

Are You Living
with Barrett's
Esophagus?



Wouldn't you rather live without it?

If you're living with Barrett's esophagus—you are not alone.

Barrett's esophagus is caused by the long-term exposure of your esophagus to acid reflux, a medical condition also known as GERD (gastroesophageal reflux disease). When stomach acid backs up into the esophagus, the lining of the esophagus is injured. To protect itself, the esophagus may develop a different kind of lining. This change is Barrett's esophagus, a pre-malignant condition.

It is estimated that 13% of the people who have chronic acid reflux also have Barrett's! In fact, almost 1 million people in the U.S. alone are living with the ominous uncertainty of Barrett's...people just like you.

And there is cause for concern. If left untreated, your Barrett's can worsen over time and can even develop into cancer. In fact, the incidence of esophageal cancer is rising faster than any other cancer in the United States.

1. Westhoff B, Brotze S, Weston A, et al. The frequency of Barrett's esophagus in high-risk patients with chronic GERD. *Gastrointest Endosc.* 2005;61(2):226-231.

Life with Barrett's

A person is sitting in a chair, and a glowing anatomical diagram of the esophagus is overlaid on their chest area. The diagram shows the esophagus in red and orange, with a blue outline of the stomach and intestines. The background is a blurred image of the person sitting in the chair.

Life with Barrett's can be a life of constant anxiety. You and your family face the prospect of annual endoscopic examinations and the lingering worry that your disease may be progressing. That's because, just like other precancerous conditions (such as colon polyps), Barrett's is not a benign disease.

If you have Barrett's:

- Your condition may progress, requiring even more frequent endoscopies
- You face the prospect of invasive and complicated surgery
- You have a higher risk of developing esophageal cancer

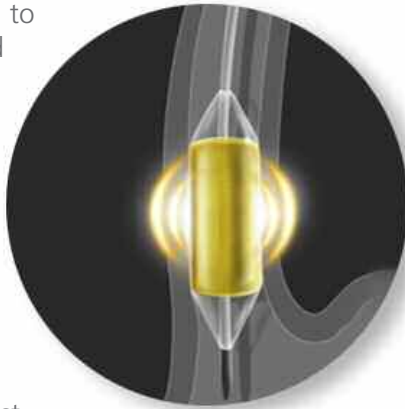
What are your options?

Until recently, there were only limited options for eliminating Barrett's esophagus. Doctors sometimes recommend surgery to remove the esophagus. But the risk of surgery is only advisable for patients whose disease has progressed to the most serious stage. For most patients and their families the only real option was to endure frequent endoscopies and wait and hope.

That is—until now.

The ablation option*

Ablation technology has long been used to treat cancerous and precancerous conditions in other parts of the body. Your physician can also use ablation to treat Barrett's esophagus.



Treatment.

Ablation therapy first includes a regular endoscopy. Then, a small balloon catheter is inserted into your esophagus. Once the balloon has been correctly positioned, ablative energy is delivered into the esophageal lining. The Barrett's tissue is ablated (removed) and, with proper follow-up care, healthy esophageal tissue is formed as a part of the natural healing process.

Benefits.

- Ablation is performed in an outpatient setting in conjunction with standard upper endoscopy
- No incisions are involved
- Patients are typically discharged within two hours
- Effective in eliminating Barrett's—the majority of patients are cured with one to two procedures*

Most patients experience mild soreness or discomfort after the procedure. These symptoms are typically controlled with standard pain medication and usually last a day or two.

Life after Barrett's

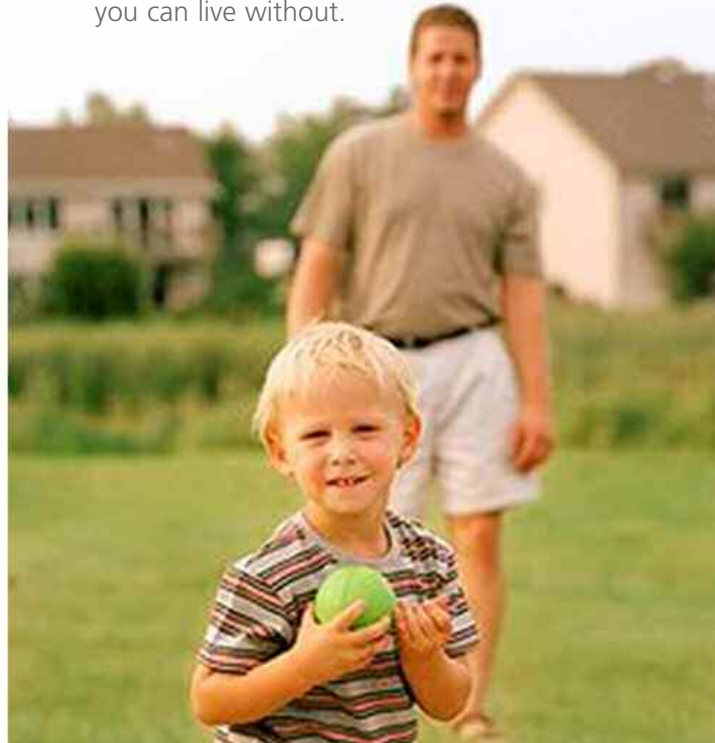
Ablation therapy just might hold the key to eliminating your Barrett's esophagus and restoring your peace of mind. But eliminating your Barrett's doesn't cure your GERD. Since acid reflux is the likely cause of your Barrett's, it's crucial that you control your GERD to prevent a recurrence of Barrett's.

In fact, your doctor may recommend additional medications to further control your GERD and regular checkups will be required to monitor your condition.

Your life. Your choice.

Eliminating your Barrett's means eliminating the worry of living with a precancerous condition. And that's a better life for you and your family.

Barrett's esophagus is something you can live without.



You Don't Have to Live with Barrett's

If you think you have Barrett's esophagus:

- Speak with your doctor
- Ask about eliminating your Barrett's esophagus with ablation therapy

Provided as a service by



www.barrx.com

Important Reminder: This information is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

This treatment is contraindicated in patients who are pregnant, have had prior radiation therapy to the esophagus, or have enlarged esophageal veins at risk for bleeding. Complications observed in U.S. clinical studies include mucosal laceration and minor acute bleeding.

* Statements made in this document regarding clinical data are based on published data or AIM I and AIM II clinical studies. Median biopsy rates > 90%. For a given patient, a number of biopsies are obtained at each endoscopy follow-up. The number of "cured" biopsies divided by the number of biopsies is the individual patient's biopsy clearance rate. A cure equals 100% of the biopsies are free of intestinal metaplasia. Data on file.

Caution: Federal (U.S.) law restricts this device to sale by or on the order of a physician.