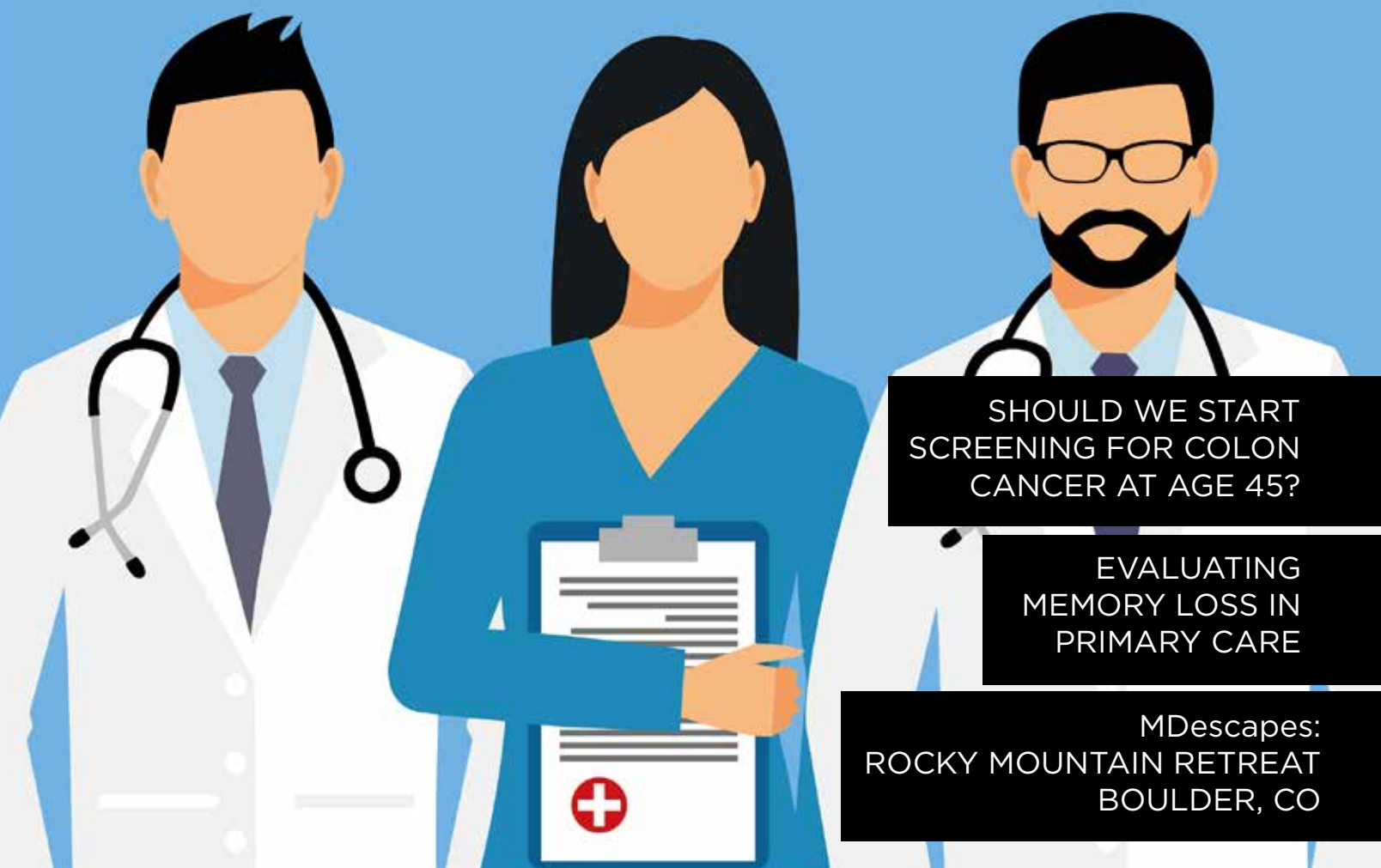
2023 | Issue 3

Physicians office Resource

Resources for You, Your Patients, & Your Practice

PAGING ALL RESIDENTS:

WHO'S LOOKING OUT FOR YOUR FINANCIAL WELLNESS?

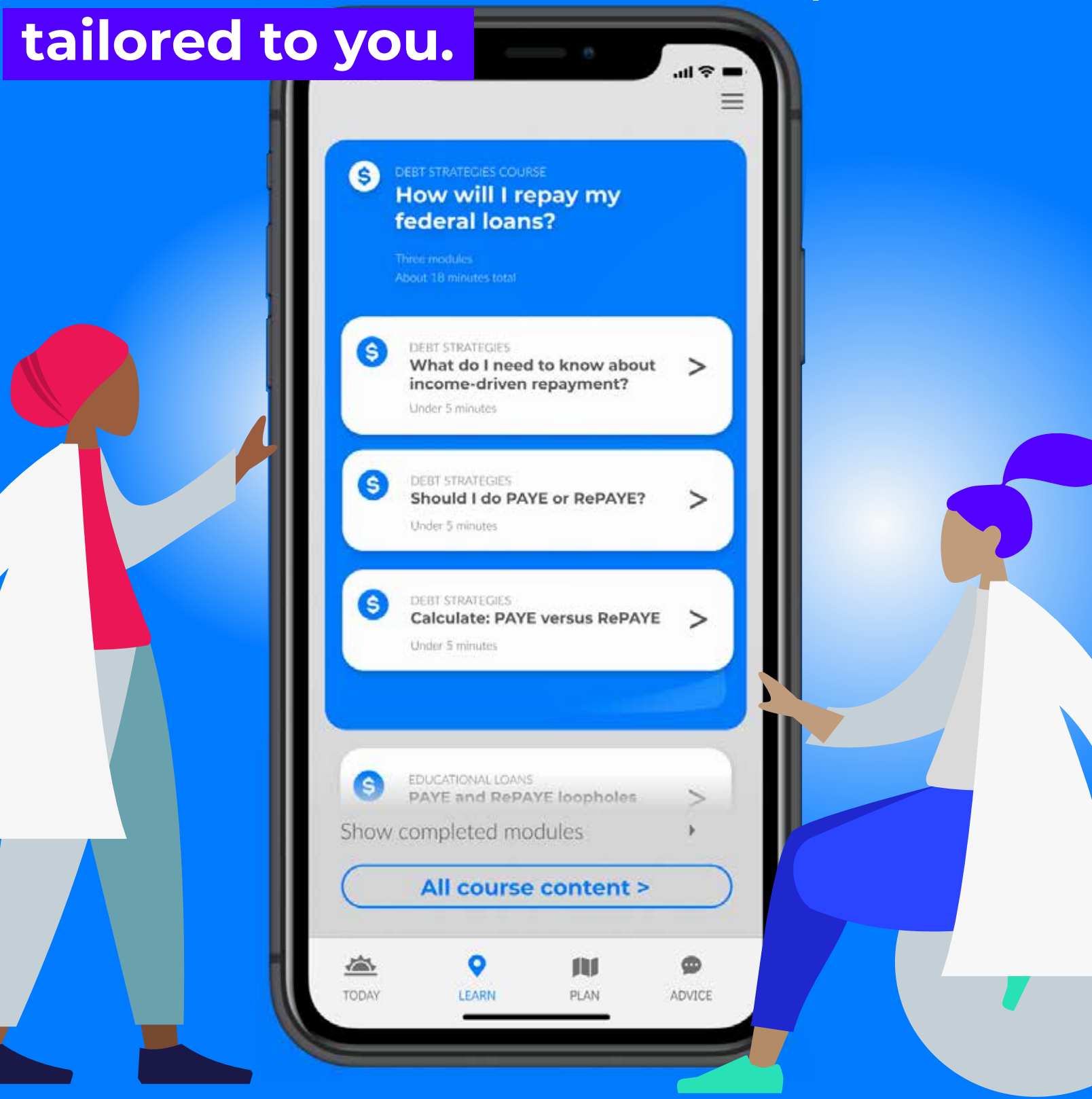


SHOULD WE START SCREENING FOR COLON CANCER AT AGE 45?

EVALUATING MEMORY LOSS IN PRIMARY CARE

MDescapes: ROCKY MOUNTAIN RETREAT BOULDER, CO

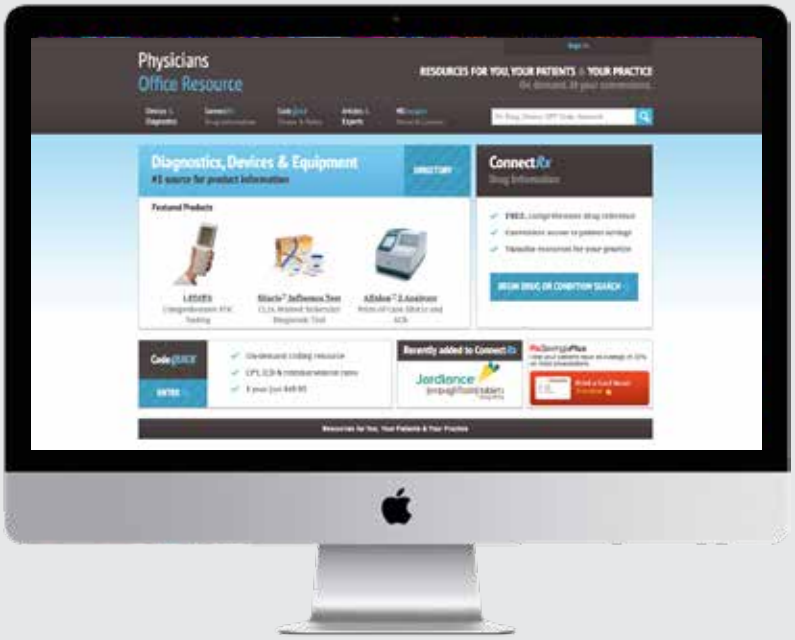
Personal finance education, tailored to you.



Get our mobile app for free.

@scrubmoneyorg
scrubmoney.org

2500



Getting the most from this guide

There are two simple ways to request information about the products and services found in Physicians Office Resource.

1. Go to www.PhysiciansOfficeResource.com and enter the four-digit reference number found next to the product or service into the search field, then request additional information, schedule a demo, or speak with a sales agent all with just a simple click of a button.

2. Find the Business Reply Card in this issue, circle the desired reference numbers, complete the form, and drop into any USPS mailbox. A representative will contact you as quickly as possible to answer your questions.

www.PhysiciansOfficeResource.com

Physicians office Resource

PUBLISHED BY
Medical Education Resources, LLC

PUBLISHER
Aaron R. Medaris
amedaris@physiciansofficeresource.com

CEO
Andrew C. Nimmo
acnimmo@physiciansofficeresource.com

PRESIDENT
John D. Pasquale
jpasquale@pharmaconnect.com

BUSINESS MANAGER
Marci J. Hills
mhills@physiciansofficeresource.com

TRAVEL EDITOR
Brandi L. Brower

EDITORIAL BOARD
Michael Paquin, FHIMSS
Barry Craig, MLT (NCA), CLC

STAFF WRITER
Dylan J. Chadwick

CREATIVE DIRECTOR
PRODUCTION MANAGER
Jessica Elmer

Copyright ©2023

To continue your free subscription of Physicians Office Resource magazine, please fill out the Business Reply Card (BRC) located within this magazine and drop in any United States Post Office mailbox.

If you are a manufacturer of medical products or provide services to medical professionals and would like to advertise your products or services to the nation's top physicians doing in-office testing, call 801-380-6094 or visit: POR.io for more information.



Paging All Residents: Who's Looking Out for Your Financial Wellness?

BY: ANDREW HARMS

In speaking with residents over the years about personal financial situations, I see an incredible ability for young physicians to manage—if not juggle! —their money matters despite weighty, disorderly, and persistent challenges. Wouldn't it be nice if there was an easier way to prepare and plan financially, to bring order from chaos? The good news: there IS a better way. The bad news is you likely were NOT trained in finances the same way you trained for medical practice.

SEE PAGE 6

12

EVALUATING MEMORY LOSS IN PRIMARY CARE

30

SHOULD WE START SCREENING FOR COLON CANCER AT 45?

34

MDescapes: ROCKY MOUNTAIN RETREAT BOULDER, CO



We understand it is crucial to immediately diagnose and treat vulvovaginal disorders which are linked to a broad range of associated health complications, from preterm birth to an increase in Sexually Transmitted Infections.[1]

The OSOM® BVBLUE® and OSOM® Trichomonas Tests are easy-to-use, CLIA-waived and produce accurate and objective results for two of the most common causes of vulvovaginal disorders so you can get the answers fast and your patients back to doing what they love.

Like you, we understand there is a patient behind every answer—and that's what matters most.

For more information, call 888-616-0537, or visit us at osomtests.com



THE PERFECT PAIR

OSOM® TRICHOMONAS TEST **2501**

OSOM® BVBLUE® TEST **2502**

[1] Brown, H. *Improving the Diagnosis of Vulvovaginitis.* Population Health Management. Vol. 23, suppl 1, 2020

© 2022 SEKISUI Diagnostics, LLC. All rights reserved. OSOM® is a registered trademark of SEKISUI Diagnostics, LLC.
Because every result matters™ is a trademark of SEKISUI Diagnostics, LLC. BVBLUE® is a registered trademark of Gryphus Diagnostics, LLC.

SEKISUI DIAGNOSTICS
Because every result matters™



PAGING ALL RESIDENTS:

WHO'S LOOKING OUT FOR YOUR FINANCIAL WELLNESS?

If your wallet needs live-saving measures, now is a great time to avert a crisis.

BY ANDY HARMS

The grind. Residents know about it. Long days requiring intense mental focus. Physically demanding. Exhilarating and enjoyable, yet exhausting and overwhelming at times. Loving what we do—but not loving what it does to us on some of those days.

We're a diverse set of people yet bound together by purpose. We can thrive in ever-changing, always-evolving patient care environments and on-call opportunities. Just as well, many of us excel best with a more structured day, one with meticulous order and greater command over outcomes. Our personal identities and varied interests were a large part of how we chose our specialty.

Regardless, as residents we've all been trained to think on our feet, orient and analyze quickly, decide with assurance, and act toward a favorable outcome.

In speaking with residents over the years about personal financial situations, I see an incredible ability for young physicians to manage—if not juggle! —their money matters despite weighty, disorderly, and persistent challenges.

Wouldn't it be nice if there was an easier way to prepare and plan financially, to bring order from chaos? The good news: there IS a better way. The bad news is you likely were NOT trained in finances the same way you trained for medical practice.

The Journal of the American College of Surgeons published a study in 2018 titled "Clinically Competent and Fiscally at Risk: Impact of Debt and Financial Parameters on the Surgical Resident." One hundred five resident trainees were surveyed on topics of personal finance, and the majority (79%) of respondents felt strongly that inclusion of additional financial training in residency education is a critical need. The authors conclude: In a climate of increasingly delayed financial gratification, surgical trainees are on critically unstable financial footing. There is a major gap in current surgical education that requires reassessment for the long-term financial health of residents.

In digging deeper for perspective on resident finances, I spoke with the researcher and author of this study with the longest tenure in medicine, Dr. Bruce Harms, MD, MBA, FACS. "My generation of doctors, I believe, assumed that we could out-grow, with time, any financial mistakes and miscalculations we made in residency and early on in our careers. I think that is an incorrect assumption nowadays. For younger docs, in this era, the mistakes made from a financial standpoint may be extremely costly in the long run." When asked to point out the biggest differences from

then (Dr. Harms began residency in 1978) to now, he pointed out "certainly educational debt is the biggest difference I see, but also the cost of living. Housing, transportation, health care and childcare command a significantly greater part of a budget as compared to when I received my start in medicine."

If you're in a residency program that addresses your financial literacy and financial preparation needs well, count your blessings. That's certainly not common throughout organized medicine in the United States. Similarly, if you're employed in a residency program that offers a retirement plan with matching employer contributions, count yourself fortunate.

So where can we turn for assistance to avoid making costly financial mistakes and confidently face the challenges of personal finance during residency, given it may be unlikely to come through our employers or GME programs?

One of my favorite recommendations for residents hoping for better command over their personal finances is to pick up, digest, and implement suggestions from a book titled MD in the Black: A Personal Finance Primer for Medical Residents. (Please note: I have no ties to the authors or sponsors of this book) It's informative, practical, and concise. For all those in the TL;DR camp, it's only a hundred pages. I recognize your time is limited—among the barriers to better financial literacy—but reading this book is certainly worth making a priority. Editor-in-Chief Eric Shappell, MD, MHPE, and physician educators from around the United States created a great resource, specifically designed for residents.

The book focuses on five topics: 1) Educational debt, 2) Long-term disability insurance, 3) Life insurance, 4) Investing, and 5) Financial advisors

Likely you have questions in all these areas. The authors point out "they are each related to a significant financial decision that the majority of residents will encounter during training."

We won't breakdown each major category here, of course, but I would like to highlight two takeaways that every reader of this article at the residency level should consider:

First, on the topic of educational debt: Have you asked yourself "What is Public Service Loan Forgiveness?" and "Should I Pursue PSLF?" This is the first decision you should make, and various sources can help you better understand how to approach this process of determination. Once a determination is made regarding PSLF, a debt repayment strategy can be mapped out further.

As important as long-term disability insurance, life insurance, and investing are to the needs of a resident, a personal and in-depth commentary on each is beyond the scope and space of this article. However, they are a good lead-in to the second point we'd like to highlight here from Dr. Shappell's book, considering the question "Should I Hire a Financial Advisor in Residency?"

Most residents should be able to get along just fine with only a few hours dedicated to researching the basic financial decisions of residency (1) choosing a loan repayment plan, (2) choosing which insurance products to purchase and when, and (3) what to do with any extra income (typically a decision of whether to make extra payments on loans vs. invest). If you don't feel comfortable making these decisions on your own and aren't interested in learning more about them yourself, choosing to hire a financial advisor may be the way to go. This also may be a good idea if you have unusually complex financial circumstances. (Shappell 84)

Whether during residency or as an attending, the likely outcome in any event is a search for an experienced and trusted financial advisor. What credentials do you seek, what questions do you ask? MD in the Black notes residents looking to start at the ground-level in forming a financial plan will do well to consider an advisor with a Certified Financial Planner (CFP), Chartered Financial Consultant (ChFC) or Certified Public Accountant/Personal Financial Specialist (CPA/PFS) designation. Additionally, I suggest aiming to find a Fee-Only advising arrangement, particularly for planning services. This model minimizes conflicts and ensures that your financial planner acts as a fiduciary. Fee-Only planners are compensated directly by their clients for advice, plan implementation and for the ongoing management of assets. Fee-only financial advisors may be paid hourly, as a retainer, as a percentage of assets under management, or as a flat fee, depending upon the planner you choose.

As residents, we understand the importance of preventative health care and the consequences of delayed treatment. This understanding, applied to our personal finances, will not only stave off a trip to the financial ED (i.e., more borrowing, lower net worth, less financial freedom), but enable us to enjoy the peace of mind and sense of confidence that comes with financial health. Our goal should be to confine the chaotic moments and stressors related to medicine to the hospital and away from our pocketbooks.

We invite you to check out the resources mentioned above and reach out for help at any time to gain better financial understanding, set financial goals, and establish a path to financial wellness. Residency may be the best time to reach out, while the time is still on your side.

—

Andy Harms is co-founder of ScrubMoney, a free app now available for download, providing financial literacy and relevant personal financial content. ScrubMoney aims to empower early-career physicians to achieve financial wellness and enable stakeholders in healthcare to better develop financially confident doctors within their organizations.



EASY ORDERING

QUICK DELIVERY

A wide range of equipment for physicians and healthcare professionals.

Medical Device Depot ©Inc.

Top brands always at the best price.

sdi DIAGNOSTICS

2503





2504

defibtech



2505



MAICO

2506



Nasiff Associates, Inc.

2507

CLINTON INDUSTRIES INC.



2508

WelchAllyn



2509



ADC

2510

SITEWIDE SALE

COUPON CODE **MDDSAVE**

for additional savings at checkout!

SPIRE INTEGRATED SOLUTIONS Medical Device Depot®, Inc. is part of the Spire Integrated Solutions family.

© 2022 . Medical Device Depot . ALL RIGHTS RESERVED

Medical Device Depot ©Inc.

Toll Free 877-646-3300

medicaldevicedepot.com



RX IMOLA

From HORIBA Medical

The RX imola is a cost-effective system that delivers consistent high-quality results. Capable of handling the workload of a medium to high throughout laboratory and a combined throughput of 560 tests per hour, the RX imola provides rapid, comprehensive testing on a small footprint analyzer when it matters most, with direct HbA1c testing capabilities.

View Brochures, Videos & More at POR.io
Enter Number 2511 in the Search Area

TOXICOLOGY SCREENING SIMPLIFIED ABBOTT'S IMMTOX 270 BENCHTOP ANALYZER NOW WITH 14 ASSAYS CLIA CATEGORIZED AS MODERATE COMPLEXITY

From Abbott

The ImmTox270 benchtop analyzer offers comprehensive toxicology screening solutions for physician offices, treatment centers and independent laboratories.

Broad test menu with over 20 assays to choose from including 14 that are now available as moderately complex.

With complete laboratory solutions from consultation to licensure, and compliance the Abbott Clinical Laboratory Solutions team has you covered.

View Brochures, Videos & More at POR.io
Enter Number 2512 in the Search Area





DC-LINEATE CALIBRATION/ LINEARITY MATERIAL

From SEKISUI Diagnostics

The DC-Lineate is a unique, trilevel calibration/linearity material that is used in conjunction with assays for the quantitative determination of UIBC levels in clinical samples. The material is conveniently packaged in a 2 x 5 mL configuration for each of the three levels and is traceable back to the National Institute of Standards and Technology (NIST). It can be used on a broad range of clinical chemistry analyzers and has a shelf life up to 14-days after reconstitution.

View Brochures, Videos & More at POR.io
Enter Number 2513 in the Search Area

LumiraDx™

Not all Antigen Tests are Created Equal



The LumiraDx SARS-CoV-2 Ag test utilizes next-generation microfluidic technology, bringing lab-comparable performance to the point of care.

- 97.6% positive agreement to RT-PCR in patients up to 12 days following symptom onset • Microfluidic immunofluorescence assay
- Easy to use • Results in minutes • Small, low-waste consumable
- CLIA Waived*



2514

Scan to learn more.
LumiraDx.com

*The LumiraDx SARS-CoV-2 Ag test is authorized for use at the Point of Care (POC), i.e., in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation. This product has not been FDA cleared or approved but has been authorized by FDA under an EUA for use by authorized laboratories. This product has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens. The emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb- 3(b)(1), unless the declaration is terminated, or authorization is revoked sooner. S-COM-ART-02381 R3 2022/11



EVALUATING MEMORY LOSS IN PRIMARY CARE:

A NEW APPROACH

How Do You Evaluate Memory Loss?

When an individual begins to show signs of memory loss, a physician's greatest challenge is often discovering the underlying cause of symptoms. Behavioral evaluations (including self-report questionnaires such as MoCA and MMSE, effort-based computerized testing, and psychological evaluations) and laboratory tests (such as APOE genotyping and biochemical labs such as blood, urine, and CSF analysis) can be useful in developing a diagnosis in cases of advanced symptom presentation1. But how useful are these tools in assessing cases of early memory loss? Are they capable of detecting dementia early, before disease advancement, so that the physician has the opportunity to implement a successful treatment intervention?

Unfortunately, gold standard assessments often struggle with discovering early stage memory loss. The diagnosis of Alzheimer's disease (AD) is delayed on average 2-3 years after symptom onset2,3, at a point in which prognosis is poor. Ample clinical research has repeatedly demonstrated that brain changes associated with AD may begin 20 or more years before symptoms appear4. If implemented during this pre-symptomatic stage, lifestyle interventions including diet, exercise, cognitive training and monitoring vascular risk can improve or maintain cognitive functioning and potentially course-correct patients headed down the road to dementia5. Sadly, the tools most often used by physicians to evaluate memory loss are unable to detect this early stage of memory loss.

Moreover, many individuals have dementia-like symptoms without the progressive brain changes of Alzheimer's disease (AD) or other degenerative brain diseases. Especially in early stages, memory loss related to dementia can be difficult to distinguish from cognitive decline caused by depression, thyroid problems, medication side effects, certain vitamin deficiencies, and even normal healthy aging6. Indeed, up to one in five patients diagnosed with probable AD during their lifetime did not have AD pathology at autopsy7.

How is it possible that current gold standard tools lack the sensitivity and objectivity needed to develop timely and accurate diagnoses for patients experiencing memory loss? It is because memory loss is a brain problem. Symptom screeners and effort-based computerized testing base conclusions off of behavior, not off of how the brain is functioning. Likewise, laboratory tests do not directly assess the main organ of interest. The impairment of memory, language, problem-solving, and other cognitive skills that characterize dementia occurs because neurons in the brain are damaged, destroyed, or dysfunctional. Shouldn't the highest standard of care for memory loss patients include a direct and objective assessment of the brain itself?

Brain-Based Biomarkers.

Biomarkers are measurable characteristics of a biological function or response that can be objectively measured and evaluated to investigate processes in health and disease. Given that an objectively brain assessment is critical in pinpointing the cause of memory loss, a number of neuroimaging diagnostic biomarkers have been identified for clinical use. These include amyloid deposition as measured by PET scan and cerebral atrophy as measured by MRI8. Unfortunately, in the case of Alzheimer's disease, these biomarkers begin to present once the disease has already begun to progress (Figure 1). Only once clinical symptoms are evident do various regions of the brain demonstrate atrophy detectible by volumetric MRI4. Moreover, from a practical perspective, these imaging techniques are expensive and/or invasive and therefore remain unavailable to the patients' first line of contact – the primary care physician.

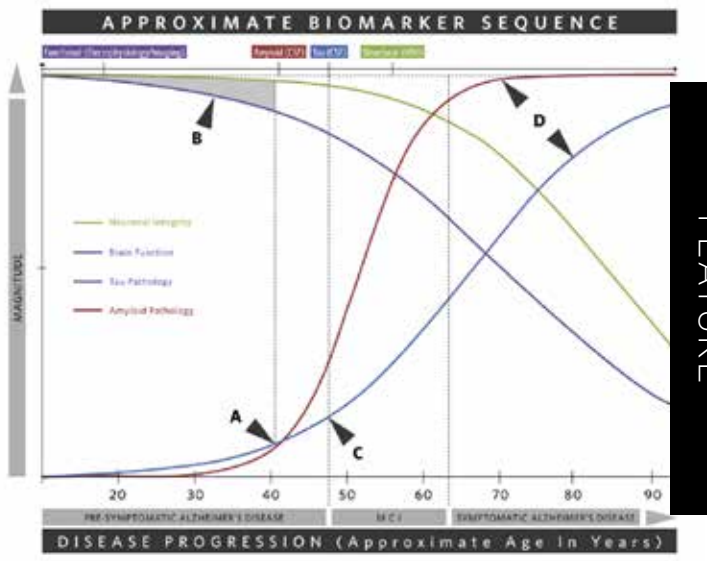


Figure 1. Depiction of the main changes across the progression of Alzheimer's disease and the sequence of associated biomarkers4. A) Tau and amyloid pathology begin. B) The shaded region indicates a window in which tau and amyloid pathology cause functional impairments that are not great enough to result in clinical symptoms. CSF changes in Aβ and tau are absent but functional biomarkers as measured by EEG and ERP are present. This early pre-symptomatic stage is the time during which the most effective treatments will be initiated and any damage may be reversed. C) Clinical symptoms become apparent. D) Clinical symptoms are progressive and severe. Various brain regions demonstrate atrophy as measured by volumetric MRI.

Electroencephalography, or EEG, involves the measurement of neural oscillations in the brain (i.e., brainwaves), and has long been established as a robust and valuable tool for investigating changes in neural functional. As opposed to techniques that measure brain structure like MRI and CT, EEG evaluates the electrical activity of the brain to reveal how the brain functions. These electrical changes can be measured during a resting state, reflecting spontaneous neural activity, and in "event-related potentials" (ERP), which reflect brain processing speed of environmental stimuli. Due to the un-intrusive, non-invasive, and inexpensive nature of EEG, it is a widely used tool for investigating brain function and neurophysiological health or disease in humans. Additionally, and of particular pertinence, a number of hallmark alterations have been noted in the EEG and ERPs of patients with dementia9.

Up to 20 years prior to the onset of symptoms, there is a window within Alzheimer's disease progression wherein tau pathology and early amyloid pathology cause impairments in brain function prior to extensive neurodegeneration (Figure 1). Although CSF changes in Aβ and tau are absent at this stage, and functional impairments are not great enough to result in clinical symptoms, clinical research has demonstrated that EEG is capable of detecting biomarkers of impaired brain function.

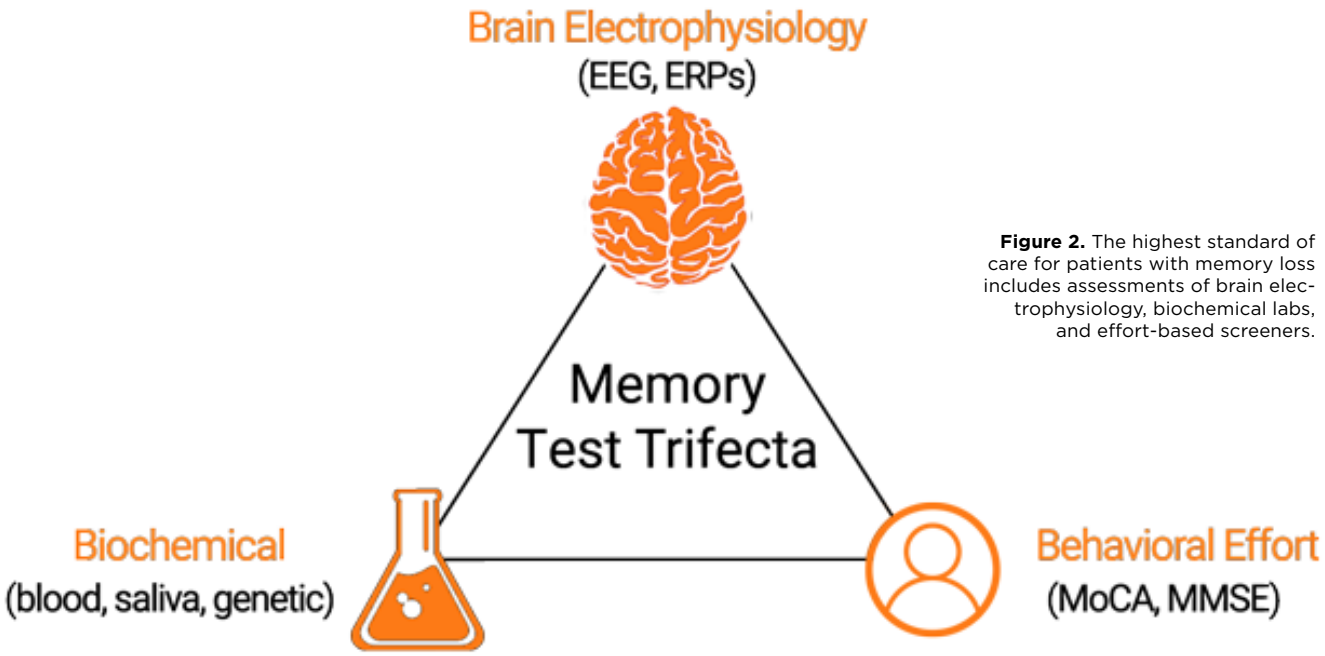


Figure 2. The highest standard of care for patients with memory loss includes assessments of brain electrophysiology, biochemical labs, and effort-based screeners.

These include spectral "slowing" as measured by quantitative EEG (qEEG), which presents as a relative increase in low frequency brainwaves, and slowed brain processing speed, as indicated by a delay in the P300b component of the ERP waveform9. It is hypothesized that the most effective treatments for AD will be initiated during this early pre-symptomatic stage of the disease, when any damage may be reversed4. Thus, the ability for a primary care physician to collect EEG data and measure these memory loss biomarkers would profoundly improve their ability to make the correct diagnosis and to also provide the prognosis of how to treat the cause.

EEG and ERP for the Primary Care Physician.

Leading research agrees that utilizing traditional clinical evaluation and biochemical labs together with other supportive diagnostic techniques such as functional neuroimaging may be necessary to substantiate the diagnosis of MCI and the subsequent risk of developing AD10 (Figure 2).

With the understanding that the highest standard of care for patients with memory loss includes brain electrophysiology evaluations, comes the need for tools that provide objective memory-related measures that guide and inform physicians in their provision of more targeted therapies. Ideally, such tools would be available in the primary care office, as this is often the first point of care for patients experiencing symptoms of memory loss. However, traditional EEG devices have remained unavailable to most doctors because of expense and complex, time-consuming data interpretation. Historically, only neurologists have had the resources and training to derive clinical significance from EEG data. Moreover, the biomarkers useful in detecting pre-clinical dementia are measured via ERP and quantitative EEG (qEEG) testing, which require sophisticated data processing and comparisons with normative database references values. ERP and qEEG biomarkers provide enhanced objectivity and sensitivity over conventional visual inspection of EEG, yet primary care and specialty physicians alike have not had access to normative database comparisons that permit this type of quantitative analysis.

Advances in data processing and analytics have led to a golden age of electrophysiology assessments. Companies like Evoke Neuroscience (www.evokeneuroscience.com) have created low-cost, easy to use systems designed specifically to suit the needs of primary care physicians. In the case of Evoke Neuroscience's eVox® System, primary care physicians now have access to these important biomarkers for memory loss to aid their diagnosis. A simple solution of integrated EEG hardware and software allows objective evaluations of brain function that can be performed by office staff. By providing these memory loss biomarkers, the eVox® System supports doctors in objectively assessing patients and may aid in recognizing pre-clinical dementia conditions, identifying the root cause of memory loss, and performing a differential diagnosis.

References

National Institute of Health: National Institute on Aging. Diagnosing dementia. Available at: https://www.nia.nih.gov/health/diagnosing-dementia.
Boise L, et al. Am J Alzheimers Dis. 1999;14:20-26.
Balasa M, et al. Neurology. 2011;76(20):1720-1725.
Walsh C, et al. Neurosci Biobehav Rev. 2017;73:340-58.
Ngandu T, et al. Lancet. 2015; 385(9984):2255-63.
Alzheimer's Association. Alzheimer's Dement. 2018;14(3):367-429
Beach TG, et al. J Neuropathol Exp Neurol. 2012;71(4):266-273.
McKhann GM, at al. Alzheimer's Dement. 2011;7(3):263-9.
Horvath A, et al. Front Biosci. 2018;23:183-220.
Ladeira RB, et al. CLINICS. 2009;64(10):967-73.

POC-22-NAM-3308

Meet the Quadruple Aim in Diabetes Care with In-office HbA1c and uACR

Better outcomes. Lower costs. Better patient experience. Better clinician experience.

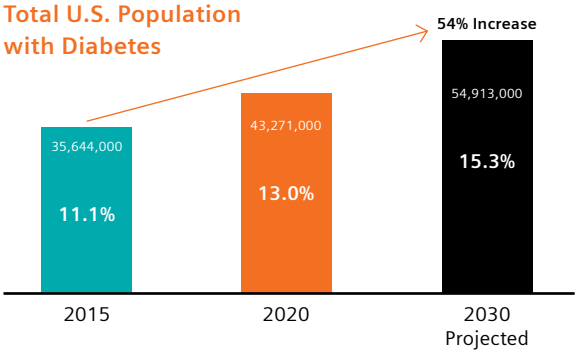


Comprehensive diabetes-management solutions at the point-of-care

Gain key insights into your patient's current status and drive guideline recommended test adherence:

DCA Vantage® Analyzer
CLIA-waived HbA1c
- Rapid assessment for glycemic control

CLINITEK Status® Connect System
CLIA-waived analyzer for routine urinalysis
- Rapid kidney health assessment:
  CLINITEK® Microalbumin 2 Strip
  Albumin-to-creatinine ratio (ACR)





The Prevalence of Diabetes Among U.S. Adults is on the Rise[1]

Help your patients reverse the trend

Customize your patient consultations to enhance physician-patient partnership toward improved outcomes.

siemens-healthineers.us/chronicdisease

1. Rowley, William R et al. "Diabetes 2030: Insights from Yesterday, Today, and Future Trends." Population health management vol. 20,1 (2017): 6-12. doi:10.1089/pop.2015.0181.

SIEMENS Healthineers

NOW APPROVED

Jaypirca™

pirtobrutinib 50, 100 mg tablets

THE FIRST-AND-ONLY APPROVED REVERSIBLE* BTKi[1]

Indication

Jaypirca is a kinase inhibitor indicated for the treatment of adult patients with relapsed or refractory (R/R) mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor.

This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

Important Safety Information

Infections: Fatal and serious infections (including bacterial, viral, or fungal) and opportunistic infections have occurred in patients treated with Jaypirca. In the clinical trial, Grade ≥3 infections occurred in 17% of 583 patients with hematologic malignancies, most commonly pneumonia (9%); fatal infections occurred in 4.1% of patients. Sepsis (4.5%) and febrile neutropenia (2.9%) occurred. Opportunistic infections after Jaypirca treatment included, but are not limited to, *Pneumocystis jirovecii* pneumonia and fungal infection. Consider prophylaxis, including vaccinations and antimicrobial prophylaxis, in patients at increased risk for infection, including opportunistic infections. Monitor patients for signs and symptoms, evaluate promptly, and treat appropriately. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

Hemorrhage: Fatal and serious hemorrhage has occurred with Jaypirca. Major hemorrhage (Grade ≥3 bleeding or any central nervous system bleeding) occurred in 2.4% of 583 patients with hematologic malignancies treated with Jaypirca, including gastrointestinal hemorrhage; fatal hemorrhage occurred in 0.2% of patients. Bleeding of any grade, excluding bruising and petechiae, occurred in 14% of patients. Major hemorrhage occurred in patients taking Jaypirca with (0.7%) and without (1.7%) antithrombotic agents. Consider risks/benefits of co-administering antithrombotic agents with Jaypirca. Monitor patients for signs of bleeding. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca. Consider benefit/risk of withholding Jaypirca 3-7 days pre- and post-surgery depending on type of surgery and bleeding risk.

Cytopenias: Grade 3 or 4 cytopenias, including neutropenia (24%), anemia (11%), and thrombocytopenia (11%) have developed in patients with hematologic malignancies treated with Jaypirca. In a clinical trial, Grade 4 neutropenia (13%) and Grade 4 thrombocytopenia (5%) developed. Monitor complete blood counts regularly during treatment. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

Atrial Fibrillation and Atrial Flutter: Atrial fibrillation or atrial flutter were reported in 2.7% of patients, with Grade 3 or 4 atrial fibrillation or flutter reported in 1% of 583 patients with hematologic malignancies treated with Jaypirca. Patients with cardiac risk factors such as hypertension or previous arrhythmias may be at increased risk. Monitor for signs and symptoms of arrhythmias (e.g., palpitations, dizziness, syncope, dyspnea) and manage appropriately. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca.

Second Primary Malignancies: Second primary malignancies, including non-skin carcinomas, developed in 6% of 583 patients with hematologic malignancies treated with Jaypirca monotherapy. The most frequent malignancy was non-melanoma skin cancer (3.8%). Other second primary malignancies included solid tumors (including genitourinary and breast cancers) and melanoma. Advise patients to use sun protection and monitor for development of second primary malignancies.

Embryo-Fetal Toxicity: Based on animal findings, Jaypirca can cause fetal harm in pregnant women. Administration of pirtobrutinib to pregnant rats during organogenesis caused embryo-fetal toxicity, including embryo-fetal mortality and malformations at maternal exposures (AUC) approximately 3-times the recommended 200 mg/day dose. Advise pregnant women of potential risk to a fetus and females of reproductive potential to use effective contraception during treatment and for one week after last dose.

Adverse Reactions (ARs) in Patients with Mantle Cell Lymphoma Who Received Jaypirca
Serious ARs occurred in 38% of patients. Serious ARs occurring in ≥2% of patients were pneumonia (14%), COVID-19 (4.7%), musculoskeletal pain (3.9%), hemorrhage (2.3%), pleural effusion (2.3%), and sepsis (2.3%). **Fatal ARs** within 28 days of last dose of Jaypirca occurred in 7% of patients, most commonly due to infections (4.7%), including COVID-19 (3.1%).

Dose Modifications and Discontinuations: ARs led to dosage reductions in 4.7%, treatment interruption in 32%, and permanent discontinuation of Jaypirca in 9% of patients. ARs resulting in dosage modification in >5% of patients included pneumonia and neutropenia. ARs resulting in permanent discontinuation of Jaypirca in >1% of patients included pneumonia.

ARs (all Grades %; Grade 3-4 %) in ≥10% of Patients: fatigue (29; 1.6), musculoskeletal pain (27; 3.9), diarrhea (19; -), edema (18; 0.8), dyspnea (17; 2.3), pneumonia (16; 14), bruising (16; -), peripheral neuropathy (14; 0.8), cough (14; -), rash (14; -), fever (13; -), constipation (13; -), arthritis/arthralgia (12; 0.8), hemorrhage (11; 3.1), abdominal pain (11; 0.8), nausea (11; -), upper respiratory tract infections (10; 0.8), dizziness (10; -).

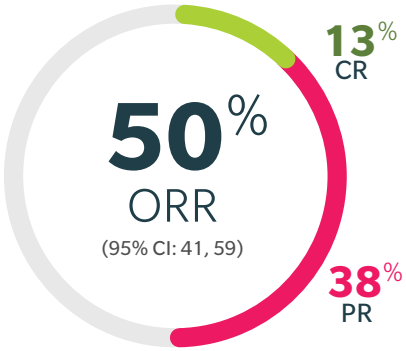
*Noncovalent

Please see Important Safety Information and Brief Summary of Prescribing Information for Jaypirca on subsequent pages.

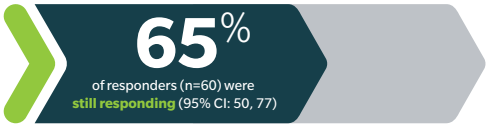
IN PATIENTS WITH R/R MCL PREVIOUSLY TREATED WITH A BTK INHIBITOR (n=120)[1]

Jaypirca delivered a **robust response**[1]

Overall Response Rate*†‡



DoR Rate at 6 Months



- **36 of 60 responders had not progressed or died prior to data cutoff (censored)[1,2]**
- **Median DoR was 8.3 months[§] (95% CI: 5.7, NE) with a median follow-up of 7.3 months[‖‖]**

BRUIN Study Design

The phase 1/2, open-label, single-arm BRUIN trial evaluated Jaypirca in 583 adult patients with hematologic malignancies, including patients with MCL who received Jaypirca 200 mg orally once daily until disease progression or unacceptable toxicity. The trial required patients with a platelet count ≥50 x 10^9/L, absolute neutrophil count ≥0.75 x 10^9/L, hepatic transaminases ≤2.5 times ULN. The safety (n=128)[¶] and efficacy (n=120)[#] of Jaypirca were evaluated in patients with R/R MCL previously treated with a BTK inhibitor.[**] Patients received a median of 3 prior lines of therapy (range: 1-9) with 93% having ≥2 prior lines. The phase 2 primary endpoint was overall response rate (ORR).[††] Efficacy of Jaypirca was based on response as assessed by an IRC using 2014 Lugano Criteria.[1,3]

*PET-CT scans were utilized in response assessments (in 41% of patients), with the remainder being assessed by CT scans only.[1]

†ORR using CT scan-based assessments in all patients was 48% (95% CI: 38, 57) and CR rate was 13%.[1]

‡ORR, the primary endpoint, includes patients with a best response of CR or PR and was assessed by IRC using 2014 Lugano criteria.[1]

§Based on Kaplan-Meier estimation.

‖‖DoR was calculated for patients who achieved a response of PR or better and was defined as the time from first evidence of response to progression or death from any cause.[2]

¶Trial excluded patients with significant cardiovascular disease, major bleeding, or grade ≥3 arrhythmia with prior BTKi, prolonged QTc interval, or need for strong CYP3A inhibitor or inducer or strong P-gp inhibitor.[1]

#Patients with active CNS lymphoma or allogeneic HSCT or CAR T-cell therapy within 60 days were excluded.[1]

**Ibrutinib (67%), acalabrutinib (30%), and zanubrutinib (8%) in efficacy population.[1]

††The phase 1 primary outcome was to determine maximum tolerated dose and recommended phase 2 dose. All patients received at least one dose of Jaypirca.[3]

BTKi=Bruton's tyrosine kinase inhibitor; CAR=chimeric antigen receptor; CI=confidence interval; CNS=central nervous system; CR=complete response; DoR=duration of response; HSCT=hematopoietic stem cell transplantation; IRC=independent review committee; LDi=longest transverse diameter; PR=partial response; ULN=upper limit of normal.

Important Safety Information (cont'd)

Select Laboratory Abnormalities (all grades %; Grade 3 or 4 %) that Worsened from Baseline in ≥10% of Patients: hemoglobin decreased (42; 9), platelet count decreased (39; 14), neutrophil count decreased (36; 16), lymphocyte count decreased (32; 15), creatinine increased (30; 1.6), calcium decreased (19; 1.6), AST increased (17; 1.6), potassium decreased (13; 1.6), sodium decreased (13; -), lipase increased (12; 4.4), alkaline phosphatase increased (11; -), ALT increased (11; 1.6), potassium increased (11; 0.8). Grade 4 laboratory abnormalities in >5% of patients included neutrophils decreased (10), platelets decreased (7), lymphocytes decreased (6).

All grade ARs with higher frequencies in the total BRUIN population of patients with hematologic malignancies (n=583) were decreased neutrophil count (41%), bruising (20%), diarrhea (20%).

Drug Interactions

Strong CYP3A Inhibitors: Concomitant use with Jaypirca increased pirtobrutinib systemic exposure, which may increase risk of Jaypirca adverse reactions. Avoid use of strong CYP3A inhibitors during Jaypirca treatment. If concomitant use is unavoidable, reduce Jaypirca dosage according to the approved labeling.

Strong or Moderate CYP3A Inducers: Concomitant use with Jaypirca decreased pirtobrutinib systemic exposure, which may reduce Jaypirca efficacy. Avoid concomitant use of Jaypirca with strong or moderate CYP3A inducers. If concomitant use with moderate CYP3A inducers is unavoidable, increase Jaypirca dosage according to the approved labeling.

Sensitive CYP2C8, CYP2C19, CYP3A, P-gp, or BCRP Substrates: Concomitant use with Jaypirca increased their plasma concentrations, which may increase risk of adverse reactions related to these substrates for drugs that are sensitive to minimal concentration changes. Follow recommendations for these sensitive substrates in their approved labeling.

Use in Special Populations

Pregnancy and Lactation: Inform pregnant women of potential for Jaypirca to cause fetal harm. Verify pregnancy status in females of reproductive potential prior to starting Jaypirca and advise use of effective contraception during treatment and for one week after last dose. Presence of pirtobrutinib in human milk and effects on the breastfed child or on milk production is unknown. Advise women not to breastfeed while taking Jaypirca and for one week after last dose.

Geriatric Use: In the pooled safety population of patients with hematologic malignancies, 392 (67%) were ≥65 years of age. Patients aged ≥65 years experienced higher rates of Grade ≥3 ARs and serious ARs compared to patients <65 years of age.

Renal Impairment: Severe renal impairment (eGFR 15-29 mL/min) increases pirtobrutinib exposure. Reduce Jaypirca dosage in patients with severe renal impairment according to the approved labeling. No dosage adjustment is recommended in patients with mild or moderate renal impairment.

VISIT
JAYPIRCA.COM/HCP
TO LEARN MORE

PT HCP ISI MCL APP

Please see Important Safety Information on previous page and Brief Summary of Prescribing Information for Jaypirca on subsequent pages.

References: 1. Jaypirca (pirtobrutinib). Prescribing Information. Lilly USA, LLC. **2.** Mato AR, Shah NN, Jurczak W, et al. Pirtobrutinib in relapsed or refractory B-cell malignancies (BRUIN): a phase 1/2 study. *Lancet*. 2021;397(10277)(suppl app.):119-125. **3.** Mato AR, Shah NN, Jurczak W, et al. Pirtobrutinib in relapsed or refractory B-cell malignancies (BRUIN): a phase 1/2 study. *Lancet*. 2021;397(10277):892-901.

Jaypirca™ pirtobrutinib 50,100 mg tablets

Lilly

Jaypirca™ is a trademark owned or licensed by Eli Lilly and Company, its subsidiaries, or affiliates. PP-PT-US-0075 01/2023 © Lilly USA, LLC 2023. All rights reserved.

Jaypirca™ (pirtobrutinib) tablets, for oral use
Initial U.S. Approval: 2023

Brief Summary: Consult the package insert for complete prescribing information.

INDICATIONS AND USAGE

Jaypirca is a kinase inhibitor indicated for the treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor.

This indication is approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

CONTRAINDICATIONS: None

WARNINGS AND PRECAUTIONS

Infections: Fatal and serious infections (including bacterial, viral, or fungal infections) and opportunistic infections have occurred in patients treated with Jaypirca. In the clinical trial, Grade 3 or higher infections occurred in 17% of 583 patients, most commonly pneumonia (9%), with fatal infections occurring in 4.1% of patients. Sepsis occurred in 4.5% of patients and febrile neutropenia in 2.9%. Opportunistic infections after treatment with Jaypirca have included, but are not limited to, *Pneumocystis jirovecii* pneumonia and fungal infection.

Consider prophylaxis, including vaccinations and antimicrobial prophylaxis, in patients who are at increased risk for infections, including opportunistic infections. Monitor patients for signs and symptoms of infection, evaluate promptly, and treat appropriately. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca *[see Dosage and Administration]*.

Hemorrhage: Fatal and serious hemorrhage has occurred with Jaypirca. Major hemorrhage (defined as Grade 3 or higher bleeding or any central nervous system bleeding) occurred in 2.4% of 583 patients treated with Jaypirca, including gastrointestinal hemorrhage; fatal hemorrhage occurred in 0.2% of patients. Bleeding of any grade, excluding bruising and petechiae, occurred in 14% of patients.

Major hemorrhage occurred in 1.7% of patients taking Jaypirca without antithrombotic agents and 0.7% of patients taking Jaypirca with antithrombotic agents. Consider the risks and benefits of antithrombotic agents when co-administered with Jaypirca. Monitor patients for signs of bleeding. Based on severity of bleeding, reduce dose, temporarily withhold, or permanently discontinue Jaypirca *[see Dosage and Administration]*.

Consider the benefit-risk of withholding Jaypirca for 3 to 7 days pre- and post-surgery depending upon the type of surgery and risk of bleeding.

Cytopenias: Grade 3 or 4 cytopenias, including neutropenia (24%), anemia (11%), and thrombocytopenia (11%) have developed in patients treated with Jaypirca. In the clinical trial, Grade 4 neutropenia developed in 13% of patients and Grade 4 thrombocytopenia developed in 5% of patients.

Monitor complete blood counts regularly during treatment. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca *[see Dosage and Administration]*.

Atrial Fibrillation and Atrial Flutter: Atrial fibrillation and atrial flutter were reported in recipients of Jaypirca. Atrial fibrillation or flutter were reported in 2.7% of patients, with Grade 3 or 4 atrial fibrillation or flutter reported in 1.0% of 583 patients in the clinical trial. Patients with cardiac risk factors, such as hypertension or previous arrhythmias may be at increased risk.

Monitor for signs and symptoms of arrhythmias (e.g., palpitations, dizziness, syncope, dyspnea) and manage appropriately. Based on severity, reduce dose, temporarily withhold, or permanently discontinue Jaypirca *[see Dosage and Administration]*.

Second Primary Malignancies: Second primary malignancies, including non-skin carcinomas, developed in 6% of 583 patients treated with Jaypirca monotherapy. The most frequent malignancy was non-melanoma skin cancer, reported in 3.8% of 583 patients. Other second primary malignancies included solid tumors (including genitourinary and breast cancers) and melanoma. Advise patients to use sun protection and monitor patients for the development of second primary malignancies.

Embryo-Fetal Toxicity: Based on findings in animals, Jaypirca can cause fetal harm when administered to a pregnant woman. In animal reproduction studies, administration of pirtobrutinib to pregnant rats during the period of organogenesis caused embryo-fetal toxicity including embryo-fetal mortality and malformations at maternal exposures (AUC) approximately 3-times the recommended dose of 200 mg once daily. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with Jaypirca and for one week after the last dose *[see use in Specific Populations]*.

ADVERSE REACTIONS

The following clinically significant adverse reactions are described in the *Warnings and Precautions* section of labeling:
Infections, Hemorrhage, Cytopenias, Atrial Fibrillation and Atrial Flutter, and Second Primary Malignancies

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be compared to rates in the clinical trials of another drug and may not reflect the rates observed in the general patient population.

The data in the WARNINGS AND PRECAUTIONS reflect exposure to Jaypirca as a single-agent, administered at 200 mg once daily in 583 patients with hematologic malignancies in the BRUIN study. Among these 583 patients, the median duration of exposure was 7.5 months, 56% were exposed for at least 6 months and 29% were exposed for at least one year.

In this pooled safety population, the most common (≥ 20%) adverse reactions, including laboratory abnormalities, were decreased neutrophil count (41%), decreased hemoglobin (37%), decreased platelet count (27%), fatigue (27%), musculoskeletal pain (26%), decreased lymphocyte count (24%), bruising (20%), and diarrhea (20%).

Mantle Cell Lymphoma

BRUIN: The safety of Jaypirca was evaluated in the BRUIN trial in patients with MCL who received a prior BTK inhibitor. The trial required a platelet count ≥ 50 x 10^9/L, absolute neutrophil count ≥ 0.75 x 10^9/L, hepatic transaminases ≤ 2.5 times upper limit of normal (ULN), and an ECOG performance status of 0 to 2. The trial excluded patients with active central nervous system (CNS) involvement by lymphoma, significant cardiovascular disease, major bleeding or grade ≥ 3 arrhythmia with a prior BTK inhibitor, prolonged QTc interval, or need for a strong CYP3A inhibitor or inducer or strong P-gp inhibitor.

Patients received Jaypirca 200 mg orally once daily until disease progression or unacceptable toxicity (n = 128); 36% were exposed for 6 months or longer and 10% were exposed for at least one year. The median number of prior therapies was 3 (range: 1-9). The median age was 71 years (range: 46 to 88 years) and 80% of patients were male.

Serious adverse reactions occurred in 38% of patients who received Jaypirca. Serious adverse reactions that occurred in ≥ 2% of patients were pneumonia (14%), COVID-19 (4.7%), musculoskeletal pain (3.9%), hemorrhage (2.3%), pleural effusion (2.3%), and sepsis (2.3%). Fatal adverse reactions within 28 days of the last dose of Jaypirca occurred in 7% of patients, most commonly due to infections (4.7%) including COVID-19 (3.1% of all patients).

Adverse reactions led to dosage reductions in 4.7%, treatment interruption in 32%, and permanent discontinuation of Jaypirca in 9%. Adverse reactions that resulted in dosage modification in > 5% of patients included pneumonia and neutropenia. Adverse reactions which resulted in permanent discontinuation of Jaypirca in > 1% of patients included pneumonia.

The most common adverse reactions (≥ 15%), excluding laboratory terms, were fatigue, musculoskeletal pain, diarrhea, edema, dyspnea, pneumonia, and bruising.

Table 2 summarizes select adverse reactions in BRUIN.

Table 2: Adverse Reactions (≥ 10%) in Patients with MCL Who Received Jaypirca

	Jaypirca 200 mg once daily	
	N=128	
Adverse Reactions[a]	**All Grades (%)**	**Grade 3-4 (%)**
General Disorders		
Fatigue	29	1.6
Edema	18	0.8
Fever	13	-
Musculoskeletal and Connective Tissue Disorders		
Musculoskeletal pain	27	3.9
Arthritis or arthralgia	12	0.8
Gastrointestinal Disorders		
Diarrhea	19	-
Constipation	13	-
Abdominal pain	11	0.8
Nausea	11	-
Respiratory, thoracic, and mediastinal disorders		
Dyspnea	17	2.3
Cough	14	-
Injury		
Bruising	16	-
Infections		
Pneumonia	16[b]	14
Upper respiratory tract infections	10	0.8
Nervous system disorders		
Peripheral neuropathy	14	0.8
Dizziness	10	-
Skin and subcutaneous disorders		
Rash	14	-
Vascular disorders		
Hemorrhage	11[c]	3.1

[a]Each term listed includes other related terms
[b]includes 1 fatality from COVID-19 pneumonia
[c]includes 1 fatality from hemorrhage

Clinically relevant adverse reactions in < 10% include vision changes, memory changes, headache, urinary tract infection, herpesvirus infection, and tumor lysis syndrome.

Table 3 summarizes laboratory abnormalities in BRUIN.

Table 3: Select Laboratory Abnormalities (≥ 10%) That Worsened from Baseline in Patients with MCL Who Received Jaypirca

Laboratory Abnormality	Jaypirca[a] 200 mg once daily	
	All Grades (%)	**Grade 3 or 4 (%)**
Hematology		
Hemoglobin decreased	42	9
Platelet count decreased	39	14

JAYPIRCA™ (pirtobrutinib) tablets, for oral use PT HCP BS MCL APP

Table 3: Select Laboratory Abnormalities (≥ 10%) That Worsened from Baseline in Patients with MCL Who Received Jaypirca (Cont.)

Laboratory Abnormality	Jaypirca[a] 200 mg once daily	
	All Grades (%)	Grade 3 or 4 (%)
Neutrophil count decreased	36	16
Lymphocyte count decreased	32	15
Chemistry		
Creatinine increased	30	1.6
Calcium decreased	19	1.6
AST increased	17	1.6
Potassium decreased	13	1.6
Sodium decreased	13	-
Lipase increased	12	4.4
Alkaline phosphatase increased	11	-
ALT increased	11	1.6
Potassium increased	11	0.8

[a] The denominator used to calculate the rate varied from 90 to 127 based on the number of patients with a baseline value and at least one post-treatment value.

Grade 4 laboratory abnormalities in > 5% of patients included neutrophils decreased (10%), platelets decreased (7%), and lymphocytes decreased (6%).

Lymphocytosis: Upon initiation of Jaypirca, a temporary increase in lymphocyte counts (defined as absolute lymphocyte count increased ≥ 50% from baseline and a post-baseline value ≥ 5,000/μL) occurred in 34% of MCL patients in BRUIN. The median time to onset of lymphocytosis was 1.1 weeks, with 75% of cases occurring within 2.1 weeks, and the median duration was 11 weeks.

DRUG INTERACTIONS

Effect of Other Drugs on Jaypirca

Strong CYP3A Inhibitors: Pirtobrutinib is a CYP3A substrate. Concomitant use of Jaypirca with a strong CYP3A inhibitor increased pirtobrutinib systemic exposure, which may increase the risk of Jaypirca adverse reactions. Avoid concomitant use of strong CYP3A inhibitors during treatment with Jaypirca. If concomitant use of strong CYP3A inhibitors is unavoidable, reduce the Jaypirca dosage *[see Dosage and Administration]*.

Strong or Moderate CYP3A Inducers: Concomitant use of Jaypirca with a strong or moderate CYP3A inducer decreased pirtobrutinib systemic exposure, which may reduce Jaypirca efficacy. Avoid concomitant use of Jaypirca with strong or moderate CYP3A inducers. If concomitant use of moderate CYP3A inducers is unavoidable, increase the Jaypirca dosage *[see Dosage and Administration]*.

Effect of Jaypirca on Other Drugs

Sensitive CYP2C8, CYP2C19, CYP3A, P-gp, or BCRP Substrates: Jaypirca is a P-gp inhibitor, a moderate CYP2C8 and BCRP inhibitor, and a weak CYP2C19 and CYP3A inhibitor. Concomitant use of Jaypirca with sensitive P-gp, CYP2C8, BCRP, CYP2C19, or CYP3A substrates increased their plasma concentrations, which may increase the risk of adverse reactions related to these substrates for drugs which are sensitive to minimal concentration changes. Follow recommendations for sensitive CYP2C8, CYP2C19, CYP3A, P-gp, or BCRP substrates provided in their approved product labeling.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

Based on findings from animal studies, Jaypirca can cause fetal harm when administered to a pregnant woman. There are no available data on Jaypirca use in pregnant women to evaluate for a drug-associated risk. In an animal reproduction study, administration of pirtobrutinib to pregnant rats during organogenesis resulted in adverse developmental outcomes, including structural abnormalities, altered fetal growth, and embryo-fetal mortality, at maternal exposures approximately 3-times those in patients at the recommended daily dose of 200 mg (see *Data*). Advise pregnant women of the potential risk to a fetus.

The background risk in the U.S. general population of major birth defects is 2% to 4% and of miscarriage is 15% to 20% of clinically recognized pregnancies.

Data

Animal Data: In an embryo-fetal development study in rats, pregnant animals were administered oral doses of pirtobrutinib at up to 500 mg/kg twice daily during the period of organogenesis. Doses ≥ 375 mg/kg twice daily caused decreased fetal body weights and increased incidence of malformations and variations in the urinary tract (including absent or abnormal ureters and kidneys), reproductive tract (malpositioned ovaries and misshapen uterus), and bone (misshapen sternebrae). At 500 mg/kg twice daily, total resorption was observed. At 375 mg/kg twice daily in rats, the maternal systemic exposures (AUC) were approximately 3 times the human exposure at 200 mg once daily.

Lactation

Risk Summary

There are no data on the presence of pirtobrutinib in human milk or the effects on the breastfed child or milk production. Because of the potential for serious adverse reactions in the breastfed child, advise women not to breastfeed during treatment with Jaypirca and for one week after the last dose.

Females and Males of Reproductive Potential: Based on findings from animal studies, Jaypirca can cause fetal harm when administered to a pregnant woman *[see Use in Specific Populations]*.

Pregnancy Testing

Verify pregnancy status in females of reproductive potential prior to initiating Jaypirca.

Contraception

Females: Advise females of reproductive potential to use effective contraception during treatment with Jaypirca and for one week after the last dose.

Pediatric Use: Safety and effectiveness of Jaypirca have not been established in pediatric patients.

Geriatric Use: Of the patients with MCL who received the 200 mg dose of Jaypirca in BRUIN, 93 (78%) were 65 years of age and older and 39 (33%) were 75 years and older. Clinical studies of Jaypirca did not include sufficient numbers of patients with MCL who were less than 65 years of age to determine whether older patients respond differently from younger adult patients.

In the pooled safety population in patients with hematologic malignancies, 392 (67%) were 65 years of age and older, while 153 (26%) were 75 years of age and older. Patients aged 65 years and older experienced higher rates of Grade 3 and higher adverse reactions and serious adverse reactions compared to patients who were less than 65 years of age.

Renal Impairment: Severe renal impairment (eGFR 15-29 mL/min) increases pirtobrutinib exposure. Reduce the Jaypirca dosage in patients with severe renal impairment *[see Dosage and Administration]*. No dosage adjustment of Jaypirca is recommended in patients with mild (60-89 mL/min) or moderate (30-59 mL/min) renal impairment.

Hepatic Impairment: No dosage adjustment of Jaypirca is recommended in patients with mild hepatic impairment (total bilirubin ≤ upper limit of normal (ULN) and aspartate aminotransferase (AST) > ULN or total bilirubin > 1 to 1.5 × ULN and any AST), moderate hepatic impairment (total bilirubin > 1.5 to 3 × ULN and any AST), or severe hepatic impairment (total bilirubin > 3 × ULN and any AST).

DOSAGE AND ADMINISTRATION

Recommended Dosage: The recommended dosage of Jaypirca is 200 mg orally once daily until disease progression or unacceptable toxicity. Advise patients of the following:

- Swallow tablets whole with water. Do not cut, crush, or chew tablets.
- Take Jaypirca at the same time each day. Jaypirca may be taken with or without food.
- If a dose of Jaypirca is missed by more than 12 hours, do not make up the dose and take the next dose as scheduled.

Dosage Modifications for Adverse Reactions: Recommended dosage modifications of Jaypirca for adverse reactions are presented in Table 1 *[see Warnings and Precautions]*.

Table 1: Recommended Dosage Modification of Jaypirca for Adverse Reactions

Adverse Reaction	Occurrences Requiring Dose Modification	Modification (Starting Dosage: 200 mg once daily)
• Grade 3 or greater non-hematologic toxicity [a] • Absolute neutrophil count < 1 to 0.5 x 10^9/L with fever and/or infection • Absolute neutrophil count < 0.5 x 10^9/L lasting 7 or more days • Platelet count < 50 to 25 x 10^9/L with bleeding • Platelet count < 25 x 10^9/L	**First occurrence**	Interrupt Jaypirca until recovery to Grade 1 or baseline; restart at original dosage (200 mg once daily).[a]
	Second occurrence	Interrupt Jaypirca until recovery to Grade 1 or baseline; restart at 100 mg once daily.
	Third occurrence	Interrupt Jaypirca until recovery to Grade 1 or baseline; restart at 50 mg once daily.
	Fourth occurrence	Discontinue Jaypirca.

Dose modification is not recommended for asymptomatic lymphocytosis. Asymptomatic lipase increase may not necessarily warrant dose modification.

[a] Evaluate the benefit-risk before resuming treatment at the same dose for a Grade 4 non-hematological toxicity.

Dosage Modifications for Patients with Severe Renal Impairment: For patients with severe renal impairment (eGFR 15-29 mL/min), reduce the Jaypirca dose to 100 mg once daily if the current dose is 200 mg once daily otherwise reduce the dose by 50 mg. If the current dosage is 50 mg once daily, discontinue Jaypirca *[see Use in Specific Populations]*. No dosage adjustment of Jaypirca is recommended in patients with mild to moderate renal impairment (eGFR 30-89 mL/min).

Dosage Modifications for Concomitant Use with Strong CYP3A Inhibitors: Avoid concomitant use of strong CYP3A inhibitors with Jaypirca *[see Drug Interactions]*. If concomitant use of a strong CYP3A inhibitor is unavoidable, reduce the Jaypirca dose by 50 mg. If the current dosage is 50 mg once daily, interrupt Jaypirca treatment for the duration of strong CYP3A inhibitor use. After discontinuation of a strong CYP3A inhibitor for 5 half-lives, resume the Jaypirca dose that was taken prior to initiating the strong CYP3A inhibitor.

Dosage Modifications for Concomitant Use with CYP3A Inducers: Avoid concomitant use of strong or moderate CYP3A inducers with Jaypirca *[see Drug Interactions]*. If concomitant use with moderate CYP3A inducers is unavoidable and the current dosage of Jaypirca is 200 mg once daily, increase the dose to 300 mg. If the current dosage is 50 mg or 100 mg once daily, increase the dose by 50 mg.

PATIENT COUNSELING INFORMATION: Advise the patient to read the FDA-approved patient labeling (Patient Information).

Additional information can be found at www.jaypirca.com

Lilly

Marketed by: Lilly USA, LLC, Indianapolis, IN 46285, USA

Copyright ©2023, Eli Lilly and Company. All rights reserved.

PT HCP BS MCL APP

PP-PT-US-0399

JAYPIRCA™ (pirtobrutinib) tablets, for oral use PT HCP BS MCL APP



WHY COMPROMISE? FAST AND RELIABLE RESULTS ARE NOW DELIVERED AT THE POINT OF CARE.

From LumiraDx

Introducing the next generation in point-of-care diagnostics. With a growing menu of tests, LumiraDx uses a simple process that allows for more time with your patients by using microfluidic technology that delivers results in minutes. Learn more about rapid COVID-19 diagnostic solutions for your physician office at LumiraDx.com.

View Brochures, Videos & More at POR.io
Enter Number 2517 in the Search Area

SOFIA® 2 FLUORESCENT IMMUNOASSAY ANALYZER AND RAPID DIAGNOSTIC TEST KITS

From Quidel

Sofia® 2 Fluorescent Immunoassay Analyzer and Rapid Diagnostic Test Kits Sofia 2 takes rapid testing to a new level. Proven lateral-flow technology and advanced fluorescent chemistry are all integrated into this small benchtop analyzer which can be used in any point-of-care setting. Sofia 2 kits are easy to use and adaptable to any healthcare setting. Excellent performance, objectivity, quality control, LIS capabilities, and an expanding test menu make Sofia 2 the perfect solution for the physician's office laboratory.

View Brochures, Videos & More at POR.io
Enter Number 2518 in the Search Area





BIOFIRE® FILMARRAY® SYSTEM EZ CONFIGURATION

From bioMérieux

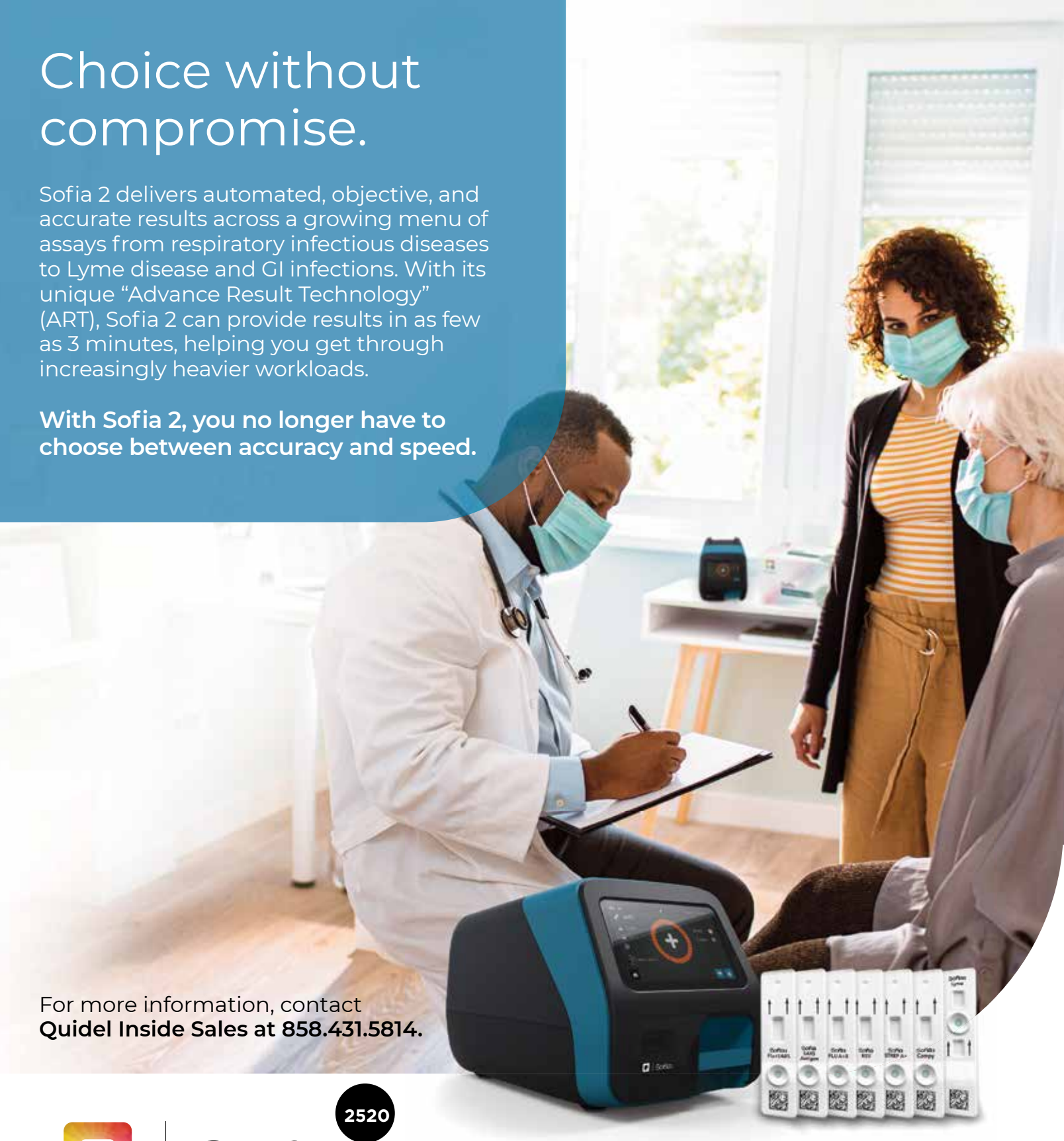
The BIOFIRE® 2.0 EZ Configuration facilitates rapid, near-patient molecular diagnostic testing. It is designed to be used with a BIOFIRE respiratory diagnostic solution in CLIA-waived testing sites, including clinics and physician offices. The system enables decentralized molecular testing throughout a provider network and features a simplified and intuitive interface. The BIOFIRE 2.0 EZ Configuration accurately provides results in about 45 minutes with only two minutes of hands-on time.

View Brochures, Videos & More at POR.io
Enter Number 2519 in the Search Area

Choice without compromise.

Sofia 2 delivers automated, objective, and accurate results across a growing menu of assays from respiratory infectious diseases to Lyme disease and GI infections. With its unique "Advance Result Technology" (ART), Sofia 2 can provide results in as few as 3 minutes, helping you get through increasingly heavier workloads.

With Sofia 2, you no longer have to choose between accuracy and speed.



For more information, contact
Quidel Inside Sales at 858.431.5814.

QUIDEL | Sofia 2520

*Flu + SARS Antigen | *SARS Antigen | Influenza A+B
RSV | Strep A+ | Lyme | Campylobacter

***THESE TESTS ARE AVAILABLE FOR SALE IN THE USA UNDER EMERGENCY USE AUTHORIZATION.** These tests have not been FDA cleared or approved, but have been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens. These assays are only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of *in vitro* diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless authorization is terminated or revoked sooner.

AD10102100EN00 (03/22)

DIABETES/BLOOD GLUCOSE



NOVA PRIMARY BLOOD GLUCOSE REFERENCE ANALYZER

From Nova Biomedical

The U.S. FDA has cleared Nova Primary as a blood glucose reference analyzer that fills the need for a new reference analyzer to replace the YSI STAT PLUS 2300 (YSI, Inc., Yellow Springs, OH). Manufacturers of blood glucose measuring devices and clinical diabetes researchers have relied on the YSI 2300 as a reference and correlation analyzer. However, YSI, Inc. no longer supports the analyzer, and its discontinuation has left a critical industry void. With today's FDA clearance, Nova Primary from Nova Biomedical is now available in the U.S. and worldwide.

View Brochures, Videos & More at POR.io
Enter Number 2521 in the Search Area

COMPREHENSIVE IN-OFFICE DIABETES TESTING WITH THE DCA VANTAGE® AND CLINITEK STATUS®+ ANALYZERS

From Siemens Healthineers

Siemens Healthineers DCA Vantage® and CLINITEK Status® family of analyzers provide hemoglobin A1c (HbA1c) and albumin-to-creatinine ratio (ACR) testing at the point of care. Meet quality measures for A1c control and kidney disease check in minutes with CLIA-waived HbA1c testing and ACR[1] ratio. Improve patient experience and overall outcome by providing actionable results in minutes.

1. Moderately complex on the DCA Vantage Analyzer. CLIA-waived on the CLINITEK Status+ Analyzer.

View Brochures, Videos & More at POR.io
Enter Number 2522 in the Search Area





ACCURATE, ACTIONABLE RESULTS FROM THE LEADER IN POINT-OF-CARE LIPID TESTING

From Abbott

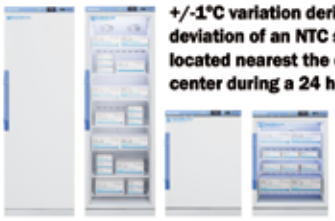
The CLIA-waived Alere Cholestech LDX™ Analyzer is engineered for confidence, providing accurate, actionable, and readily accessible results that have set the standard in point-of-care lipid profile, cholesterol, and glucose testing. Results are easy to obtain. Fingerstick sampling and a small sample size (40µL) makes results less painful and time consuming.

View Brochures, Videos & More at POR.io
Enter Number 2523 in the Search Area

VACCINE FREEZERS & REFRIGERATORS

Visit us at medicaldevicedepot.com for more information and options

Solid & Glass Door Refrigerators From 1 to 15 Cu.ft.



+/-1°C variation derived from the maximum deviation of an NTC sensor in a 1 oz. vial located nearest the chamber geometric center during a 24 hour test period

2524

Refrigerators & Freezers From 23 to 49 Cu.ft.



Refrigeration designed and purpose-built for pharmacy, medication, and vaccination applications to support meeting CDC/VFC vaccine storage guidelines

Advanced Temperature Control & Durable Performance

- **Intelligent microprocessor digital temperature controller**
- **Adjustable operating control range from +2 to +8°C**
- **Digital display of the min/max temperature in Celsius or Fahrenheit**
- **Password protected control parameters beyond setpoitn**
- **Optimized forced air cooling for excellent stability & uniformity with rapid recovery**
- **Open door and high/low temperature alarms**
- **Factory installed lock conveniently located towards the top of each unit**
- **Adjustable shelving can be spaced in ½" intervals for flexible storage**



Pharma-Vac Refrigerators

Accucold	Capacity	Height	Width	Depth	Door	PRICE
ARS1PV	1 cu.ft.	21.5"	17.5"	19.5"	White	$936.00
ARG1PV	1 cu.ft.	21.5"	17.5"	20"	Glass	$949.00
ARS3PV	3 cu.ft.	33.75"	18.5"	19"	White	$1,089.00
ARG3PV	3 cu.ft.	33.75"	18.5"	19.5"	Glass	$1,102.00
ARS6PV	6 cu.ft.	32.5"	23.5"	24.5"	White	$1,235.00
ARG6PV	6 cu.ft.	32.5"	23.5"	25"	Glass	$1,266.00
ARS8PV	8 cu.ft.	50"	23.38"	24.5"	White	$1,654.00
ARG8PV	8 cu.ft.	50"	23.38"	25"	Glass	$1,667.00
ARS12PV	12 cu.ft.	61.75"	23.38"	24.5"	White	$2,139.00
ARG12PV	12 cu.ft.	61.75"	23.38"	25"	Glass	$2,152.00
ARS15PV	15 cu.ft.	72"	23.5"	24.5"	White	$2,321.00
ARG15PV	15 cu.ft.	72"	23.5"	25"	Glass	$2,334.00

models with data loggers are available

Pharma-Lab Refrigerators

Accucold	Capacity	Height	Width	Depth	Door	PRICE
ARS23ML	23 cu.ft.	83.75	27.5	31	(1) Stainless	$2,789.00
ARG23ML	23 cu.ft.	83.75	27.5	31	(1) Glass	$3,114.00
ARS49ML	49 cu.ft.	83.75	55.25	31	(2) Stainless	$4,674.00
ARG49ML	49 cu.ft.	83.75	55.25	31	(2) Glass	$5,031.00

Pharma-Lab Freezers

Accucold	Capacity	Height	Width	Depth	Door	PRICE
AFS23ML	23 cu.ft.	83.75	27.5	31	(1) Stainless	$3,205.00
AFS49ML	49 cu.ft.	83.75	55.25	31	(2) Stainless	$5,194.00

Choosing the Right Sized Unit

Below are a few handy steps for determining the ideal Accucold refrigerator size for your clinic:

1 Estimate the maximum number of doses of publicly-provided vaccine and privately purchased vaccine that will be in your refrigerator.

Refrigerator: Add the number of doses on hand (current inventory) from your last order form.

Public Vaccine _____

Private Vaccine + _____

Total doses = _____

Multiply (max inventory) x 1.25

Maximum doses = _____

2 Match your maximum doses with the minimum cubic feet needed to safely store your vaccine

Max. Doses	Minimum Cubic Ft.
2,000+ doses	may need more than one refrigerator
1000-2000	40 cu.ft
900-1000	36 cu.ft
801-900	21-23 cu.ft
701-800	17-19.5 cu.ft
400-700	11-16.7 cu.ft
100-399	4.9-6.1 cu.ft

Medical Device Depot ©Inc.

Toll Free 877-646-3300

medicaldevicedepot.com

SITEWIDE SALE

COUPON CODE **MDDSAVE**

for additional savings at checkout!

SPIRE INTEGRATED SOLUTIONS **Medical Device Depot® is part of the Spire Integrated Solutions family.**

© 2022 . Medical Device Depot . ALL RIGHTS RESERVED



SOFIA® 2 FLUORESCENT IMMUNOASSAY ANALYZER AND RAPID DIAGNOSTIC TEST KITS

From Quidel

Sofia® 2 Fluorescent Immunoassay Analyzer and Rapid Diagnostic Test Kits Sofia 2 takes rapid testing to a new level. Proven lateral-flow technology and advanced fluorescent chemistry are all integrated into this small benchtop analyzer which can be used in any point-of-care setting. Sofia 2 kits are easy to use and adaptable to any healthcare setting. Excellent performance, objectivity, quality control, LIS capabilities, and an expanding test menu make Sofia 2 the perfect solution for the physician's office laboratory.

View Brochures, Videos & More at POR.io
Enter Number 2525 in the Search Area

ACUCY INFLUENZA A&B TEST

From Sekisui Diagnostics

The Acucy™ Influenza A&B Test is for the rapid, qualitative detection of influenza A and B viral nucleoprotein antigens from both nasal and nasopharyngeal swabs. Utilizing the Acucy™ Reader in either the point-of-care or laboratory setting, workflow flexibility is achieved with both Read Now and Walk Away features. The combination provides clinicians with standardized and definitive result interpretation.

View Brochures, Videos & More at POR.io
Enter Number 2526 in the Search Area





OSOM ULTRA PLUS FLU A&B TEST

From Sekisui Diagnostics

Stronger Clinical Performance Takes Lateral Flow Testing To The Next Level. Providing superior rapid results at the point-of-care. Fast, easy, cost effective so you can test and treat in one visit.

- High Performance- Equivalent or exceeding the performance of reader devices, without the need for an instrument
- Results in 10 minutes
- OSOM® Custom Care- Exceptional Support/Training by licensed medical technologists and experienced healthcare professionals
- Made in the USA

View Brochures, Videos & More at POR.io
Enter Number 2527 in the Search Area

Physicians Office Resource Invites You to

GO ELECTRONIC!

Sign up for our monthly eNewsLetter and get
Physicians Office Resource delivered to your Inbox!



Sign up at PhysiciansOfficeResource.com/home/contact/



TURN SMALL PLACES INTO SMART SPACES

From Abbott

With reduced budgets, shrinking laboratory space and staffing challenges, many laboratories need a solution that lets them work smarter with less. The CELL-DYN Emerald 22 AL is a full performance, automated optical 5-part differential analyzer that delivers smarter results for small to midsize clinical laboratories.

- Compact Design
- Walkaway Functionality
- Ease Of Use
- Smart Safety Features

View Brochures, Videos & More at POR.io
Enter Number 2528 in the Search Area

MICROS HEMATOLOGY ANALYZER WITH 3-PART DIFFERENTIAL PLUS THE LITEDM

From HORIBA Medical

Is it viral or bacterial? A CBC with 3-part differential can provide the clues to help distinguish between viral and bacterial infections before you decide to treat. The Micros 60 Hematology analyzer provides a CBC with 3-part Diff result in less than 60 seconds using only 10 µL of sample. Connect to the Lite^{DM} Patient Data Management System for an affordable way to consolidate patient results to one report.

View Brochures, Videos & More at POR.io
Enter Number 2529 in the Search Area





CELL-DYN EMERALD 22 HEMATOLOGY ANALYZER

From Abbott

The CELL-DYN Emerald 22 is a full performance 5-part hematology analyzer for smaller clinical laboratories seeking productivity in smaller spaces.

Benefits:

- Compact Design - To conserve valuable workspace.
- Small and Powerful - Includes a numeric keypad entry, reagent tray, and integrated color touchscreen monitor.
- Easy and Automated - Barcoded reagents and touch-free scheduled daily maintenance, startup and shutdown.
- Online product training - Self-pace training available 24x7 on the Abbott's Hematology Academy.

View Brochures, Videos & More at POR.io
Enter Number 2530 in the Search Area

RIGHT SIZE. RIGHT PERFORMANCE.
THE RIGHT FIT FOR YOUR LABORATORY.



LOW VOLUME

LOW TO MID VOLUME

CELL-DYN **EMERALD 22**



CELL-DYN **EMERALD**

A suite of harmonized hematology solutions to meet the needs of your laboratory

- Support diverse test volumes
- Technological sophistication for routine and specialized testing
- Commutable results



CELL-DYN **EMERALD 22 AL**

MID VOLUME



CELL-DYN **RUBY**

CORELABORATORY.ABBOTT/HEMATOLOGY

© 2022 Abbott. All rights reserved. All trademarks referenced are trademarks of either the Abbott group of companies or their respective owners. Any photos displayed are for illustrative purposes only.
CELL-DYN Ruby and CELL-DYN Emerald 22 AL are Class I laser products. For in vitro diagnostic use only. ADD-142016-GBL-EN 10/22

Abbott

SYNDROMIC TESTING



2535

BIOFIRE® FILMARRAY® TORCH

From bioMérieux

The BIOFIRE® FILMARRAY® TORCH is a fully integrated, random, and continuous-access system designed to meet your laboratory's syndromic infectious disease testing needs. The benchtop footprint of the BIOFIRE TORCH saves precious lab space, and its scalability meets high throughput demands. BIOFIRE® FILMARRAY® Link Software automatically uploads patient results. Fully compatible with all BIOFIRE® FILMARRAY® Panels intended for use in CLIA-moderate settings, the BIOFIRE TORCH helps you maximize efficiency and productivity.

View Brochures, Videos & More at POR.io
Enter Number 2535 in the Search Area

TOXICOLOGY

TOXICOLOGY URINE DRUG SCREENING REAGENTS

From Abbott

Prescription drug misuse and illicit drug abuse is a growing public health challenge in this country. Building a test profile that covers highly misused drugs has never been so vital. With over 20 relevant assays to choose from Abbott's suite of Immunalysis reagents allows you to easily screen for relevant substances. Our complete line of assays, calibrators, and controls enables you to implement an efficient drug screening program in office.

View Brochures, Videos & More at POR.io
Enter Number 2536 in the Search Area



2536



2537

TOXICOLOGY SCREENING SIMPLIFIED ABBOTT'S IMMTOX 270 BENCHTOP ANALYZER NOW WITH 14 ASSAYS CLIA CATEGORIZED AS MODERATE COMPLEXITY

From Abbott

The ImmTox270 benchtop analyzer offers comprehensive toxicology screening solutions for physician offices, treatment centers and independent laboratories.

Broad test menu with over 20 assays to choose from including 14 that are now available as moderately complex.

With complete laboratory solutions from consultation to licensure, and compliance the Abbott Clinical Laboratory Solutions team has you covered.

View Brochures, Videos & More at POR.io
Enter Number 2437 in the Search Area

medicaldevicedepot.com

3 WAYS TO START IMMEDIATELY INCREASING REVENUE

1 Neuro-Cognitive Testing

2538

- Medicare mandates yearly cognitive assessment
- Takes 10-15 minutes to prep patient, 20 minutes to test
- Analyzes: brain health (EEG), brain processing speed (Evoke Potentials), heart health (EKG), mental health (neuropsychology)
- **Reimburses using 6 CPT codes, National Average = $750 - $1000 per test**
- Each test is processed into a fully-finished, clinically actionable report
- Easy to understand biomarkers facilitate more informed medical interventions, such as biofeedback

2 ANS Testing

(can be combined with SUDOMOTOR into 1 full system)

2539

- Takes less than 10 minutes to perform, software provides verbal cues
- Tests for autonomic balance, vascular health, physical/mental stress, peripheral nerve health and other critical hidden risk factors
- **Reimburses $170/test using 3 CPT codes**
- Provides a 1 page summary up to a full 24 page comprehensive report

3 SudoMotor Testing

2540

(can be combined with ANS into 1 full system)

- Takes 3 minutes to analyze a patients' hands and feet
- Provides a 1 page summary report
- Assesses peripheral nerve health (c-fiber function) and asymmetry between each hand and foot
- **Reimburses $130/test (national average)**



Medical Device Depot ©Inc.

Toll Free 877-646-3300

SITEWIDE SALE

COUPON CODE **MDDSAVE**

for additional savings at checkout!

SPIRE INTEGRATED SOLUTIONS

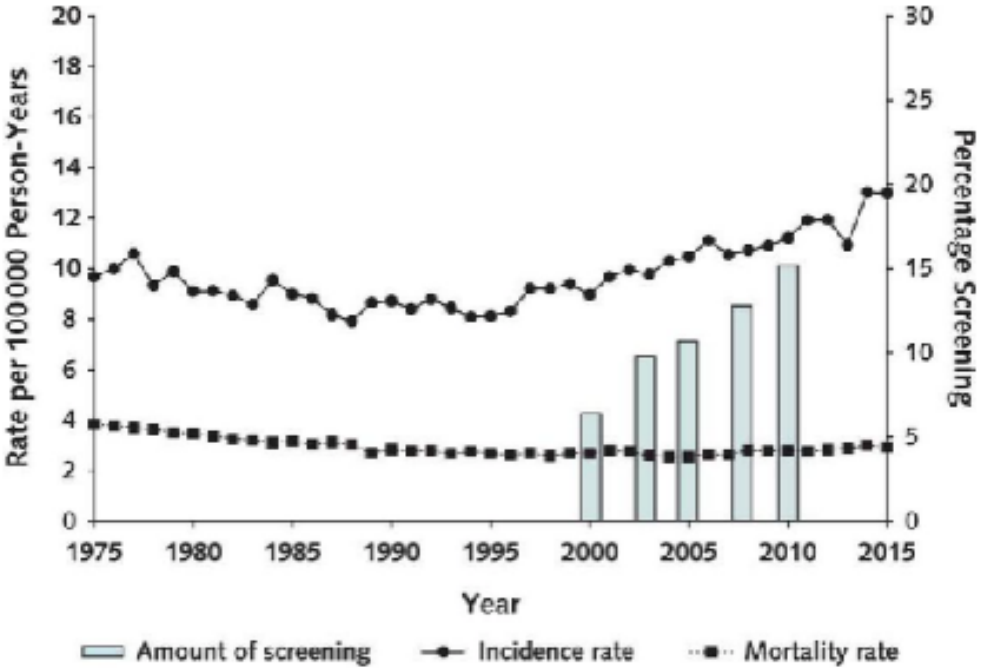
Medical Device Depot® is part of the Spire Integrated Solutions family.

© 2021 Medical Device Depot ALL RIGHTS RESERVED



SHOULD WE START SCREENING FOR COLON CANCER AT AGE 45?

BY DR. PETER UBEL
MADGE AND DENNIS T. MCLAWHORN UNIVERSITY PROFESSOR OF BUSINESS, PUBLIC POLICY, AND MEDICINE AT DUKE UNIVERSITY



Here's what most medical experts agree on: People 50 and older should be screened for colon cancer.

Here's what is more controversial: Whether that screening should start, routinely, at age 45.

Recently, the American Cancer Society (ACS) recommended that colon cancer screenings start at age 45. Their recommendation was based in large part on an uptick in the number of people 45 to 50 years old who are being diagnosed with colon cancer in the last couple of decades, a 22% increase.

But the ACS recommendation might be recommending more cancer screening than the American public needs. In an op-ed in the Annals of Internal Medicine, three physicians raise important concerns about this new screening recommendation.

Why in heaven's name would anyone raise questions about screening 45 year olds, in the face of this steep increase in cancer diagnoses? It boils down to three issues:

1. EXAGGERATED RISK.
While the 22% increase in cancer diagnoses is factually correct, it is also a relative risk increase, which makes the risk feel bigger than it really is. In actuality, the rate of cancer diagnoses in 45 to 50 year olds has risen from 5.9 to 7.2 people out of 100,000, an absolute increase of only 1.3%.

2. UNPROVEN BENEFITS.
No randomized trials have proven that starting screening at age 45 saves lives. Instead, the ACS bases its recommendation on a computer model that predicts (but doesn't establish) such benefit.

3. LEAD TIME BIAS.
If more people are being diagnosed with colon cancer at earlier ages, then you'd expect to see more people dying of cancer at those ages, too. But instead, death rates haven't changed one bit. That stable death rate suggests that the increase in cancer diagnoses simply means we're finding cancers that we would have found in time at a later point, even if we'd waited until age 50 to start screening. Here is a picture of this potential lead time bias, showing a line on top rising with that 1.3% increase in cancer diagnoses, and a flat line on the bottom showing no such change in cancer deaths:

Colorectal cancer incidence and mortality rates per 1,000 person-years and percentage of patients screened,
What's the bottom line, so to speak?

1. If you're 50 or older, you should get screened for colon cancer.

2. If you have an elevated risk of colon cancer – from family history, for example – ask your doctor if you should get screened before age 50. (You probably should.)

3. If you're at normal risk and wonder about getting screened at age 45, remember that starting at this age is unproven. We don't really know, yet, whether screening tests will do you more good than harm.

Peter A. Ubel M.D. is the Madge and Dennis T. McLawhorn University Professor of Business, Public Policy and Medicine at Duke University. A physician and a behavioral scientist, he uses the tools of decision psychology and behavioral economics to explore topics like informed consent, shared decision making and health care cost containment. He has authored over 250 academic publications, the majority of which involve empirical explorations of decision psychology as it pertains to health care. He has written for the New York Times, the Los Angeles Times, the Atlantic, the New Yorker, and is a regular contributor at Forbes. His books include Pricing Life (MIT Press 2000), Free Market Madness (Harvard Business Press, 2009) and Critical Decisions (HarperCollins, 2012). His newest book, Sick to Debt, is scheduled for release in 2019 (Yale University Press). You can find his blogs and other information at http://www.peterubel.com/.



OSOM® BVBLUE®

From Sekisui Diagnostics

The OSOM® BVBLUE® detects elevated vaginal fluid sialidase activity, an enzyme produced by bacterial pathogens associated with bacterial vaginosis including Gardnerella, Bacteroides, Prevotella and Mobiluncus. OSOM® BVBLUE® is more sensitive than Amsel criteria providing physicians with a more accurate diagnosis to treat and minimize serious health consequences such as early spontaneous preterm births and miscarriage.

View Brochures, Videos & More at POR.io
Enter Number 2541 in the Search Area

OSOM® TRICHOMONAS RAPID TEST

From Sekisui Diagnostics

The OSOM® Trichomonas Rapid Test is intended for the qualitative detection of Trichomonas vaginalis antigens from vaginal swabs or from the saline solution. The OSOM® Trichomonas Rapid Test is a CLIA-waived rapid test available today. OSOM® Trichomonas is more sensitive than wet mount due to the assay being able to detect viable and non-viable organisms which offers significant benefits to the patient and clinician alike.

View Brochures, Videos & More at POR.io
Enter Number 2542 in the Search Area





ULTRA HCG COMBO TEST

From Sekisui Diagnostics

The OSOM® Ultra hCG Combo test is a simple immunoassay for the qualitative detection of human chorionic gonadotropin (hCG) in serum or urine for the early confirmation of pregnancy. Internal studies have confirmed that the OSOM® Ultra hCG Combo test does not have a false negative result from hCG variants providing physicians with a higher level of confidence.

View Brochures, Videos & More at POR.io
Enter Number 2543 in the Search Area

TOXICOLOGY SCREENING

SIMPLIFIED.

Comprehensive toxicology menu now with **14 CLIA[1] categorized moderate complexity assays.**



IMMTOX™ 270

BENCHTOP ANALYZER

Toxicology screening solutions for physician offices, pain management, treatment centers and laboratories testing 200+ patient samples/mo.

Scan this QR code to view the ImmTox™ 270 product video

MODERATE COMPLEXITY ASSAYS – FDA 510(K) CLEARED	
6-acetylmorphine (6-AM Heroin metabolite)	EDDP (Methadone metabolite)
Amphetamine	Fentanyl*
Barbiturates	Methamphetamine
Benzodiazepines	Opiates
Benzoylecgonine (Cocaine metabolite)	Oxycodone
Buprenorphine	Phencyclidine (PCP)
Cannabinoids (THC)	Tramadol

CONTACT ABBOTT CLINICAL LAB SOLUTIONS

855-425-9428 | CLS_SALES@ABBOTT.COM

1. Clinical Laboratory Improvement Amendments (CLIA) / * SEFRIA Fentanyl

© 2022 Abbott. All rights reserved. All trademarks referenced are trademarks of either the Abbott group of companies or their respective owners. Any photos displayed are for illustrative purposes only. COL-09575 v3 12/22

Abbott









ROCKY MOUNTAIN RETREAT BOULDER, CO

BY JEN HELMLE

MDescapes

You must be familiar or will become familiar with the term "SKO BUFFS" if you are heading anywhere near Boulder, Colorado, and if you are going to Boulder the only hotel you should be staying at is the St. Julien Hotel and Spa. Located in the heart of this great college town (or technically city) at the foothills of the Rocky Mountains and The Flatirons with its trails and craggy rock formations that overlook the city and surround the hotel for absolutely iconic views. It is steps from the University of Colorado, Boulder main campus and is in the center of the towns hustle and bustle with college kids, visiting parents, corporate guests and tourists alike. I can attest to this because I am a parent of a senior there and have a husband alumnus so I have stayed here many times over the last four years. What better place to write about than your home base when you are away from home? The St. J as it is called is definitely the home base for many, many visitors of this amazing place.

The St. Julien is a AAA four diamond (2022) hotel. It has been recognized as a Forbes Travel Guide verified one of the finest hotel properties in the world (2021). Opened in 2005 the St. Julien has historic ties to the old West. Gold was discovered above Boulder in 1859 in mining towns like Eldora and Nederland and as the towns were thriving Boulder became the center of supply for those communities. The hotel itself sits on the site of an actual rail yard where train cars made their ascent 4600' feet above Boulder to the Boulder Canyon. The railroad operated until 1919 and its route was known as the Switzerland Trail. The bike path from the hotel across Canyon Boulevard follows the same trail the trains took many years ago up to Four Mile Canyon. More this in a bit. When the hotel opened it was the first luxury, first-class hotel to open in Boulder in nearly 100 years. It is part of the Preferred Hotels and Resorts Worldwide and offers amazing service and amenities to compliment the unmatched views of The Flatirons mountains. It is the only hotel to offer those full views to its guests. The sustainably designed hotel is simply designed as not to compete with its views and nature that surrounds it. The grounds and architecture are styled to reflect the natural beauty with colors and materials that resemble or are the natural resources of the area. And waiting behind the perfectly opened valet front lobby doors houses luxury but with Boulder flair.

The first place you enter when walking through the front doors is the huge lobby with a massive two-sided stone fireplace at one end, and the T-Zone Lounge inside bar at the other. There are tons of small seating areas with comfy upholstered settees and chars and cocktail tables everywhere. There are meeting, conference and personal event rooms located just off the lobby for your business, collegiate or personal needs. In front of the fireplace sits two massive pieces of a sectional sofa. It is the perfect place for a morning cup of coffee, business meeting, afternoon happy hours and night time fun. And believe me, it is busy doing just that all day and night. There is live music featuring local bands and musicians Wednesday through Saturday in the lobby and if it is a parent's weekend or a CU event weekend you better get your seats early because it gets packed with people who are just having a wonderful time reuniting, celebrating, listening to great music and enjoying life. It is so fun to be a part of whether or not you get a seat. It is the meeting and memory making place for so many of its guests. Off the lobby sits the garden terrace with beautiful landscaped grounds and white light lit trees. There is seasonal dining on the terrace or you can just sit with The Flatirons so close you feel you can touch them. You can access that view from inside or outside all year long so you cannot lose.

The St. Julien has 201 beautifully decorated, generously sized and comfortable guestrooms. Six of those being two room suites. Every room has textures and colors to sooth and relax you while you sink into your cozy bed with top quality bedding or step into the oversized bathrooms with high end toiletries, slate floors, granite countertops and extra-large soaking tubs. Many rooms have balconies or patios that overlook town or the Flatirons. Those are fabulous rooms to get when the weather warms up. Although when I was there in February it was 60 degrees one day and we took full advantage of our large patio overlooking town. The St. Julien is a Colorado green hotel and works very hard to reduce the hotels impact and footprint on the community while still offering the high-end service it has always given. As a side note, complimentary water is left in your room daily but don't be shy about stopping at the super friendly front desk, concierge or valet station for more complimentary water. You're going to need it!

If you want to get out of your room and see what's outside the doors of the St. J then you don't have to go far to experience outdoor adventure, shopping, bustling college life, amazing food and views to be in awe of just steps away. The always happening center of the downtown Pearl Street is steps away from the front door and is home to over 250 shops, galleries, restaurants, open air dining and street performers. Four of its blocks are for pedestrians only to wander and watch from many umbrella covered dining tables or town benches. If you happen to get there at the right time in spring, the flower beds blooming is a treat. Boulder has many local guides to take you on a variety of diverse sightseeing tours and activities. If adventure at any level is your liking, then you have found your spot. Out the back door of the St. J one will find over 180 trails for biking, hiking and rock climbing. Obviously, there is world class skiing from 20 to 200 miles away but I am going to stick to town on this one. Many depart from the Chataqua trailhead located a very short distance from the hotel. The hotel staff are experts on the various trails and their level of difficulty so you can hike and climb from your level of comfort. The St. J offers complimentary bikes to its guests to ride around and explore town, nearby campus if you can make it up those hills and especially the bike path that follows the historic original train route the rail beds took from the Boulder Canyon and up to the Four Mile Canyon. That is a really fun ride I can personally attest to. If you want to sit in a car and aren't afraid of heights like myself you can

wind your way past Chataqua on Baseline Road around some very sharp turns upwards on Flagstaff Mountain to the Lost Gulch Overlook which is facing the Continental Divide. My knees are shaking when we get there and as far as I can get out of the car and see it is spectacular. My husband and kids will be taking selfies off the dangling cliffs which makes me thrilled to get back to the hotel!

Now we are back to my kind of adventure which is eating, relaxing and having that lobby drink. The St. Julien has several dining options to make the beginning, middle of end of your day a great one. Can't wait to get to your room and chill out? There is room service with a full menu served with a smile to your door. My youngest is a big fan of lying in a hotel robe with a full meal delivered. Dessert too of course. If you are ready to socialize Jill's Bistro offers farm to table modern American cuisine for breakfast, lunch and dinner daily. It has also been recognized and recommended by Forbes Travel Guide (2021) for their cuisine. They support local ingredients sustainably and organically grown to make its fabulous fare. It has a full bar, and outdoor patio and one of the best private dining rooms in the city, The Onyx Room. For breakfast I am a plain two eggs, potatoes and meat kind of girl. The potatoes are delicious. My husband and kids would recommend the corned beef hash, pancakes, smothered breakfast burrito, fresh juices and lattes. On the weekends there is a brunch offered with a massive Bloody Mary bar and Mimosas that are never ending. Other standouts on the menu are the homemade tater tots, Spanish Caesar salad, brussels sprouts, charcuterie board, chicken tiki masala and flatbreads. Most of their menu items from any time of day can be made gluten free. A must try of the cocktail list is their spicy Margarita. It is delicious. If hanging in the lobby or outdoor terrace patio is your speed then make your way out there and grab a seat inside or out if the weather is nice and enjoy the T-Zero lounge hospitality. Happy hour daily is 3-6 with dinner daily from 5-10pm. You can enjoy fabulous hand-crafted cocktails with local Colorado liquor, an amazing wine program and the absolute best people watching daily. T-Zero has various large and small plate offerings for dining. I love their hummus plate. The lounge has master mixologists who have many cocktails freshly shaken or rotating on tap such as the Pearl Street Martini, The Julien Old Fashioned, Blackberry Smash, Blood Orange Paloma, Barrel Aged Manhattan, Asian Pear Martini and the cult favorite frozen Espresso Martini made with locally brewed Ozo Coffee Company espresso. It is epic.

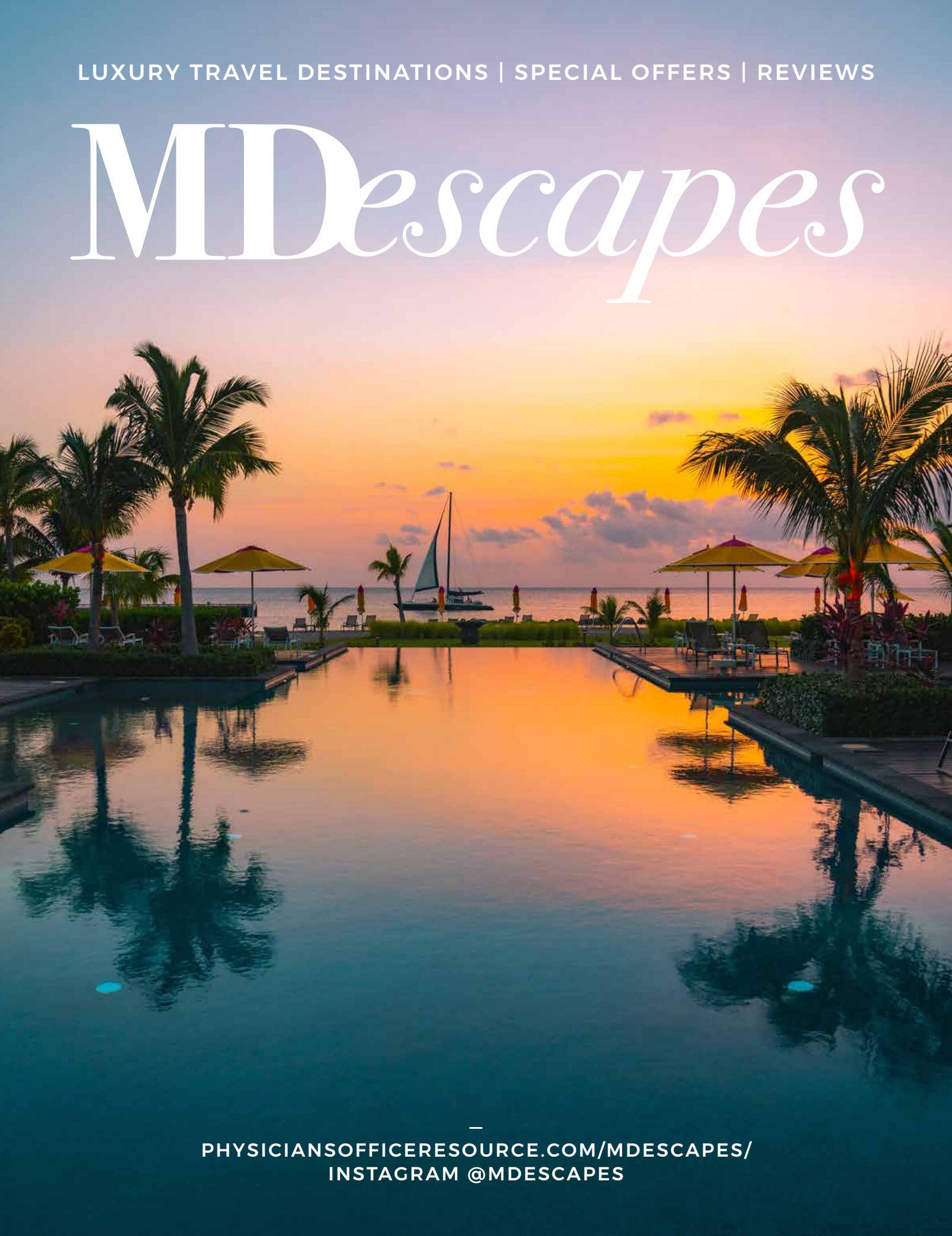
After the Espresso Martini settles in make your way past the front desk and into the tranquil spa at the St. J and let the busy lobby buzz fade away. The spa is a must when staying at the hotel. It will reset you into full rejuvenation and relaxation mode no matter what's going on outside its doors. The spa is open seven days a week and boats a full hair salon, fitness center, indoor pool, steam room, sauna, hot tub and relaxation lounge. The lounge has an attendant and offers flavored waters, small healthy snacks and soothing music to enjoy. The staff is kind and knowledgeable about the treatments and can steer you towards what you are needing to unwind and get some TLC. They offer massage therapies, body treatments, facials, signature seasonal treatments and hair and nail salon services. I recommend the St. Julien Classic massage which can be customized. Ask for Jennifer. She's got some mighty strong hands! All facials and massages can have enhancements you can add on to any of their other treatments. If you are a guest at the hotel and don't have time for a full spa day you can always use the relaxation room and steam rooms while visiting and the fitness center, pool and hot tub are always available. Next visit I am definitely getting the Chakra Balancing Treatment. I mean who doesn't need that these days! I know I do.



Although my daughter's time at CU is winding down, I am looking forward to being back at the St. Julien for graduation. It has definitely been our home away from home these past four years and my family and I have met many wonderful people from our daughter's friends, their parents, siblings, strangers, tourists, locals and employees that have added something positive to our visit that we bring home with us. I know that will not be my last trip to Boulder because the energy and beauty are contagious and I will need another one of those Espresso Martinis! Good luck to all the graduates. May your futures be bright and remember to give kindness to everyone you meet. It will always be returned to you. SKO BUFFS!

LUXURY TRAVEL DESTINATIONS | SPECIAL OFFERS | REVIEWS

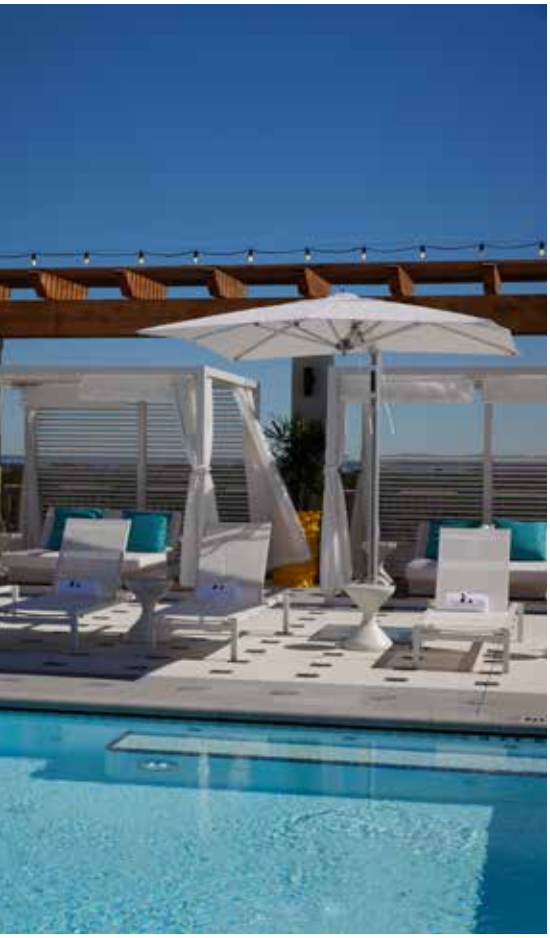
MDescapes



PHYSICIANSOFFICERESOURCE.COM/MDESCAPES/
INSTAGRAM @MDESCAPES









Our goal is to REWARD YOU

MDescapes features exclusive luxury travel discounts and offers! Our goal is to reward you, the healthcare professional, and help provide the rest, adventure, and memoires that accompany a luxury vacation.

FOUR SEASONS NEVIS

FOUR SEASONS PUNTA MITA

FOUR SEASONS NEW ORLEANS

FOUR SEASONS SANTA FE

CARTON HOUSE

SANDESTIN GOLF AND BEACH RESORT

AND MORE

—

FIND YOUR ESCAPE AT

PhysiciansOfficeResource.com/MDescapes

BIOMÉRIEUX

THIS CHANGES ***EVERYTHING.***

Introducing the BIOFIRE® SPOTFIRE® Respiratory Solution—the first US FDA-cleared and CLIA-waived COVID-19 testing solution designed for the point of care.

FASTER
~15 minutes

SMALLER
Scalable to your needs

SMARTER
Easy to use



2545

SCAN ME

NOW AVAILABLE!

EXPANDED SYNDROMIC TESTING
BIOFIRE® SPOTFIRE® Respiratory Panel
1 PCR test. 15 targets. ~15 minutes.

FDA **CLEARED** | CLIA **WAIVED**

BFR0002-2675-01

PIONEERING DIAGNOSTICS