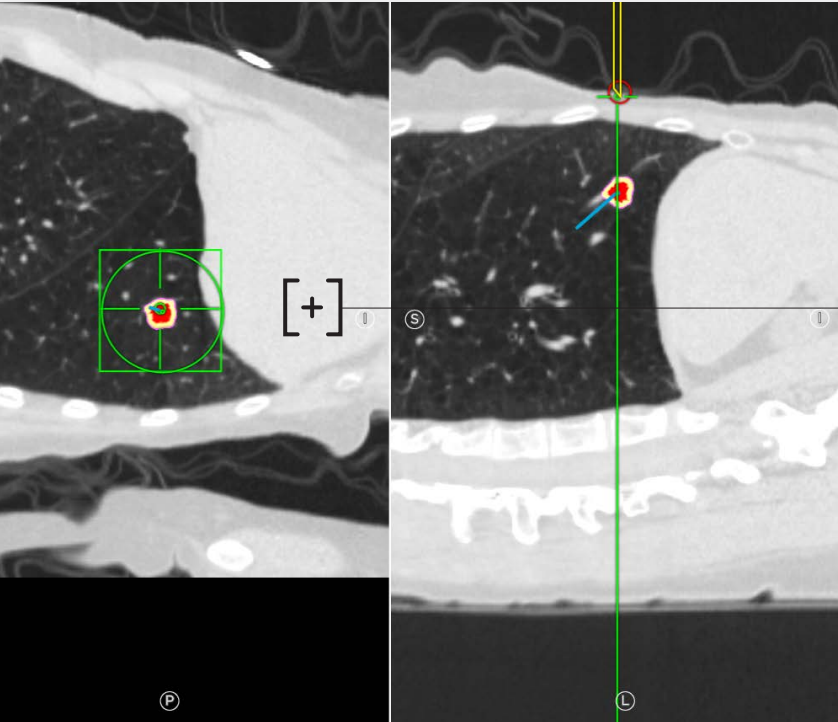
## SPiN PERC® FIDUCIAL PLACEMENT

Fiducial marker placement is now available with SPiN Perc®. The fiducials can be visualized on an incorporated virtual fluoro view and will also appear in an exportable fiducial marker report.



## SPiN PERC® HUD

Heads Up Display (HUD) helps physicians align SPiN Perc® angle and trajectory in seconds.



## Contact us

Learn how SPiN is revolutionizing bronchoscopy and schedule a demo.

### Veran Medical Technologies

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1. The effect of respiratory motion on pulmonary nodule location during electromagnetic navigation bronchoscopy. Chen, et al. *Chest*. 2015.
2. Furukawa BS, Pastis NJ, Tanner NT, Chen A, Silvestri GA, Comparing Pulmonary Nodule Location During Electromagnetic Bronchoscopy with Predicted Location Based on Two Virtual Airway Maps at Different Phases of Respiration, *CHEST* (2017), doi: 10.1016/j.chest.2017.06.004.
3. Solitary pulmonary nodules. CT bronchoscopic correlation. Naidich DP, et al. *Chest*. 1988.
4. Factors related to diagnostic sensitivity using an ultrathin bronchoscope under CT guidance. Shinagawa N, et al. *Chest*. 2007.

