

ENDOSURE is the only Non-Invasive, 30-minute,
99% Accurate Diagnostic Test for Endometriosis



Empowering You to Diagnose Endometriosis at First Patient Visit

Diagnostic Support

99% accuracy, 95% sensitivity,
96% specificity

Testing takes less than an hour

Provides instant results

Detects all disease stages

Patient Centred Experience

For all ages, premenarche to
post menopause

Painless & trauma informed

Minimal patient preparation

Patients remain fully clothed
during test

Clinical Fit

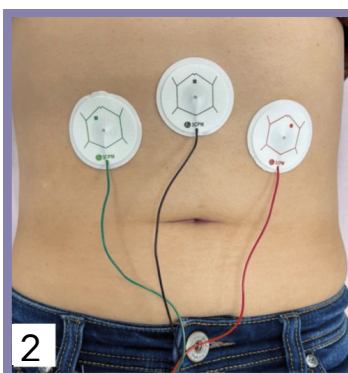
Manufacturer Certified Training
for your staff

No special equipment required
beyond ENDOSURE Test

No biological sample collection
or disposal required

EndoSure Test

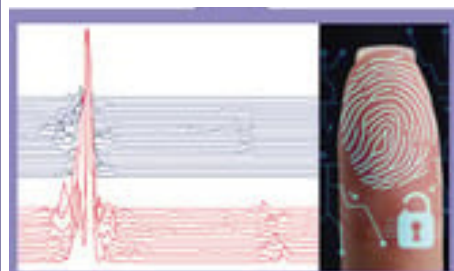
ENDOSURE is an accurate yet non-invasive diagnostic test for endometriosis. The ENDOSURE test uses an electroviscerography system (EVG), an analytical instrument that collects GastroIntestinal Myoelectrical Activity (GIMA) signals from the abdomen through dry electrodes. Very similar to an electrocardiogram/EKG it's easy to perform and provides simple, objective data. Authorized for sale by Health Canada since 2021, this Class 2 medical device is indicated for endometriosis (Device License: #107153).



Non-invasive Endometriosis GIMA Biomarker Screening

ENDOSURE detects endometriosis presence by measuring a GIMA pattern unique to endometriosis sufferers (GIMA biomarker). The GIMA biomarker has demonstrated 98 - 99% accuracy, 95% sensitivity, and 96% specificity for all ages. ENDOSURE provides clinical evidence for practitioners who suspect endometriosis in their patients with:

- Dysmenorrhea and/or chronic pelvic pain
- Infertility & miscarriage
- Pre pregnancy screening for endometriosis associated with the higher-risk for placenta previa, preeclampsia, preterm birth and post-partum hemorrhage.



The Science behind ENDOSURE

GIMA Biomarker of Endometriosis



Relation of endometriosis and neuromuscular disease of the gastrointestinal tract: new insights. John R. Mathias, M.D., et al Fertility and Sterility Vol 70, NO.1 July 1998

In 1998, it was discovered that endometrial tissue releases prostaglandin PGE2 and PGF α which have a seizure like effect on the small bowel. First published by John Mathias at Women's Hospital of Texas. Published in Fertility and Sterility Vol 70, NO.1 July 1998

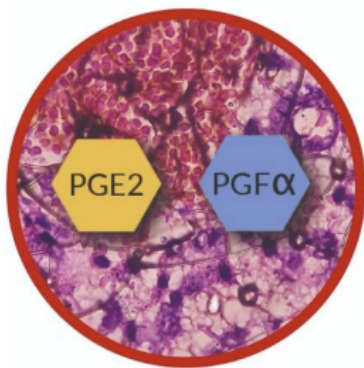
Patients: Fifty women with endometriosis documented by laparoscopy and gastrointestinal tract symptoms characterized by chronic abdominal pain, nausea, vomiting, early satiety, bloating and distention, and altered bowel habits.

Intervention(s): Trans-nasally measured motility of the gastrointestinal tract.

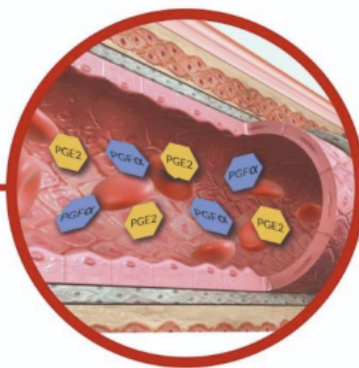
Results: All 50 women showed a characteristic motility change, a seizure like equivalent of the enteric nervous system

Conclusions: This study suggests that endometriosis and gastrointestinal tract symptoms are a result of the dysfunction of hollow organs and further suggests the unique mix of secreted prostaglandins from endometriosis tissue cause motility disorder. In summary, a characteristic dysfunction of the enteric nervous system exists in the bowel of patients with endometriosis.

Mechanism of Action of Endometriosis Effect



Endometriosis tissue, regardless of location, secretes PGE2 and PGF α



PGE2 and PGF α transported via circulatory system



Resulting seizure-like spasm produces abnormal GIMA unique to endometriosis and detected by ENDOSURE Test



Gastrointestinal Myoelectrical Activity (GIMA) Biomarker for Noninvasive Diagnosis of Endometriosis
Mark Noar, John Mathias, Ajit Kolatkar, J Clin Med, 2024

Objective: demonstrate the GIMA biomarker is unique to endometriosis and allows non-invasive accurate diagnosis or exclusion of endometriosis. **Intervention(s):** EVG recorded GIMA biomarkers from 3 abdominal electrodes before & during 30 min post water load protocol. **Results:** Subjects with endometriosis demonstrated a unique GIMA biomarker pattern characteristic of the disease. Subjects without endometriosis were negative for the biomarker. GIMA biomarker threshold scoring demonstrated **95% selectivity, 96% specificity, and accuracy of 98% - 99%**. A validation cohort of 49 subjects was tested and the GIMA biomarker threshold scoring was able to detect those who were positive and negative for endometriosis that were subsequently confirmed surgically. Hormonal therapy, surgical stage, and pain score did not affect diagnostic accuracy.

Conclusions: EVG with GIMA biomarker detection distinguished participants with and without endometriosis based upon endometriosis-specific GIMA biomarker threshold scoring. Confirmatory studies have been conducted at research institutions throughout the world and are soon to be published. Current published research can be found at endodiagnosis.com/research/



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Endodiagnosis, Inc. is the Manufacturer's Agent for ENDOSURE