

CONNECT

01/18

TAEWOONG MEDICAL
NEWSLETTER



Happy New Year!

Dear Valued Partners,

As we reflect on the past year, it is clear that it has been a year filled with challenges, growth, and accomplishments. Through it all, one thing remains constant: the unwavering dedication and support of each and every one of you.

At TaeWoong Medical, we fully recognize that our success today would not have been possible without your hard work and commitment. Your contributions are deeply appreciated, and we are truly grateful to have such remarkable partners standing with us.

As we look forward to the coming year, let us continue to strive together toward even greater success.

We are excited to embark on this journey of growth and innovation with you by our side.

Wishing you and your loved ones a New Year filled with happiness, health, and prosperity!

On behalf of the entire team at TaeWoong Medical





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TaeWoong Medical's 2024 Journey

International congresses are TaeWoong Medical's preferred platform for engaging with customers and partners on a global scale. TaeWoong Medical's participation in five of the world's leading gastroenterology congresses this year reinforces its commitment to innovation and global leadership in the medical device industry.



ESGE DAYS 2024

April 25-27, Berlin, Germany



DDW 2024

May 19-21, Washington DC, USA



ENDO 2024

July 4-6, Seoul, South Korea



UEGW 2024

October 12-15, Vienna, Austria



APDW 2024

November 21-24, Bali, Indonesia





ESGE DAYS 2024

April 25-27, Berlin, Germany

[MORE PICTURES](#)

ESGE Days 2024 served as an exceptional platform for connecting with leading experts and professionals worldwide.

As TaeWoong Medical, this marked our fourth consecutive participation, reaffirming our commitment to advancing gastroenterology.

Engaging in insightful discussions and collaborative exchanges not only strengthened existing relationships but also cultivated new connections that hold immense potential for shaping the future landscape of gastroenterology.

We are looking forward to joining the next ESGE days 2025 in Spain. See you there!



DDW 2024

May 19-21, Washington DC, USA

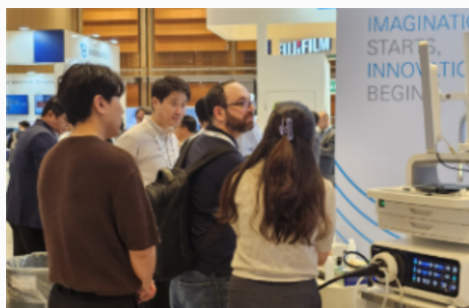
[MORE PICTURES](#)

We are thrilled to announce the successful conclusion of DDW 2024. It was a momentous occasion where the exceptional teamwork of TaeWoong Medical shone brightly once again.

We extend our heartfelt gratitude to everyone who visited our booth and supported us. Your interest and engagement are truly appreciated.

Thank you for making DDW 2024 a remarkable experience. We look forward to continuing our journey together, advancing medical technology for a better future.

We eagerly anticipate meeting you again at DDW 2025 in San Diego!



ENDO 2024

July 4-6, Seoul, South Korea

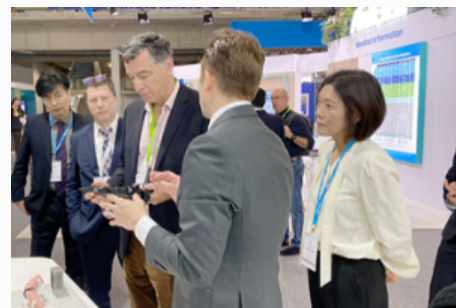
[MORE PICTURES](#)

TaeWoong proudly concluded ENDO 2024, the 4th World Congress of GI Endoscopy, held in Seoul, Korea, from July 4th to July 6th.

This year's congress was particularly significant for us, as it is one of the few global events dedicated exclusively to GI endoscopy. We were honored to debut the Optimos™, our single-use Gastroscope, in Korea which garnered substantial interest at our demonstration stand.

We sincerely thank everyone who visited our booth and supported our innovations.

As we continue to push the boundaries of medical technology and enhance product quality, we eagerly anticipate reconnecting with everyone in the near future.



UEGW 2024

October 12-15, Vienna, Austria

[MORE PICTURES](#)

TaeWoong Medical successfully participated in UEG Week 2024, held from October 12-15 in Vienna, solidifying our reputation as a leader in gastrointestinal care. With over 15 years of presence at this prestigious congress, our booth, located at #85, showcased our innovative Niti-S stents and Endoscopic RFA devices, drawing significant attention from global healthcare professionals.

The event provided a platform to engage with clinicians and industry experts, fostering valuable discussions on the future of gastroenterology and the role of our products in improving patient outcomes. UEGW 2024 also allowed us to gain key insights into emerging trends and strengthen global partnerships. We look forward to continuing our active role in shaping the future of gastrointestinal health.



APDW 2024

November 21-24, Bali, Indonesia

[MORE PICTURES](#)

TaeWoong Medical made a strong impression at APDW 2024, successfully connecting with Asian customers and distributors while hosting a highly acclaimed dinner symposium featuring our cutting-edge EUSRA product.

As a leading medical device company from South Korea, the Asian market is a strategic cornerstone of our growth. We remain committed to fostering close collaborations with our Asian partners to deliver superior solutions and further solidify our position as a global leader.



New Publications

Lumen-apposing metal stents for the treatment of pancreatic and peripancreatic fluid collections and bleeding risk: a propensity matched study

by Benedetto Mangiavillano et al. [Endoscopy. 2024 Apr;56(4):249-257.]

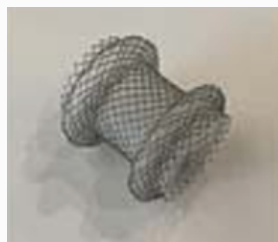


Lumen-apposing metal stents for pancreatic fluid collection

- Retrospective propensity score-matched study comparing Spaxus and Axios stents
- 132 patients in each group



Spaxus



Axios

	Technical success	Clinical success	Adverse events	Severe bleeding
Spaxus	100%	92%	3.0%	1.5%
Axios	99%	93%	9.8%	6.8%
P value	n.s.	n.s.	0.04	0.03

ABSTRACT

- Introduction: Endoscopic ultrasound (EUS)-guided drainage of symptomatic pancreatic fluid collections (PFCs) using the Hot-Axios device has recently been associated with a significant risk of bleeding. This adverse event (AE) seems to occur less frequently with the use of a different device, the Spaxus stent. The aim of the current study was to compare the rates of bleeding between the two stents.
- Methods: Patients admitted for treatment of PFCs by EUS plus lumen-apposing metal stent in 18 endoscopy referral centers between 10 July 2019 and 28 February 2022 were identified and their outcomes compared using a propensity-matching analysis.
- Results: 363 patients were evaluated. After a 1-to-1 propensity score match, 264 patients were selected (132 per group). The technical and clinical success rates were comparable between the two groups. Significantly more bleeding requiring transfusion and/or intervention occurred in the Hot-Axios group than in the Spaxus group (6.8% vs. 1.5%; P = 0.03); stent type was a significant predictor of bleeding in both univariate and multivariate regression analyses (P = 0.03 and 0.04, respectively). Bleeding necessitating arterial embolization did not however differ significantly between the two groups (3.0% vs. 0%; P = 0.12). In addition, the Hot-Axios was associated with a significantly higher rate of overall AEs compared with the Spaxus stent (9.8% vs. 3.0%; P = 0.04).
- Conclusion: Our study showed that, in patients with PFCs, bleeding requiring transfusion and/or intervention occurred significantly more frequently with use of the Hot-Axios stent than with the Spaxus stent, although this was not the case for bleeding requiring embolization.





Indirect comparison of various lumen-apposing metal stents for EUS-guided biliary and gallbladder drainage: a systematic review and meta-analysis



by Sahib Singh et al. [Gastrointest Endosc. 2024 Nov;100(5):829-839.e3.]

ABSTRACT

- Background and Aims: Studies assessing EUS-guided biliary drainage (EUS-BD) or gallbladder drainage (EUSGB) using lumen-apposing metal stents (LAMSs) have shown variable results based on the type of LAMS. We performed a meta-analysis of the available data.
- Methods: Multiple online databases were searched for studies using LAMSs (Axios [Boston Scientific, Marlborough, Mass, USA] or Spaxus [Taewoong Medical Co, Gimpo, Korea]) for EUS-BD and EUS-GB. The outcomes of interest were technical success, clinical success, and adverse events. Pooled proportions along with 95% confidence intervals were calculated.
- Results: A total of 18 observational studies were included: 11 for the Axios stent (433 patients; mean age, 72 years; 54% male) and 7 for the Spaxus stent (242 patients; mean age, 74 years; 50% male). The respective pooled outcomes for the Axios stent (EUS-BD and EUS-GB, respectively) were technical success, 96.2% and 96.2%; clinical success, 92.8% and 92.7%; total adverse events, 10.1% and 23.6%; and bleeding, 3.7% and 4.8%. The respective pooled outcomes for the Spaxus stent (EUS-BD and EUS-GB, respectively) were technical success, 93.8% and 95.9%; clinical success, 90.1% and 94.2%; total adverse events, 12.6% and 9.5%; and bleeding, 3.1% and 1.8%.
- Conclusions: Axios and Spaxus stents demonstrate similar pooled technical and clinical success rates. Adverse events occurred in 23.6% of patients (Axios stent) and 9.5% of patients (Spaxus stent) during EUS-GB. (Gastrointest Endosc 2024;:-1-11.)



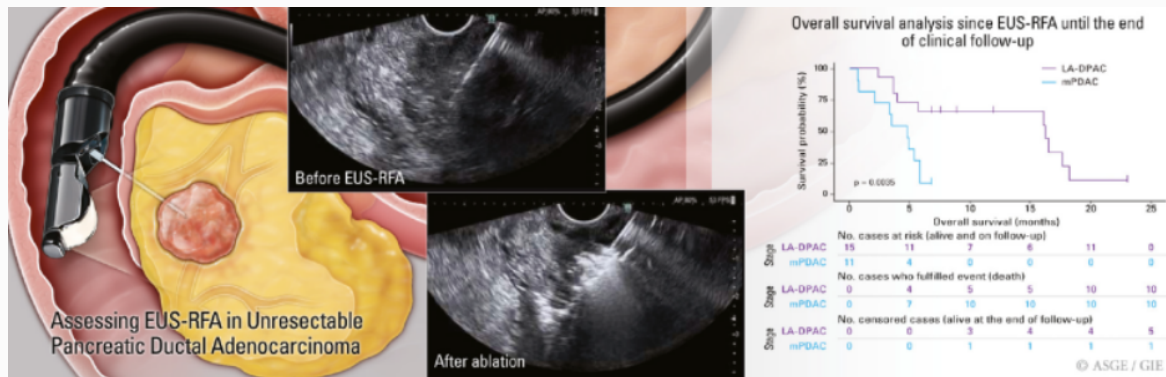


Assessing EUS-guided radiofrequency ablation in unresectable pancreatic ductal adenocarcinoma: a single-center historic cohort study



by Carlos Robles-Medranda et al. [Gastrointest Endosc. 2024 Aug;100(2):250-258.]

ABSTRACT



- Background and Aims: EUS-guided radiofrequency ablation (EUS-RFA) has emerged as an alternative for the local treatment of unresectable pancreatic ductal adenocarcinoma (PDAC). We assessed the feasibility and safety of EUS-RFA in patients with unresectable PDAC.
- Methods: This study followed an historic cohort compounded by locally advanced (LA-) and metastatic (m)PDAC-naïve patients who underwent EUS-RFA between October 2019 and March 2022. EUS-RFA was performed with a 19-gauge needle electrode with a 10-mm active tip for energy delivery.

- Study primary endpoints were feasibility, safety, and clinical follow-up, whereas secondary endpoints were performance status (PS), local control, and overall survival (OS).
- Results: Twenty-six patients were selected: 15 with locally advanced pancreatic duct adenocarcinoma (LA-PDAC) and 11 with metastatic pancreatic duct adenocarcinoma (mPDAC). Technical success was achieved in all patients with no major adverse events. Six months after EUS-RFA, OS was seen in 11 of 26 patients (42.3%), with significant PS improvement (PZ.03). Local control was achieved, with tumor reduction from 39.5mm to 26mm (PZ.04). A post-treatment hypodense necrotic area was observed at the 6-month follow-up in 11 of 11 patients who were still alive. Metastatic disease was a significant factor for worsening OS (hazard ratio, 5.021; 95% confidence interval, 1.589-15.87; PZ.004).
- Conclusion: EUS-RFA for the treatment of pancreatic adenocarcinoma is a minimally invasive and safe technique that may have an important role as targeted therapy for local treatment of unresectable cases and as an alternative for poor surgical candidates. Also, RFA may play a role in downstaging cancer with a potential increase in OS in nonmetastatic cases. Large prospective cohorts are required to evaluate this technique in clinical practice. (Gastrointest Endosc 2024;100:250-8.)





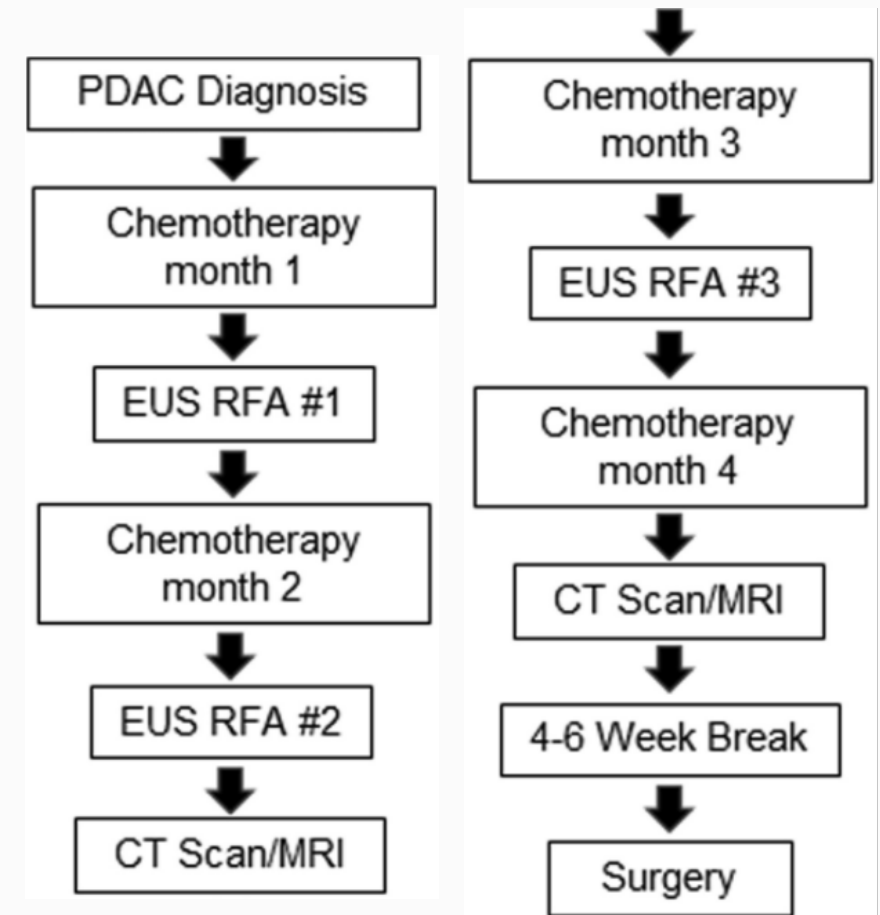
EUS-guided radiofrequency ablation for pancreatic adenocarcinoma

by Curtis J Wray et al. [Gastrointest Endosc. 2024 Oct;100(4):759-766.]



ABSTRACT

- **Background and Aims:** Emerging data suggest neoadjuvant chemotherapy (NAC) for resectable pancreatic ductal adenocarcinoma (PDAC) is associated with improved survival. However, less than 40% of patients demonstrate a meaningful radiographic response to NAC. EUS-guided radiofrequency ablation (EUS-RFA) has emerged as a new modality to treat PDAC. We hypothesize that NAC plus EUS-RFA can be used in the management of resectable PDAC.
- **Methods:** This was a prospective review of PDAC patients meeting the criteria of resectable tumor anatomy who underwent NAC chemotherapy plus EUS-RFA followed by pancreatic resection. Radiographic imaging and perioperative and short-term outcomes were recorded. Surgical pathology specimens were analyzed for treatment response.
- **Results:** Three eligible patients with resectable PDAC received 4 months of NAC plus EUS-RFA. One month after completing NAC and EUS-RFA, all 3 patients underwent standard pancreaticoduodenectomy without adverse events. After a 6-week recovery, all patients completed 2 months of postoperative adjuvant chemotherapy.
- **Conclusions:** In our institutional experience, this treatment protocol appears to be safe as patients tolerated the combination of chemotherapy and ablation. Patients underwent pancreatic resection with uneventful recovery. This novel neoadjuvant approach may provide a more effective alternative to chemotherapy alone.





Communication

(feat. Social Media)



TaeWoong values online marketing as a powerful tool for real-time engagement with customers worldwide.

Over the past year, our LinkedIn followers have grown **by more than 20%**, with our conference updates being the most well-received.

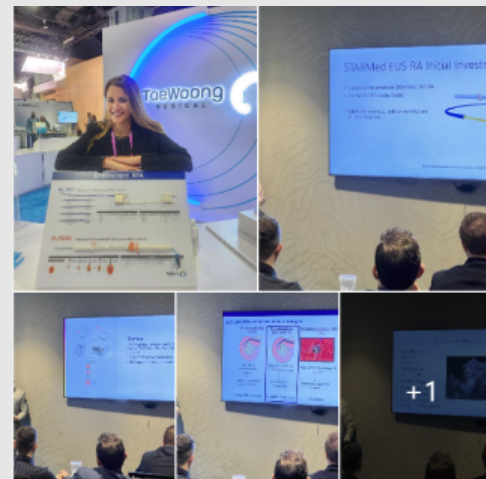
We remain committed to sharing timely and diverse updates to strengthen our connection with customers.



"Thank You for Visiting the TaeWoong Medical at ENDO 2024!"

We sincerely appreciate everyone who visited the TaeWoong Medical at ENDO 2024.

As a leading Korean company in this market for many years, we are grateful for your interest and support. We hope you made wonderful memories in Korea and wish you a healthy and safe journey back home.



The last day of DDW 2024!

Strong attention for Endoscopic RFA with Safe and Effective results ;
IPMNs by Somashekar Krishna
PDAC by Nirav Thosani
PNETs by Tomas Gonda

Please come and visit us for more details! Our specialists will give you updated information;)





Educational Support Initiatives

The 15th EUS-guided RFA Master Class in Marseille

RFA (Radio Frequency Ablation) has been used percutaneously and intraperitoneally to treat many organ malignancies by achieving localized tumor necrosis. Recently, EUS-guided RFA for the localized coagulable necrosis of pancreatic neoplasms has been introduced using a novel device, and the need of practice for its clinical application has been widely appreciated.

EUS-guided RFA Master Class in Marseille will provide the opportunities to understand mechanism of EUS-guided RFA and to learn the essential technical tips for successful clinical applications through comprehensive lectures and hands-on courses. Through the intensive course, the attendees can achieve an informative lesson from the educational cases. We kindly invite medical personnel who has experience in EUS procedures and is interested in EUS-guided radiofrequency ablation to Marseille, France.

Learning Aims

- Learn intermediate advanced EUS-guided procedure
- Understand the mechanism of RFA
- Learn technical tips and knowledge for EUS-guided RFA for pancreatic neoplasm

Program Director

 Marc Bamber, Prof.
 Department of Gastroenterology, Hospital Nord
 Nord of the University of Aix-Marseille, Marseille


Date	Time	Program
3 rd November	18:00	11:00am for check-in and registration
4 th November	09:00	Course Commence (Lunch break 12-13:00 hours)
5 th November	13:00	Hands-on (2 students)
6 th November	15:00	Lecture and discussion


Venue
 Nord Hospital in Marseille, France
 (170 Avenue de l'Europe, 13000 Marseille, France)

Hotel
 Golden Tulip Marseille Euromed
 170 Avenue de l'Europe, 13000 Marseille, France


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WORKSHOPS 



HANDS-ON 



ON-DEMAND CONTENTS 

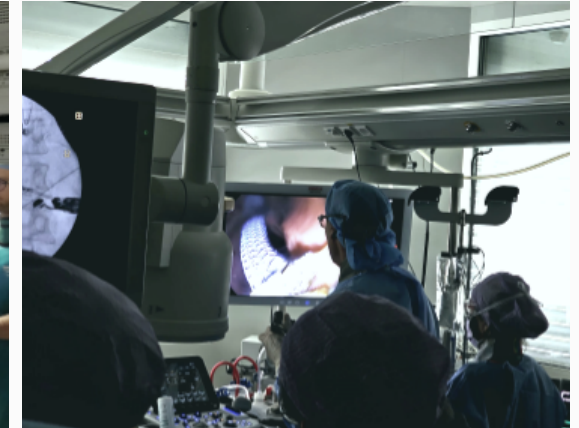


Education at the Core of Safe and Effective Treatment

We prioritize education to ensure the safe and effective use of our products. That's why we host regular workshops tailored to each product.

One shining example is the EUSRA workshop, led by Dr. Barthet team, now in its impressive 15th year. Over 100 physicians from around the globe have participated, enhancing their skills and knowledge.

We remain committed to advancing medical education and fostering global collaboration.



Empowering Physicians Through Practice



For physicians, hands-on practice is paramount. We are dedicated to providing ample resources to help doctors refine their skills with our products.

This includes developing procedural training tools specifically designed for our devices and offering as many opportunities as possible for practice with the actual products.

Our commitment is to support medical professionals in delivering the highest standard of care through continuous learning and practice.



TaeWoong OTC: Your Comprehensive Resource Hub



TaeWoong OTC serves as a dynamic archive, regularly updated with the latest data on Taewoong products.

Missed a symposium?

You can rewatch it anytime through OTC. Additionally, key publications and major papers are not only available on OTC but are also shared directly via email.

Our goal is to provide you with as much valuable information as possible, ensuring you stay informed and empowered.



ELRA™ : Setting a New Benchmark in Biliary Care: RFA + Stent Elevates MBO Outcomes

Intraductal radiofrequency ablation plus biliary stent versus stent alone for malignant biliary obstruction: a systematic review and meta-analysis
 de Oliveira Veras, M., de Moura, D. T., McCarty, T. R., de Oliveira, G. H., Gomes, R. S., Landim, D. L., Nunes, F. G., Franzini, T. A., Lera dos Santos, M. E., Bernardo, W. M., & de Moura, E. G. (2023). Intraductal radiofrequency ablation plus biliary stent versus stent alone for malignant biliary obstruction: A systematic review and meta-analysis. *Endoscopy International Open*, 12(01). <https://doi.org/10.1055/a-2204-8316>

Study or subgroup	RFA + S		S-alone		Weight	Risk difference		Risk difference
	Events	Total	Events	Total		M-H, Random, 95%CI	M-H, Random, 95%CI	
1.2.1 3 months								
Albers D (2022)	32	42	32	44	33.3%	0.03 [-0.15, 0.22]		
Kang H (2022)	15	15	14	15	37.7%	0.07 [-0.10, 0.23]		
Andrasina T (2021)	21	34	31	40	28.7%	-0.16 [-0.37, 0.05]		
Subtotal (95%CI)	91	91	99	100.0%	-0.01	[-0.15, 0.13]		
Total events	68		77					
Heterogeneity: tau ² = 0.01; Chi ² = 3.30, df = 2 (P = 0.19); I ² = 39% Test for overall effect: Z = 0.12 (P = 0.90)								
1.2.2 6 months								
Albers D (2022)	19	32	16	32	11.4%	0.09 [-0.15, 0.34]		
Andrasina T (2021)	15	21	21	31	10.4%	0.04 [-0.22, 0.20]		
Gao DJ (2021)	77	87	57	87	46.3%	0.23 [0.11, 0.35]		
Yang J (2018)	31	32	27	33	32.0%	0.15 [0.01, 0.30]		
Subtotal (95%CI)	172	172	183	100.0%	0.17	[0.09, 0.25]		
Total events	142		121					





PLANS FOR 2025


MARK YOUR CALENDAR

CONFIRMED




ESGE DAYS
April 3-5,
Barcelona, Spain

CONFIRMED



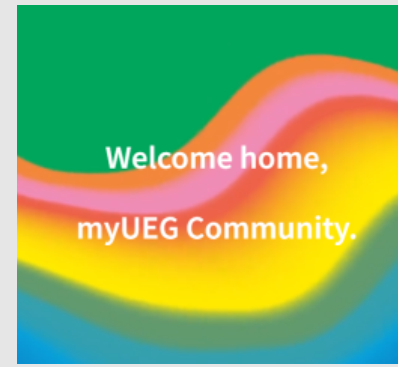
DDW
May 4-6,
San Diego, CA

CONFIRMED




SPED
August 28-31,
Lima, Peru

CONFIRMED



UEGW
October 4-7,
Berlin, Germany

CONFIRMED



APDW
November 18-22,
Singapore

