

# How collaboration between Physicians and Engineers prepares the future of Medicine

Alain Delchambre and Jacques Devière

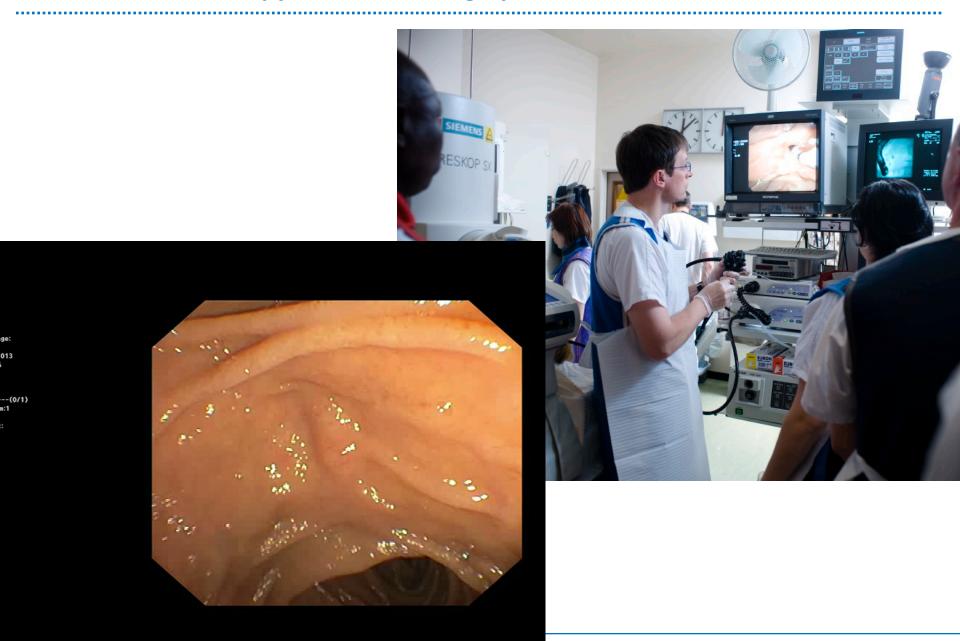
# Flexible endoscopy is an area where physicians and engineers are working in tandem since 60 years

- Collaboration focused historically with industry (devices/endoscopes makers)
- Start-up private companies possibly acquired by big players
- Real developments focused on single devices
- Role of physicians in expressing their needs
- Role of clinical research in assessing efficacy and outcomes impact
- Few examples of academic cooperation
- Fast track access and fast track regulatory clinical processes
- New indications



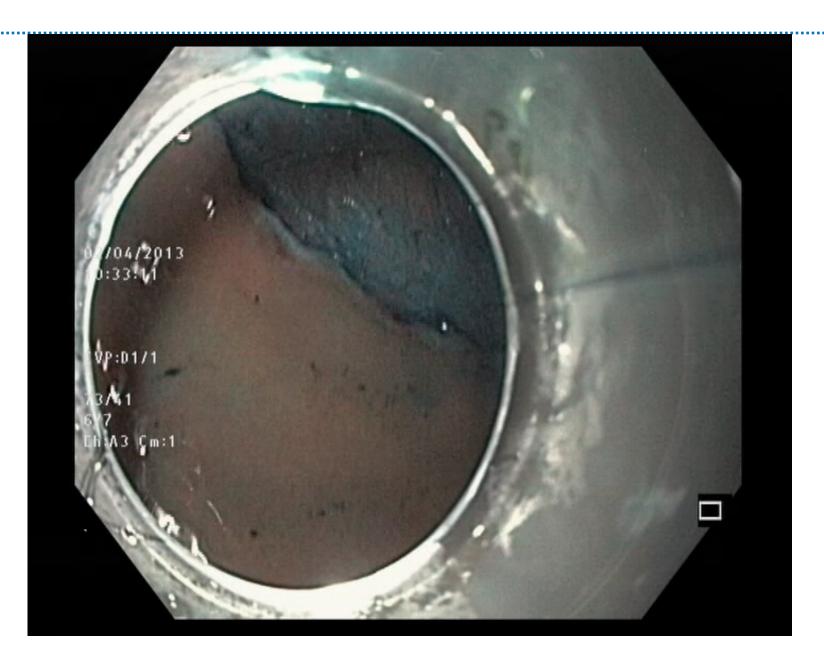


# From flexible endoscopy to transoral surgery



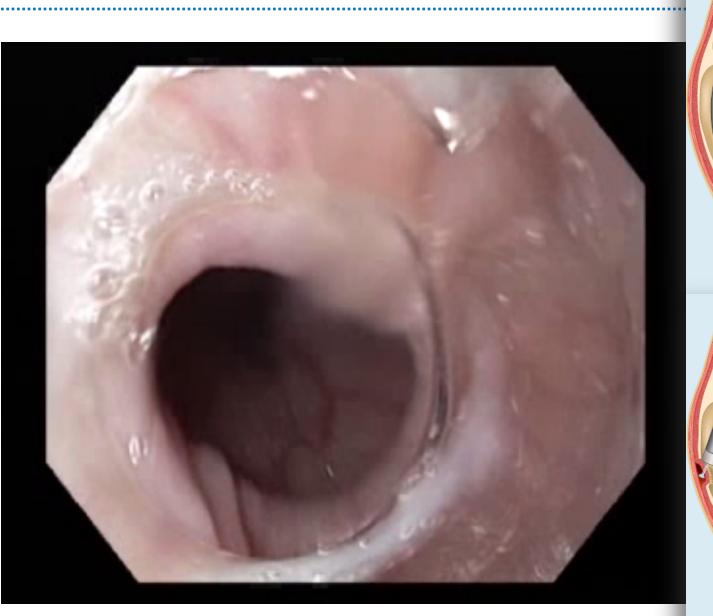
# New indications: Tumor resection, Obesity, diabetes, GERD

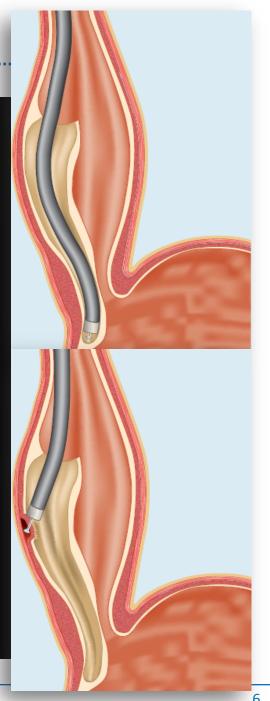
- Most of the superficial tumors of the GI tract have become amenable to endoscopic curative resection
- Obesity is the pandemic of the 21st century and both restrictive and malabsorptive surgery might be performed by transoral route
- Metabolic syndroom (obesity, diabetes, NAFLD/NASH) is associated with insulin resistance, a feature which is mediated through the endocrine system of the gut and may be modified by endoscopic interventions
- Flexible interventions have already replaced surgical approach for all « plumbing » palliative or curative procedures in the GI tract and the biliopancreatic system













In search for a simple system to become a « real » surgeon



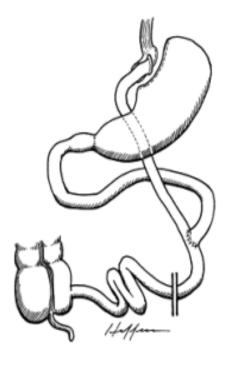
## **Endoscopic Treatment for obesity: Why?**

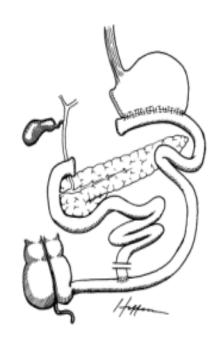
- Obesity and diabetes are the pandemy of the 21st Century
- Exponential increase in incidence in North America, Europe, Middle East, South America, India, China
- Surgery is offered to < 10 % morbid obeses and resources will be overwhelmed
- Obesity is a chronic disease requiring lifelong therapy, and sometimes multiple treatments
- Metabolic syndroom includes obesity, diabetes, NAFLD....



# Lessons from bariatric surgery: remission of Diabetes







Adjustable
Gastric Banding
38%

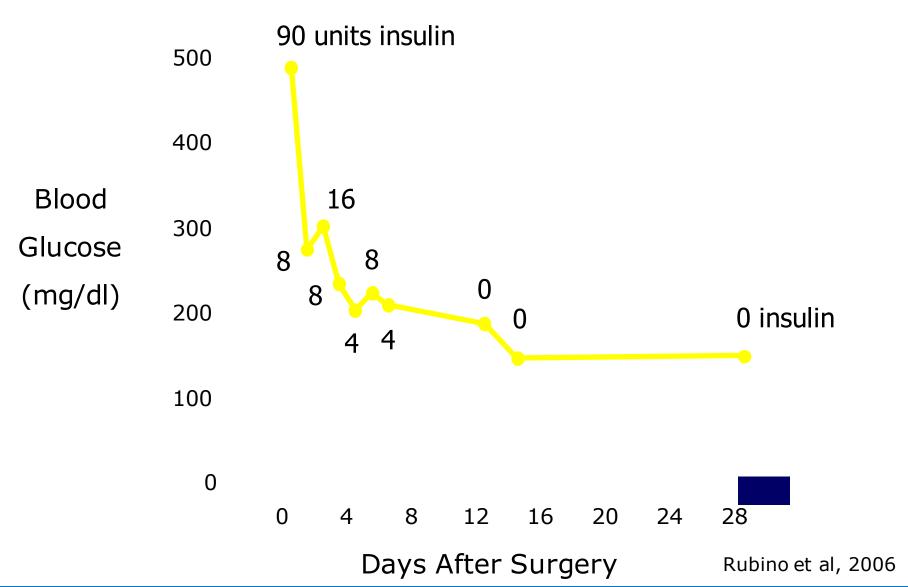
Roux-en-Y
Gastric Bypass
84%

Biliopancreatic Diversion 98%

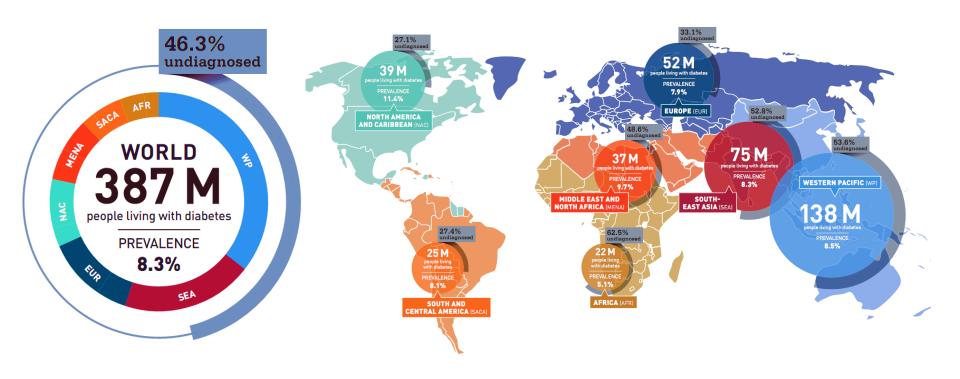
Buchwald H., JAMA 2004







# Type 2 Diabetes: The Challenge



Battling the epidemic

Treatment
shortcomings
recognized

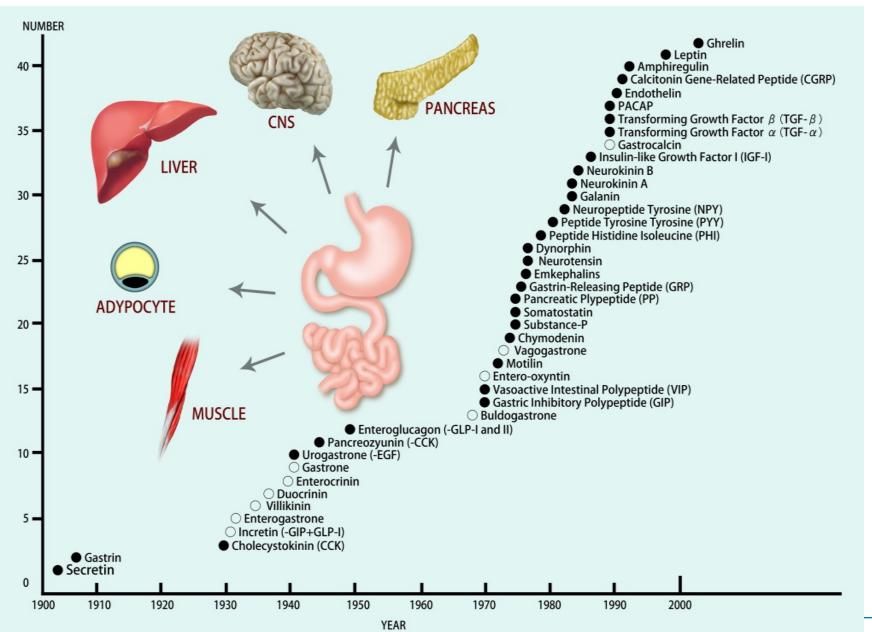
New solutions necessary

Images from IDF Diabetes Atlas 2014



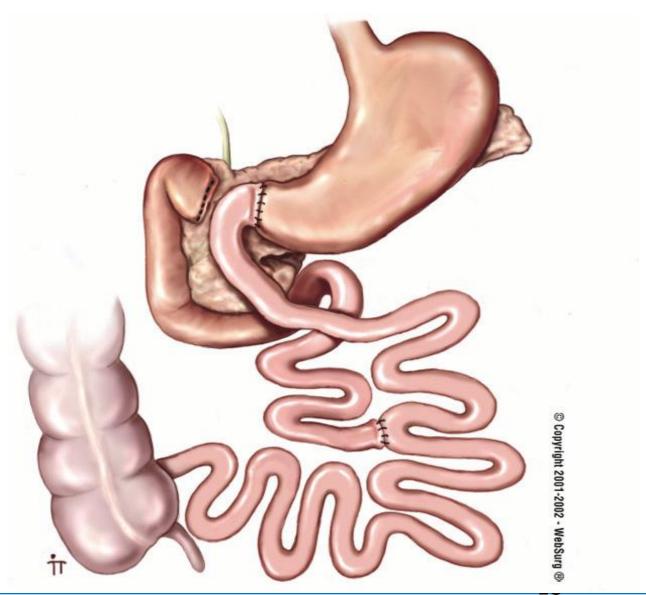


# The Gut is major endocrine organ

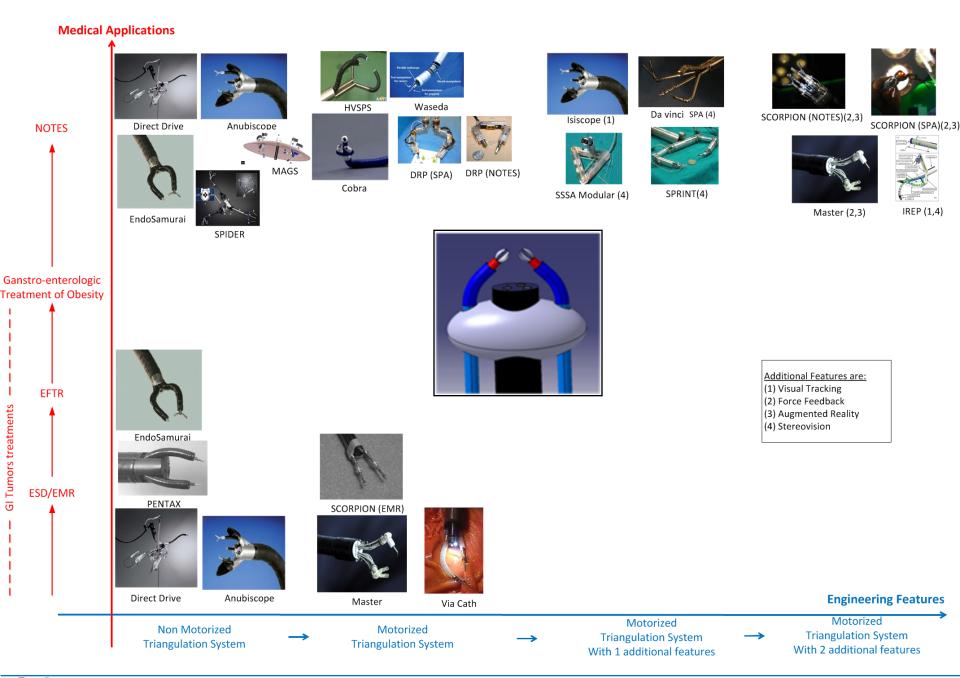




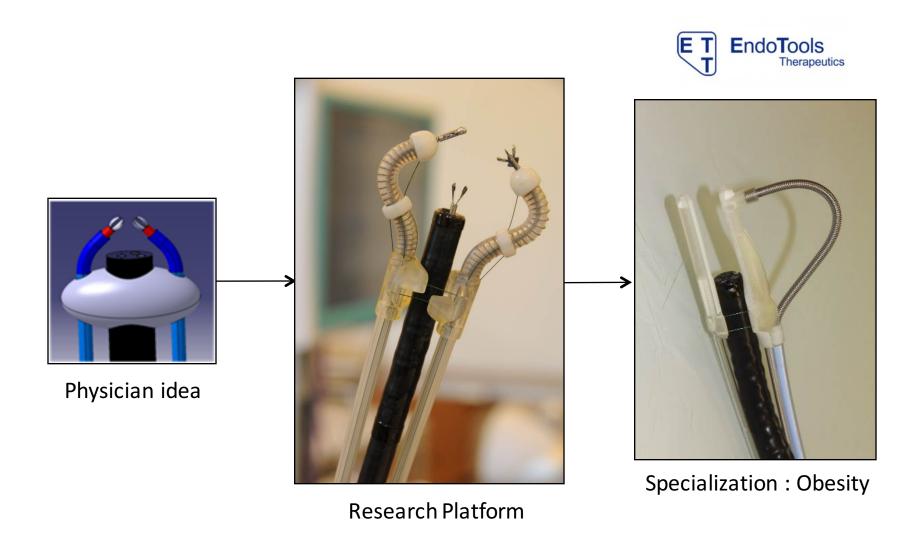
# **Duodenal-Jejunal Bypass (DJB)**







# From the Endomina project to the spin-off EndoTools Therapeutics





# **Endomina: the universal triangulation system for gastro-enterology**

- Robotized and flexible system
- Universal: can be used with any endoscope and with any therapeutic tool up to 9 French
- In situ assembly system to an endoscope
- 2 guiding catheters enabled to bend with 3 degrees of freedom
  - S-Shape
  - Up and down







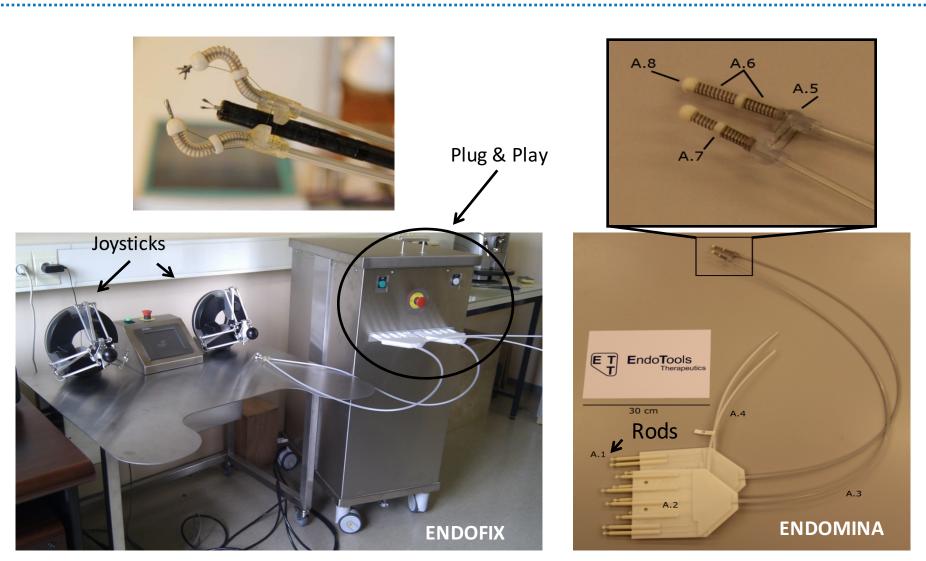
# **Endomina: the universal triangulation system for gastro-enterology**

- To perform real endoluminal surgery
- Mimics 2 hands in the GI tract to
  - Lift & Cut the tissue
  - Suture the tissue
- Potential applications
  - Morbid obesity treatment
  - Gastro-esophageal reflux treatment
  - Endoscopic full thickness resection
  - Single Port Access procedure





# Medical device: general view

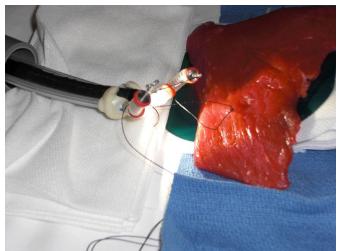


CE marked in 2011 (incl. Electro-medical device Endofix)



# **Preliminary tests**





Lift & Cut

Suturing

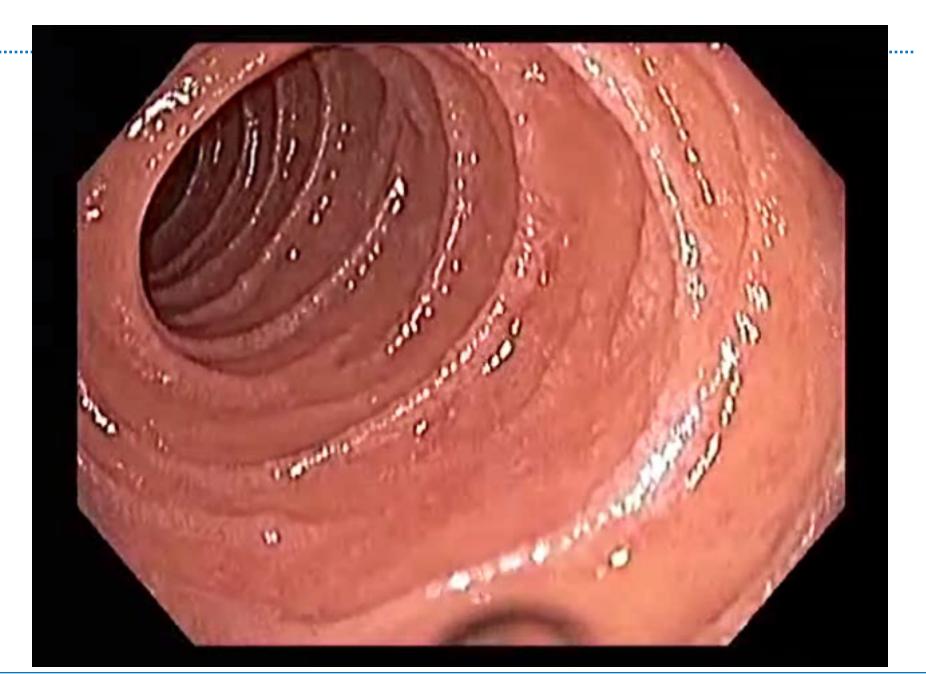


Gastroscope



Treatment of morbid obesity







# Endomina v2 is 100% compatible with most endoscopes and surgical tools

- Single use
- Single flexible arm compared to v1
- Overcomes current limitations of interventional gastroenterology by adding triangulation
- Universal (i.e. can be used with any endoscope and endoscopy tools), limiting costs for hospital and social security systems











# Video









### **Endo Tools Therapeutics**



#### **Activity**

Development and commercialisation of tools for gastroscopic surgery

#### **Ambition**

To become leader on the world market for morbid obesity treatment by natural orifices

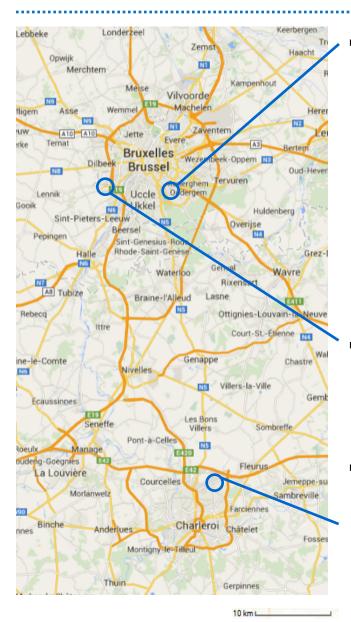
#### Major operational elements

- First capitalization of the SA in 2009
- In July 2011, CE marking obtained for the Endomina product
- First clinical trials on 6 patients (V1)
- In 2013, 2,5 MEUR fund raising to finance future developments, on the basis of a company value of 4,8 MEUR
- 2015, pilot clinical trial completed(14 patients), safety and feasibility, 40% EWL at 4 months
- 11/2015, multicenter trial started (efficacy)





#### The facilities



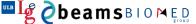
 BEAMS – Bio, electro and mechanical systems department (Solbosch + Erasme): Engineers



LGE – Gatro-enterology department (Erasme): **Physicians** 

ETT (Charleroi) : **Spin-off** 







#### **Development process**

Idea

#### **Prototyping**

Industrialization

Commercialization

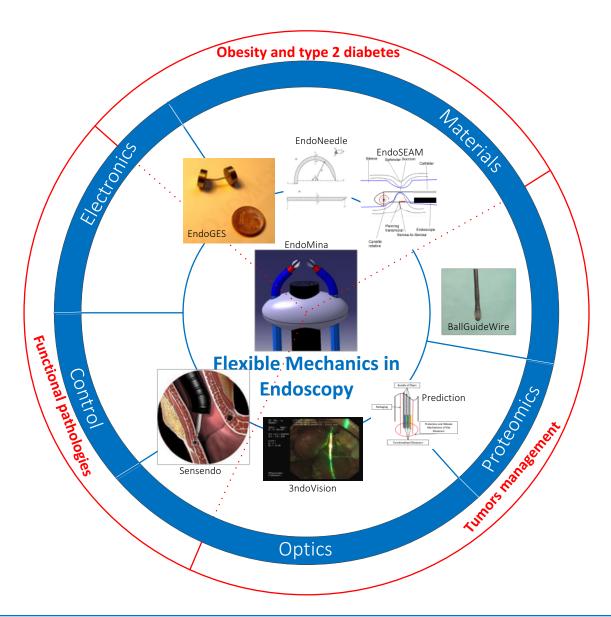
- Rich flow of ideas based on daily medical practice by Jacques Devière and his team
- 10 engineers developing and testing prototypes in close relation with physicians
- Animal investigation in veterinary school in Liège (100km)

- Limited volume industrialization with subcontractors
- CE marking and ISO standards (mechanical, electrical electronics, software)
- Clinical investigation in Erasme
- Spin-off for Endomina

 Currently no distribution network

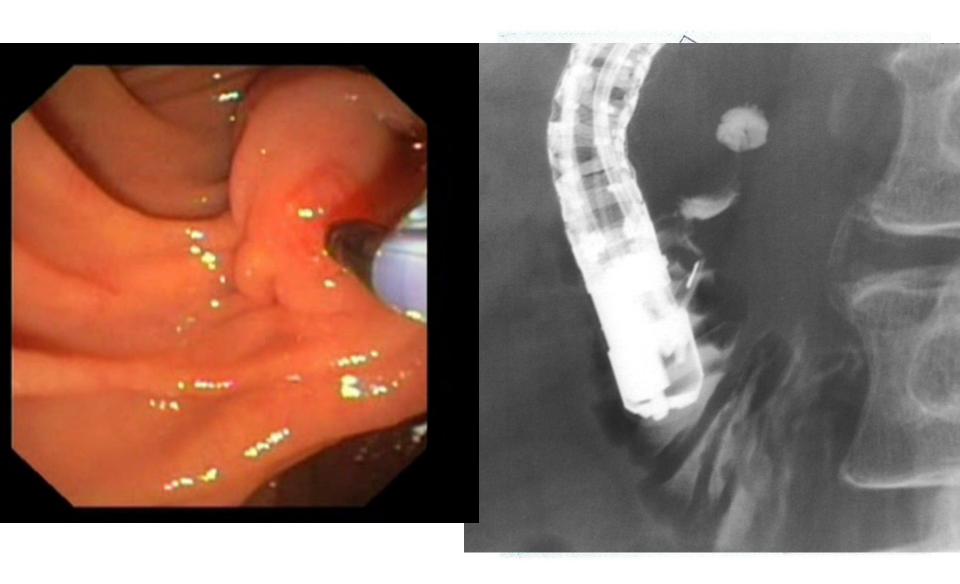


### **Research themes**





# Access: Selective cannulation is one of the most challenging steps of ERCP





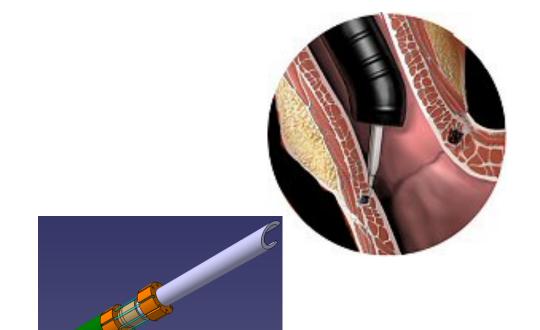
Some examples: Detachable Ball tip wire

# **Some examples: Magnetic anastomoses**

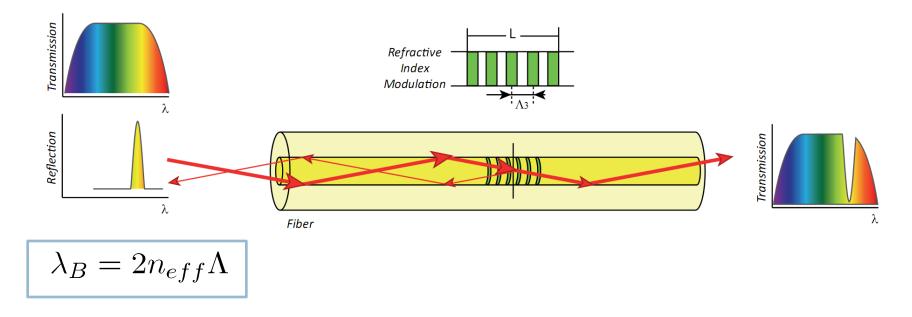


#### Sensendo: to overcome the absence of tactile feedback

- In situ force measurement
- Force feedback system
- GERD treatment by polymer injection
- Tumor recognition (hardness)
- Layers dissection
- Team:
  - SGE (Gastroenterologiy)
  - BEAMS (Electro-mécanics)
  - SET (optic)
  - SAAS (automatic)



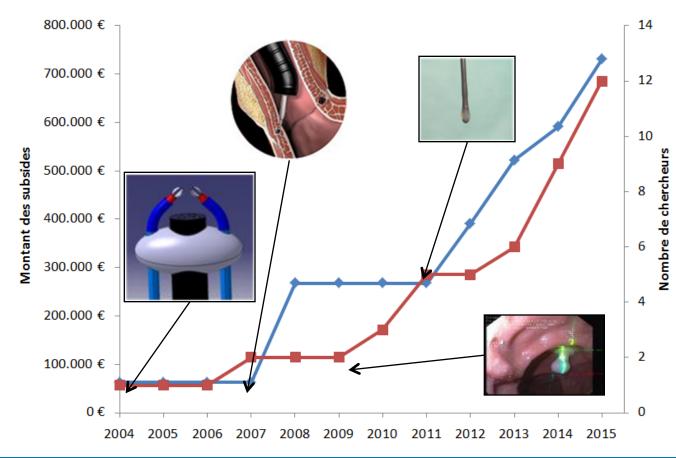
# **Bragg's fibers captor**



- Compression modifies the wavelength of transmission
- Young module and geometry correlate force and shortening
- Electronical amplification is possible: Augmented reality!!

#### **Gastro-Ir research projects**

- → Subsides reçus pour l'ingénierie en endoscopie digestive / an
- Nombre de chercheurs temps plein lié à cette collaboration



- 3 Professors (EP) 8 PhD-engineers; 2 Post-Doc engineers, 2 PhD-physicians
- 4,5 M€ public funding
- 7 ongoing projects



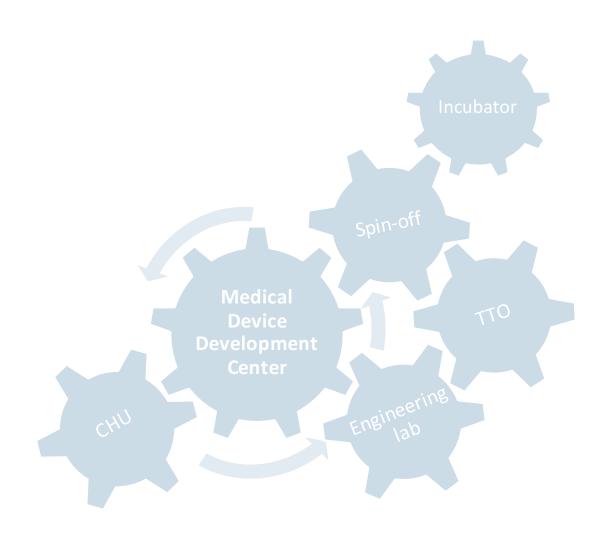
# Possible collaborations with other medical units

#### **Expertise developed in engineering department**

Medical Units				
	Triangulation	Flexible mechanics	Force sensor	Length Measurement
Neurosurgery	$\checkmark$			$\checkmark$
Interventional Radiology		$\checkmark$	$\checkmark$	
Orthopedics			$\checkmark$	$\checkmark$
Surgery	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Radiotherapy			$\checkmark$	
Gynecology		$\checkmark$	$\checkmark$	$\checkmark$
Ophthalmology			$\checkmark$	$\checkmark$
Pulmonary et urology		$\checkmark$		$\checkmark$



# **Future structure: Platform of innovations**





# Physicians and Engineers prepare the future of transoral

Surgery

- As they did for many years for most of surgical improvements
- Even more with the new challenges of flexible endoscopy
- The need for platforms of innovation will most probably further increase with the challenge of new indications
- The potential impact on patients outcomes is fabulous
  - All "plumbing" curative and palliative interventions
  - Superficial tumors GI, pulmonary, uro-genital
  - Obesity (pandemy, disease with no pharmalogical treatment)
  - Transoral treatment is an ideal first line approach which does not compromise further surgery
  - Endoscopy might cure Diabetes



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