**KEN BINMOELLER:** Interventional endoscopy is about an approach. So it's not specific to any organ, such as the esophagus, or the colon, or pancreas. And it's not specific to any imaging modality that we use to guide our procedures. So it's really about the hand-eye coordination, and understanding the tools that we use, and being able to deliver and execute the maneuvers with great precision, great accuracy. And with endoscopic ultrasound, it's, again, using ultrasound as just another imaging modality to help guide your procedures.

So these are all skill sets. Skill sets in terms of using the tools. Skill sets using imaging modalities. And they all complement one another. The emphasis here is that you need to be a universal interventional endoscopist. You need to integrate all of these skill sets together, and that's when you can dramatically change the clinical course of a patient, a patient who's really sick. And you can just cure that patient instantaneously. And that's sort of pseudocyst drainage.

Again, just imagine you have pancreatic enzymes that are literally digesting your insides, and they're leaking out into the retroperitoneum, and they're compressing neighboring organs. And now, you stick a needle and place a stent, and the contents just gush out. And they're, again, often infected. And you instantaneously change the patient's course.