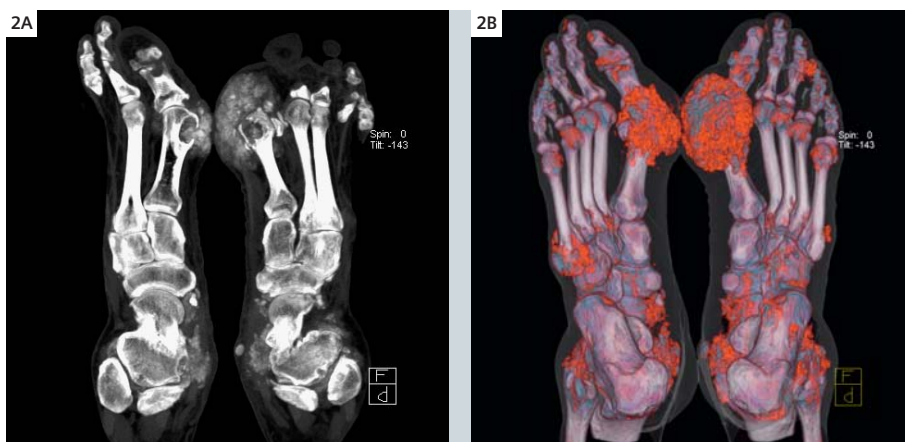


Finally, *syngo* DE Brain Hemorrhage helps to differentiate between old and fresh intracranial bleeding by creating a virtual non-enhanced view that subtracts contrast media from the images, thus eliminating the need for a second native scan of the head and thereby reducing X-ray exposure.

Overall, the introduction of these four new applications strengthens the clinical relevance of dual energy by further improving clinical workflows and the diagnostic capabilities of Dual Source CT. And they will also extend the role of Dual Source CT as one of the leading topics of scientific research in the CT field.



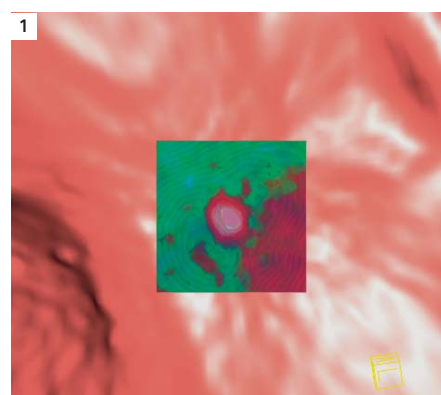
2 Feet of a gout patient, examined with *syngo* Dual Energy Gout.

Stunning Achievements of Virtual Colonoscopy Trials Push Future Reimbursement in the U.S.

By Joachim Buck, PhD, Business Unit CT, Siemens Healthcare, Forchheim, Germany

Colorectal cancer is the third leading cause of cancer death in the U.S. today¹. Optical colonoscopy, the standard for colon cancer screening, enables both the detection and removal of polyps. It is invasive and requires bowel preparation, sedation and recovery time. On the other hand, virtual colonoscopy (VC) offers a minimally invasive alternative to polyp detection providing a more comfortable screening alternative that will eventually lead to more public acceptance and more patients obtaining the therapy they need. Currently, physicians in the U.S. use category III codes for VC reimbursement. The next 1 to 2 years should result in a significant change: According to the ACRIN² 6664 trial, VC was comparable to the gold standard colonoscopy for screening intermediate and large-sized polyps². Based on these results, VC has been validated as a screening test for colorectal cancer and detection of large and medium-sized polyps. Additionally, results from other VC trials (IMPACT, Munich Colorectal Cancer Prevention Trial, and Wisconsin Trial), showing positive results for VC, were presented at

a virtual colonoscopy symposium in mid-October 2007 in Boston. Based on the very positive results of these trials, the American Cancer Society (ACS) has been adding virtual colonoscopy to the new colorectal cancer screening guidelines. This development should lead to a widespread reimbursement for virtual colonoscopy screening by third-party payors, eliminating the main barrier to large-scale implementation in the U.S. Recently a bill (H.R. 4879) has been introduced to the U.S. House of Representatives (Dec 19, 2007) to add VC to the list of colorectal cancer screening alternatives covered by Medicare. Assuming that this legislation will pass beginning January 2009, VC in ambulatory surgical centers or hospital outpatient departments would be reimbursed for individuals 50 years old and older, under the physician fee schedule and consistent with "similar or related services." Finally, the bill would exclude screening virtual colonoscopy from the cuts to imaging services reimbursement under Medicare imposed by the Deficit Reduction Act (DRA) of 2005.



1 The new functionality of Polyp Lens (included in *syngo* Colonography) helps to increase the safety of VC. It visualizes the CT values behind the surface in the Virtual Endoscopic Display. This differentiation helps to discriminate between polyps and tagged residual stool.

- 1 Cancer Facts & Figures 2007 – American Cancer Society
- 2 ACRIN (American College of Radiology Imaging Network)