



**Safe reach to inner organs**

**Easy implantation**

**Marker for any inner organ**

- Enabling a stable SBRT process with superior Economy, Accuracy and Precision

- Safer insertion using a fine needle enabling passage through almost any inner organ – **new patient groups reached**
- Without need for local anesthesia – **more time efficient procedure**
- With **less risk of pneumothorax, bile leakage, discomfort, bleeding, infection and seeding**

- At the Karolinska Hospital the implantation of Gold Anchors in prostate are done by **uro-oncologists**
- Implantations in abdominal and lung tumors are sometimes done by **oncologists** but in most cases the patient is referred to **radiologists**, who are very comfortable with the fine needle of Gold Anchor

**Unique design**

- Superior tissue attachment
- Less artifacts
- Now visible on MRI

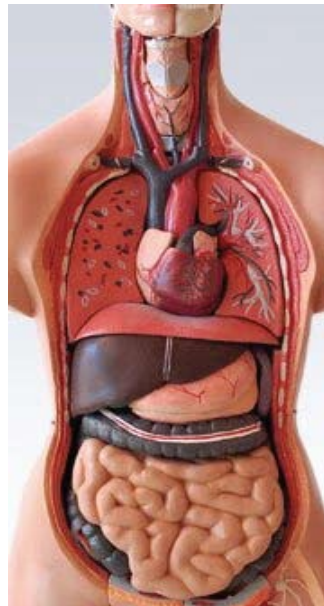
**Super fine needle**

reduces the risk of

- Pneumothorax
- Bile leakage
- Discomfort
- Bleeding
- Infection
- Seeding

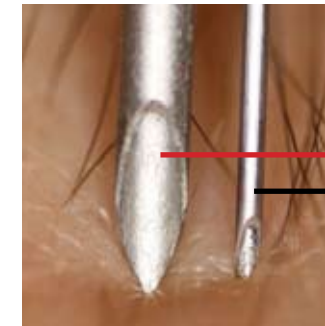


CE Marked  
FDA Cleared



Fine needles for cytology have been used more than 50 years in all parts of the human body with no to very little harm

Picture from www.skeletonmodels.com



Regular gold marker needle:  
• 17G needle, diameter of 1.47 mm

Gold Anchor fine needles:  
• 22G needle, diameter of 0.7 mm  
• 25G needle, diameter of 0.5 mm

The cross-sectional red area is 8 times larger than the black area



Options for loading EUS-FNA 22G catheter (back- or front-loading)

*"It is great that I can use Gold Anchor without local anesthesia. I also find it useful to give each marker a recognizable shape when using several markers for the same patient."*



-Oncologist, Enrique Castellanos, M.D., Assoc. Prof.  
Dept. of Oncology, Radiumhemmet  
Karolinska University Hospital, Sweden

*"It is easier to implant Gold Anchor than to perform Fine Needle Aspiration Cytology. With the ultra-thin needle of 0.5 mm, we do not have to order blood coagulation tests, unless the patient is on blood-thinners."*



- Radiologist, Fausto Labruto, M.D., Assoc. Prof.  
Dept. of Radiology  
Karolinska University Hospital, Sweden



e: info@nl-tec.com  
 Ph: 08 9332 0925  
 Fax: 08 9332 0926

## About

Gold Anchor is available as 10 or 20 mm long markers in different needle sizes:

- GA150 25G 0.5x150 mm needle
- GA200 22G 0.7x200 mm needle

Each needle comes preloaded in a sterile and safe blister pack.

A product for cystoscope and rectoscope application is under development:

- GA300 22G 0.7x300 mm needle with a 200 mm coaxial introducer

### Made in Sweden

Naslund Medical AB has the exclusive right to commercialize the patent

### Contact details

Naslund Medical AB  
 Vassvägen 21, 14139 Huddinge, Sweden  
 Fax: +46 850 900 381 and Fax in the USA: (312) 277 6688  
 Email: info@FineNeedleMarker.com

### Order

- Visit [www.FineNeedleMarker.com](http://www.FineNeedleMarker.com) to find your local distributor
- To place an order from a country without distributor, please send purchase order or a request to fax (see above) or to: [order@FineNeedleMarker.com](mailto:order@FineNeedleMarker.com)

### Quality Management System

Naslund Medical AB is certified to ISO 13485:2003 and according to the Directive 93/42/EEC on Medical Devices, Annex II, Full Quality Assurance System

Int.Patent and Int.Pat.Pend  
 CE Marked, FDA Cleared

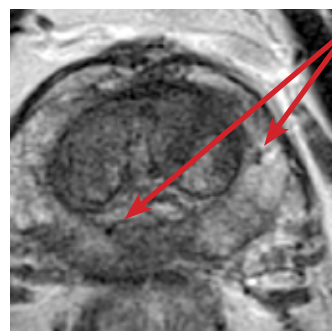
\* Not intended for use in heart, large blood vessels, eyes, brain, spinal cord, or other standard exclusionary anatomy recognized for implantable markers.

## More reliable localization over time

- Strong attachment to tissue since Gold Anchor expands and "sews into place" when inserted – **diminished risk of marker displacement**
- Preserved appearance – **a sign of no migration**
- Many users choose to **perform dose planning CT** of the patient **immediately after marker implantation**
- Can be tracked with the Cyberknife® image system

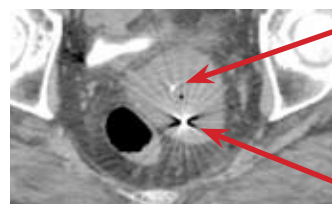
## Enabling a new SBRT solution

- Reduced setup time in the treatment room compared to the X, Y, Z coordinate frame technique – **better throughput**
- More accurate and precise than the frame technique – **the marker indicates the true position**
- Intuitive and easy matching of orthogonal or CBCT images to DRRs – **increased safety and reduced risk of treatment errors**



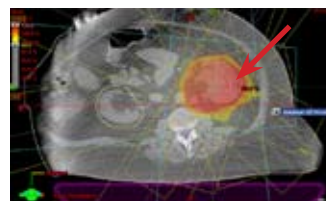
Now also visible on MRI

In addition, visible on CT, Cone-beam KV-CT, kV, Fluoroscopy, Ultrasound, and (as folded marker) on Cone-beam MV-CT

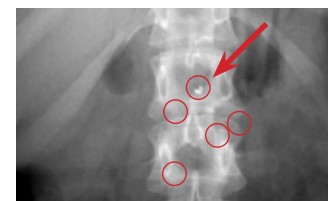


Gold Anchor gives less artifact and less disturbance of the dose distribution in proton therapy

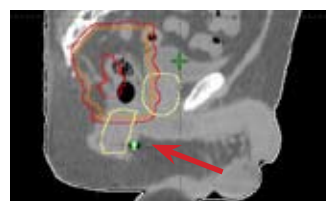
Traditional marker



Kidney cancer in a man weighing 170 kilo, 375 pound



Pancreatic cancer. Circles indicate five days inter-fraction tumor movement



Gold Anchor as reference for the caudal field border in a rectal cancer treatment



Gold Anchor as reference for an earlier field border in a new metastasis close to earlier treatment

*"We use Gold Anchors to achieve a more reliable localization over time for our gynecology patients."*



-Oncologist, Catharina Beskow, M.D., Ph.D.  
 Dept. of Oncology, Radiumhemmet  
 Karolinska University Hospital, Sweden

*"The Gold Anchor has been used for our SBRT liver patients and for palliative cases with large tumors located close to risk organs. The fine needle deposition is smooth and painless. It is top of the line equipment."*



-Oncologist, Peter Wersäll, M.D., Assoc. Prof.  
 Dept. of Oncology, Radiumhemmet  
 Karolinska University Hospital, Sweden

*The Gold Anchor has been invented and developed by Ingemar Naslund, M.D., Associate Professor, for 20 years head of the Division of Radiation Therapy, Radiumhemmet, Karolinska University Hospital, Stockholm, Sweden, where he was one of the inventors of the SBRT technique in 1991. He is also the inventor of the PatLog™ Recliner produced by [www.ONCOlogMedical.com](http://www.ONCOlogMedical.com)*  
**[Ingemar.Naslund@FineNeedleMarker.com](mailto:Ingemar.Naslund@FineNeedleMarker.com)**

