FOOTNOTES for Core77 2021 Awards Entry for ECHELON ENDOPATH™ Staple Line Reinforcement (SLR)

1. Based on coverage after manipulation assessment on porcine tissue.

2. Ethicon ECHELON ENDOPATH™ Staple Line Reinforcement. Value Analysis Summary. 2020. pg. 5. Publication 133989-200304.

3. Ethicon ECHELON ENDOPATH™ Staple Line Reinforcement. Value Analysis Summary. 2020. pg. 6. Publication 133989-200304.

4. ECHELON ENDOPATH™ Staple Line Reinforcement vs. GORE® SEAMGUARD® Staple Line Reinforcement. Hemostasis: evaluated via gross observations of firings requiring intervention in 1.38mm to 2.32mm thick porcine ileum and jejunum tissues, evaluated via a 5-point Likert scale resulting in statistically no difference in Likert scores. Material: based on average total surface area measurements (26.79cm2 vs. 49.21cm2).

5. In a tissue test ECHELON ENDOPATH™ Reinforcement covered all staple legs in (40/40) applications compared to GORE™ SEAMGUARD™ (11/40), $p<0.05$.

6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6996221/.

7. Ethicon ECHELON ENDOPATH™ Staple Line Reinforcement. Value Analysis Summary. 2020. pg. 8. Publication 133989-200304.

8. Comparison of average buttress thickness for ECHELON ENDOPATH™ Staple Line Reinforcement (0.1631 mm) vs GORE® SEAMGUARD® Staple Line Reinforcement (0.1937 mm), $p<0.01$.

9. ECHELON ENDOPATH™ Staple Line Reinforcement essentially absorbed at 17 weeks based on histologic preclinical testing. GORE® SEAMGUARD® Staple Line Reinforcement absorbed between 25-30 weeks and Endo GIA™ Reinforced Reload with Tri-Staple™ Technology absorbed at 15 weeks per IFUs.

10. In a tissue test ECHELON ENDOPATH™ Staple Line Reinforcement fully covered staple legs in (15/15) applications compared to Endo GIA™ Reinforced Reload with Tri-Staple™ Technology (0/15), $p<0.05$).

11. Ricketts C, Pollack E. Evaluation of setup by nurses of a novel click and go staple line reinforcement system. Glob Surg. 2020;6. doi:10.15761/GOS.1000215.

12. Miller DL, Roy S, Kassis ES. et al. Impact of powered and tissue-specific endoscopic stapling technology on clinical and economic outcomes of video-assisted thoracic surgery lobectomy procedures: a retrospective, observational study. Advances in Therapy (2018). https://doi.org/10.1007/s12325-018-0679-z.

13. Klassen C, Eckert CE, Wong J. et al. Ex Vivo Modeling of Perioperative Air Leaks in Porcine Lungs. IEEE Transactions on Biomedical Engineering (2018). https://ieeexplore.ieee.org/document/8325303/.

14. Characterization of device-related interruptions in minimally invasive surgery: need for intraoperative data and effective mitigation strategies. Jung JJ; Kashfi A; Sharma S; Grantcharov T. Surg Endosc. 2019 Mar;33(3):717-723. doi: 10.1007/s00464-018-6254-5. Epub 2019 Jan 28.

15. Chen B, Clymer J, Turner A, Ferko N. Global hospital and operative costs associated with various ventral cavity procedures: a comprehensive literature review and analysis across regions. Journal of Medical Economics. 2019; 22:11, 1210-1220, DOI: 10.1080/13696998.2019.1661680.

16. AORN positioning statement. Pages: 1, 4, 9, 20-23.

17. Assumes 6 buttressed firings per case with an average of 63 seconds time savings per firing. OR cost per minute of $31.24 determined in Brian P. Chen, Jeffrey W. Clymer, Adrian P. Turner & Nicole Ferko (2019): Global hospital and operative costs associated with various ventral cavity procedures: a comprehensive literature review and analysis across regions, Journal of Medical Economics, DOI:10.1080/13696998.2019.1661680.)