

bkFusion

Fast. Flexible. Effective.¹

bkFusion, powered by MIM Software, is the unique MRI-ultrasound fusion biopsy solution designed to integrate seamlessly into your urology practice.*



GE HealthCare

Accurately visualize registration errors

bkFusion utilizes rigid registration and unique Predictive Fusion® technology powered by MIM Software.*

Predictive Fusion® allows you to immediately see any errors in the overlay of MRI and ultrasound images before and during the procedure. If changes are needed, make simple, one-touch, micro-adjustments to update the registration without calibration steps or 3D sweeps. Data sets maintain their integrity and are not stretched, morphed or manipulated, which is a common source of error in elastic registration.

84%

positive detection rate
for prostate cancer²

bkFusion has been shown to accurately detect 84% of PI-RADS 3-5 lesions and up to 81% GG≥2 cancer.²



Reported Detection Rates Surpass Established Literature Benchmarks

Prostate cancer was detected in 71% of men with positive MRI compared with 84% with MRI-US. The study concluded that transperineal MRI-US guided prostate biopsies can be safely performed as an outpatient procedure under local anesthesia in an ambulatory setting.^{2,3}

Collaboration with radiology

With SymphonyDx or SymphonyDx Lite the prostate and lesions are contoured, reorienting the supine MRI to match the live ultrasound image.**

A virtual transducer (ReSlicer®) is placed parallel to the mid-posterior wall of the rectum and reference plane at the base of the prostate ensuring the registration is in alignment once placed for the procedure. This personalizes the position of the transducer to ensure the registration is in alignment once placed for the procedure.

Integrated solution for a fast and efficient biopsy¹

bkFusion was created for single-operator use, providing the physician the ability to maintain control.

Less than

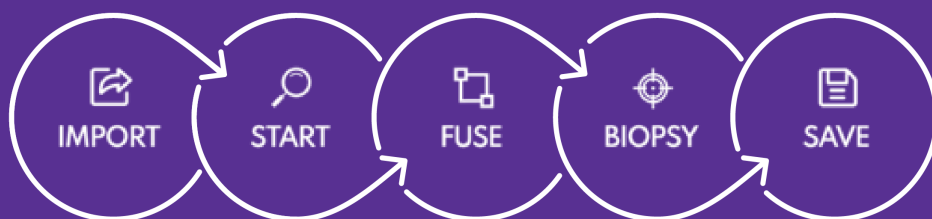
7

minutes

Prostate biopsies performed with bkFusion have been recorded to be as fast as seven minutes.¹

5 simple steps

bkFusion's integrated solution enables seamless and efficient workflows for easy, real-time imaging during MRI-US fusion biopsies.



Don't compromise your workflow, with the power of integrated bkFusion.

Concentrate on your patient, not the technology.

bkFusion simplifies patient care beyond the biopsy procedure. Its integration with MIM Software assists in review of medical images for diagnosis and makes pre- and post-biopsy physician communication easy with simple data transfer options.



Controlled procedures. Tailored to your needs.

Perform prostate interventions with the approach you prefer - in the clinic or the OR

Transperineal Approach



Freehand

E14CL4b (9048) Endocavity Biplane Transducer with external navigation sensor

Integrates with electromagnetic (EM) tracking
Made by NDI



Stabilized

E14CL4b (9048) Endocavity Biplane Transducer



Integrates with CIVCO EX3 Stepper

CIVCO EX3 Stepper is manufactured by CIVCO Medical Solutions.

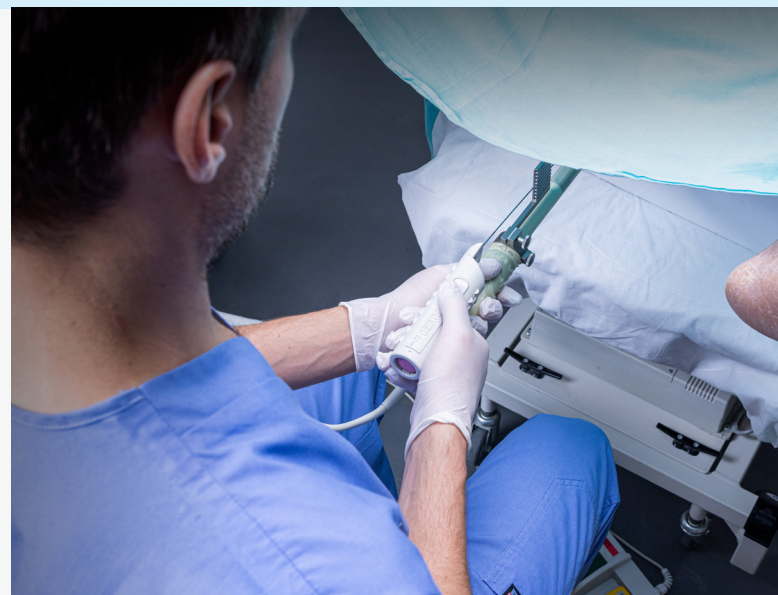
Transrectal Approach



Side-Fire and End-Fire

E14C4t (9018) Prostate Triplane Transducer and E13C2 (9029) High-Resolution End-Fire Transducer with external navigation sensor

Integrates with electromagnetic (EM) tracking
Made by NDI



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- * MIM ReSlicer® technology (MIM's patent No. 9563948) enables Predictive Fusion®.
- ** SymphonyDx Lite and SymphonyDx may be unavailable in your country. Please contact your local representative to confirm availability.
- 1 Data on file.
- 2 Immerzeel J, Israël B, Bomers J, et al. Multiparametric Magnetic Resonance Imaging for the Detection of Clinically Significant Prostate Cancer: What Urologists Need to Know. Part 4: Transperineal Magnetic Resonance-Ultrasound Fusion Guided Biopsy Using Local Anesthesia. Journal of European Urology 2021.
- 3 Drost FH, Osse D, Nieboer D, et al. Prostate magnetic resonance imaging, with or without magnetic resonance imaging-targeted biopsy, and systematic biopsy for detecting prostate cancer: a Cochrane systematic review and meta-analysis. Eur Urol 2020;77:78-94.

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