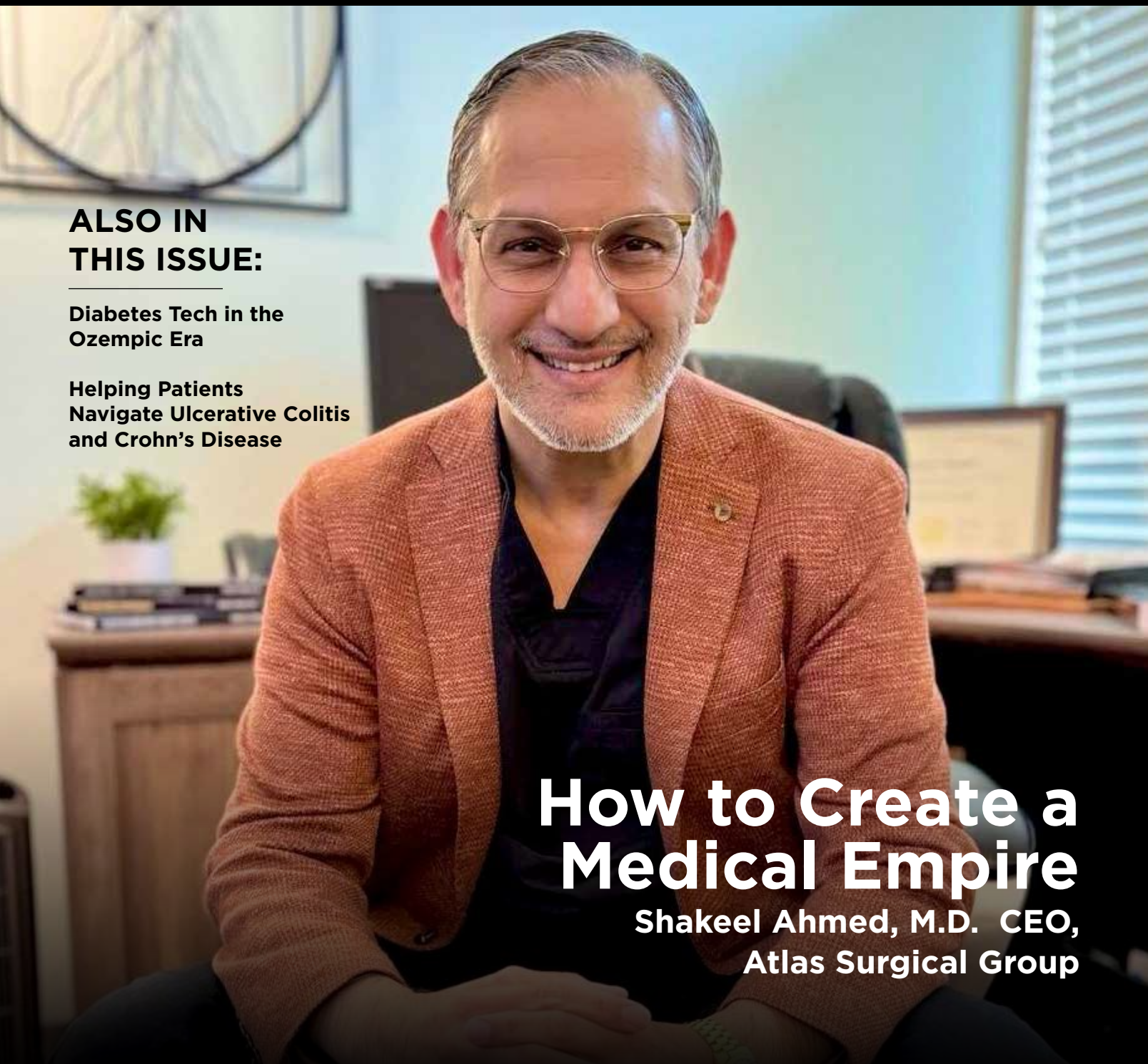
2024 | Issue 4

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Diabetes Tech in the Ozempic Era

Helping Patients Navigate Ulcerative Colitis and Crohn's Disease

How to Create a Medical Empire

Shakeel Ahmed, M.D. CEO, Atlas Surgical Group

THE POWER TO DETECT THE HIDDEN THREAT OF PERIPHERAL ARTERIAL DISEASE (PAD)



"PAD IS ASYMPTOMATIC IN 75% OF ELDERLY PATIENTS." [1]

IN PRIMARY CARE: "THE RISK OF MORTALITY WAS SIMILAR IN SYMPTOMATIC AND ASYMPTOMATIC PATIENTS WITH PAD" [2]

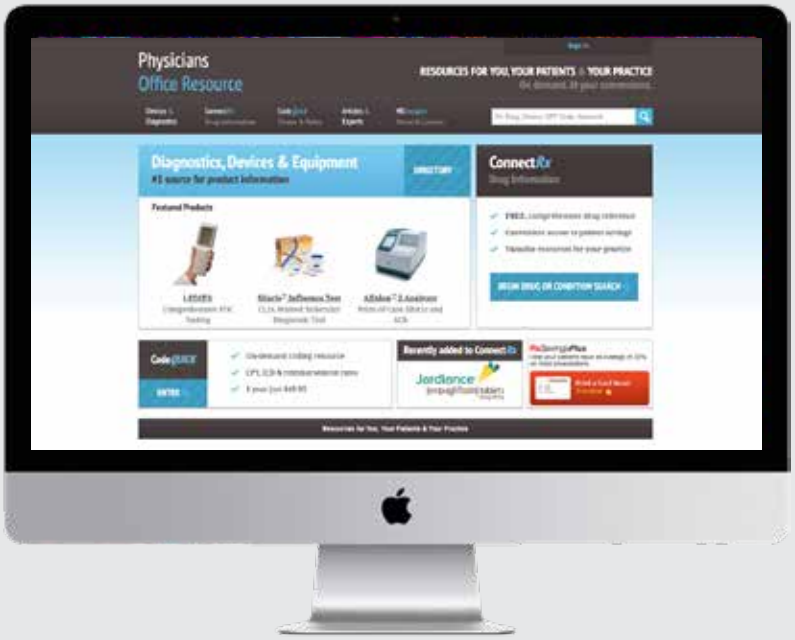
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PUBLISHER
Aaron R. Medaris
amedaris@physiciansofficeresource.com

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

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Michael Paquin, FHIMSS
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Dylan J. Chadwick

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How to Create a Medical Empire

Part 1: The Blueprint to Financial Riches in Healthcare

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Diabetes Tech in the Ozemic Era

I doubt anyone would argue that we have seen major advancements in diabetes technology.

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Helping Patients Navigate Ulcerative Colitis and Crohn's Disease

It's estimated that an approximate 3 million adults in the United States have been diagnosed with inflammatory bowel disease (IBD).

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PART 1 OF A SIX PART SERIES

HOW TO CREATE A MEDICAL EMPIRE

PART 1: THE BLUEPRINT TO FINANCIAL RICHES IN HEALTHCARE

BY SHAKEEL AHMED, MD

"Do not wait to strike till the iron is hot; but make it hot by striking." – William Butler Yeats

This is the first of a 6-article series I will write on how to invest in healthcare, and strike gold in the business of medicine. This collection of writings will serve as a repository of guidance and schematics for those venturing into the realm of healthcare entrepreneurship. It aims to distill and expand upon the different healthcare investment opportunities accessible to both newcomers and experienced investors alike, detailing the necessary actions to ensure the success of these investments. Furthermore, the series will explore the myriad legal and regulatory challenges encountered in the medical industry, paying particular attention to the intricacies associated with various healthcare organizations and the strategies for entering these specific sectors.

While designed to be accessible to both the general public and healthcare investors, the emphasis will predominantly be on aiding physician investors in navigating their way to economic prosperity within the healthcare domain.

"The only place where success comes before work is in the dictionary." – Vidal Sassoon

Over the past two decades, my journey has encompassed the acquisition and establishment of over a dozen medical franchises, including several ambulatory surgery centers and medical practices. This experience has afforded me a unique insight into the seemingly intricate world of healthcare investment, revealing its underlying simplicity. Consider healthcare entrepreneurship as a life puzzle that is awaiting your solution. Through these articles, I aim to guide the

reader in unlocking this conundrum, offering a perspective through my own experiences in this arena.

The initial step towards embarking on the lucrative path of medical ventures is to seek inspiration from the industry's pioneers. It's about more than just replicating their actions; it's about understanding and adopting their mindset. Within the vast landscape of medicine, examining all prosperous ventures and industries to discern what contributes to their success is crucial. Observing the strategies of these industry leaders can provide invaluable insights for achieving financial dominance in your endeavors. The genetic makeup of a successful healthcare entrepreneur is not distinct from your own; their success is achieved through a blend of vision, perseverance, diligence, and thorough research. Hence, it's evident that navigating the road to healthcare prosperity or to the foundation of a multimillion-dollar enterprise is fraught with challenges, necessitating a synergy of several factors—vision, unwavering effort, persistence, and yes, a dose of research.

"I have not failed. I've just found 10,000 ways that won't work." – Thomas A. Edison

While attributing success to luck might appear to be an oversimplification, it's important to recognize that without dedication and perseverance, relying solely on luck is as effective as banking on a lottery win. Luck alone is insufficient; however, a steadfast commitment to hard work and resolve significantly amplifies your prospects of attaining these ambitious financial objectives. By adhering to specific steps and strategies, one can markedly enhance the likelihood of realizing these goals.

So, what are some steps one can take in this journey towards financial nirvana. Let's explore some key concepts:

1- Set Goals:

Initiating the journey towards sustained achievement in healthcare ventures begins with establishing a clear and precise objective. This involves defining concrete, quantifiable, and attainable goals for both yourself and your enterprise. It's crucial to possess a vivid vision of your desired outcomes and the strategies for realizing them. The essence of success lies in the feasibility of your goals and the thoroughness of your planning. A strategy that predisposes you to failure is far from effective.

2- Have A Strong Work Ethic:

Forging ahead to build a thriving business necessitates cultivating a robust sense of ethic. Embodying a strong work ethic signifies undertaking whatever is necessary for success, even when it's neither enjoyable nor easy. At times, the effort required can be thoroughly unappealing. Indeed, enduring lengthy hours is undesirable; making sacrifices is hard; and incessantly challenging yourself is tough. Ventures yielding substantial income demand significant dedication and hard work. Nonetheless, you persevere because the fragrance of triumph never blossoms without enduring some unpleasantness.

"The difference between ordinary and extraordinary is that little extra." – Jimmy Johnson

The transition from foul to fragrant is gradual and often imperceptible during the journey. Therefore, sustaining a steadfast work ethic is imperative—consistently. It's critical to understand that achieving business success isn't a singular event; it represents an ongoing endeavor. It calls for relentless dedication, concentration, patience, and tenacity. Possessing a work ethic that's sporadic or only predominant most of the time does not constitute a genuine work ethic.

3- Be Creative:

Cultivating creativity is another vital step. The ranks of millionaires and billionaires are frequently populated by individuals who challenge conventional thinking to forge novel and distinctive concepts. Lateral thinking encourages a departure from logical and secure thought processes. Embrace this manner of thinking. Just as dreams in sleep bypass logic and safety, your conscious aspirations should be no different. Your frontal lobes are there to process and organize the outcomes of such thought. Lateral thinking might lead you to create a new product or service, uncover a new market, or devise a novel solution to a problem. Success involves risks and misses, but without venturing a try, successes remain elusive. Venturing these attempts is the exhilarating part.

4- Network:

Networking stands as a crucial pillar in achieving these goals. Establishing robust connections and fostering relationships within your industry can unlock new prospects and offer invaluable insights and support. Like a spider in its web, a successful individual can identify where the strands of networking intersect, perceiving patterns among even the most distant contacts. The potential is as vast as the cosmos!

5- Invest:

Investing represents a critical stride towards prosperity. Diversifying your investments in healthcare-related assets, such as stocks, real estate, and various businesses, can facilitate wealth accumulation over time. It's essential to conduct thorough research and make informed investment decisions, but equally important is the readiness to embrace calculated risks. This is where the analytical meets the intuitive side of your brain.

6- Be Disciplined:

Maintaining financial discipline and wisely managing your resources is crucial. This involves living within your financial capabilities, saving diligently, and steering clear of unnecessary debts. It also encompasses making prudent financial decisions and channeling your funds into promising investments.

7- Diversify:

A pivotal strategy for financial growth is to diversify your income sources. Depending on a single income stream is akin to a one-trick pony that may falter. Avoid the vulnerability of a solitary income source that could vanish, leaving you in a precarious position. Cultivating multiple income avenues renders you resilient against financial calamities; there's no larger fiscal peril than being dependent on a singular, failing source. Note

that obligations persist even when income sources falter. Should your primary income source collapse, recovering from financial losses could take years. Creating additional income streams acts as a safeguard against misfortune, whether it's unforeseen or inevitable. Initiating a sideline business, investing in property, or generating passive income are ways to enhance your financial security. Like your main occupation, vigilance for opportunities is key, along with maintaining an innovative mindset. Embrace your unique ability to foster additional revenue streams. Consider this practical example: If you provide car repair services, imagine securing a contract to maintain the local police department's fleet at a discounted rate. Such visibility could attract customers who value your association with the police force, distinguishing you from competitors often marred by mistrust, with no concessions offered to these newly attracted clients.

8- Take Risks:

Embracing new opportunities is essential for financial success. Engage in lateral thinking and utilize both analytical and creative skills, as business triumph requires a blend of logical problem-solving and creativity. Often, the most lucrative opportunities emerge from the least expected places. Welcoming novel ideas and being willing to take calculated risks can open doors to unforeseen financial gains. Failure of a risk should be seen as a minor setback, a challenge to navigate as you remain focused on your goals. For instance, observing a neighborhood with poorly maintained streets might reveal a demand for a house leveling service, an area you might be unfamiliar with but holds potential due to the lack of competition equipped for such tasks. Or, noticing a shortage of luggage carts at your local airport could present an opportunity to propose a solution to the airport administration, despite your lack of experience in engineering or navigating airport logistics. These examples serve to illustrate the importance of staying alert to possibilities.

9- Be Human:

Lastly, achieving success in healthcare entrepreneurship transcends financial gain. It's about the positive impact you have on lives and leveraging your wealth to contribute meaningfully to society. Essentially, it's about valuing what truly matters in life. Rarely does anyone reflect on their life wishing for material acquisitions. More often, they cherish the relationships and experiences shared with others, intertwining their financial journey with deeper human connections.

Equipped with this solid base of principles, you're thoroughly prepared to dive into the medical business world and achieve success. In the following chapter, we'll delve deeper into the various business opportunities available for the budding entrepreneur.

About the Author

Dr. Shakeel Ahmed is a digestive and liver disease specialist practicing in Fairview Heights IL. He completed 3 years of fellowship training in Gastroenterology and Hepatology at the University of Louisville. Dr. Ahmed is board certified by the American Board of Gastroenterology/ Hepatology, which confirms the highest qualification and knowledge in the field of gastroenterology. Dr. Ahmed's practice further specializes in advanced therapeutic endoscopy, which includes complicated pancreatobiliary disorders and their management. Centre for Gastrointestinal Health is one of the largest referral centers for ERCP's and EUS and all pancreatobiliary disorders in the Greater Saint Louis area.



Other Titles from Dr. Shakeel Ahmed, M.D.

Dr. Shakeel Ahmed is the founder and CEO of Atlas Surgical Group, the largest privately owned group of ambulatory surgery centers in the Midwest. He started his foray into outpatient surgery in Illinois, and over the course of two decades has been instrumental in the design and development, construction, and the running and management of dozens of surgical facilities. His key to success in building a franchise of this type comes not just from his thorough knowledge of the administrative process involved, but also from his intimate involvement as a gastroenterologist who actively performs thousands of procedures at his facilities, thus giving him firsthand exposure to negotiate and manage this highly complex field. Having performed hundreds of thousands of surgeries over the past few decades, Atlas Surgical Group specializes in all different areas of medicine, with special focus on orthopedic surgery, spinal surgery, ophthalmology, gynecology, plastic surgery, podiatry, gastroenterology, pain management, and bariatric surgery.

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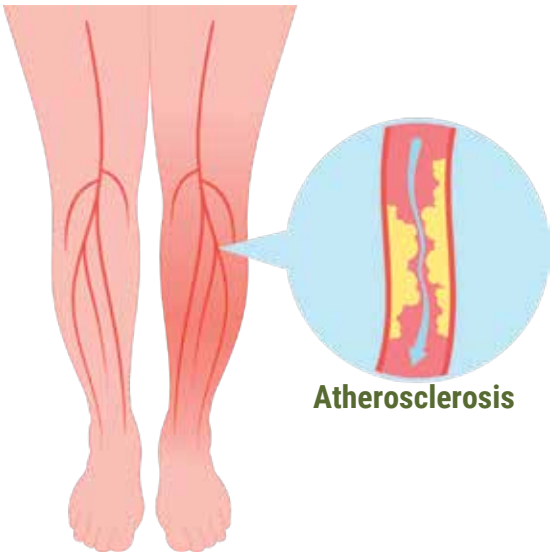
PERIPHERAL ARTERY DISEASE

(PAD) is an often silent condition where narrowed arteries reduce blood flow to the legs, causing symptoms like leg pain, numbness, and slow-healing wounds.

HOW MANY OF THESE PATIENTS DO YOU HAVE?

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- Over age 65

1 out of 3 HAS PAD



DON'T LET PAD SNEAK UP ON YOU OR THESE PATIENTS.
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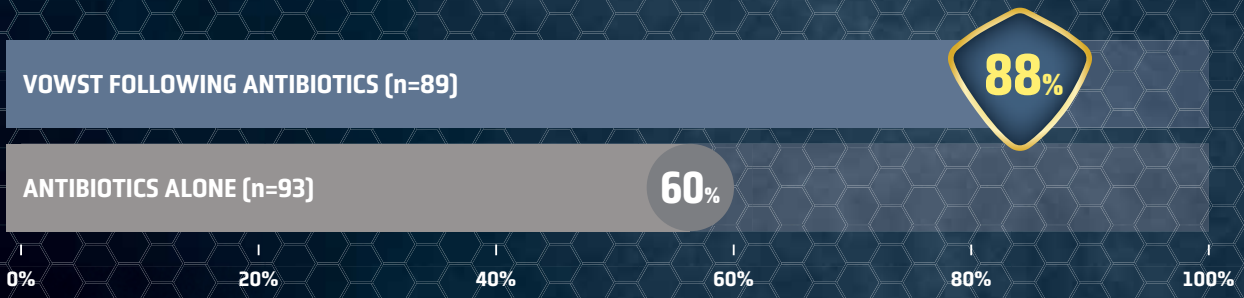
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VOWST provided superior prevention vs. antibiotics alone[1-3]

PERCENTAGE OF PARTICIPANTS WITHOUT *C. DIFF* RECURRENCE AT 8 WEEKS[1,2†‡]



***P*<0.001**

Clostridioides difficile (C. diff) infection.

†Calculated by the rate of recurrence, which was significantly lower in VOWST recipients compared to those receiving antibiotics alone—12% vs. 40%, respectively—a 0.32 relative risk (95% confidence interval [CI], 0.18, 0.58; *P*<0.001)[1,2]

‡ECOSPOR III was a Phase 3, multicenter, double-blind, randomized, placebo-controlled trial evaluating *C. diff* recurrence at 8 weeks; secondary endpoints at 4, 12, 24 weeks.

REFERENCES: 1. VOWST [Prescribing Information]. Cambridge, MA: Seres Therapeutics, Inc. and Nestlé Health Science. 04/2023. **2.** Feuerstadt P, Louie TJ, Lashner B, et al. *N Engl J Med*. 2022;236:220–229. doi: 10.1056/NEJMoa2106516. **3.** Cohen SH, Louie TJ, Sims M, et al. *JAMA*. Published Online: October 19, 2022. doi: 10.1001/jama.2022.16476.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Transmissible infectious agents: Because VOWST is manufactured from human fecal matter, it may carry a risk of transmitting infectious agents. Report any infection that is suspected to have been transmitted by VOWST to Aimmune Therapeutics, Inc. at 1-833-246-2566.

Potential presence of food allergens: VOWST may contain food allergens. The potential to cause adverse reactions due to food allergens is unknown.

ADVERSE REACTIONS

The most common adverse reactions (reported in ≥5% of Vowst-treated participants, and at a rate greater than placebo) were abdominal distension (31.1%), fatigue (22.2%), constipation (14.4%), chills (11.1%), and diarrhea (10.0%).

To report SUSPECTED ADVERSE REACTIONS, contact Aimmune Therapeutics at 1-833-AIM-2KNO (1-833-246-2566), or the FDA at 1-800-FDA-1088, or visit www.fda.gov/MedWatch.

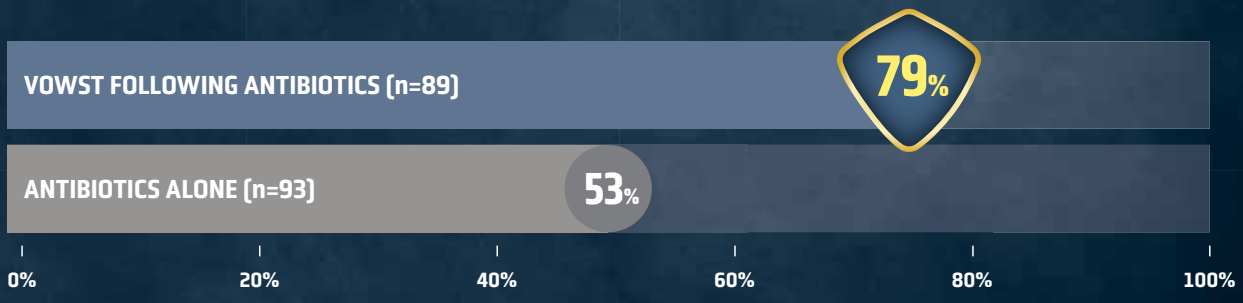
DRUG INTERACTIONS

Do not administer antibacterials concurrently with VOWST.

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VOWST—the FIRST and ONLY orally administered microbiome therapeutic to prevent *C. diff recurrence[1,2]**

PERCENTAGE OF PARTICIPANTS WITHOUT *C. DIFF* RECURRENCE AT 24 WEEKS[1,3‡§]



***P*<0.001**

§Relative risk of 0.46 (95% CI, 0.30, 0.73).

Generally well tolerated through 8 weeks[1]

- The majority of adverse reactions were mild or moderate in severity[1]
- Most adverse reactions occurred within 10 days of starting VOWST[1]
  - The median duration of these events was ≤5 days[1]
- No serious adverse events were considered related to the use of VOWST[1]

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INDICATION

VOWST is indicated to prevent the recurrence of *Clostridioides difficile* infection (CDI) in individuals 18 years of age and older following antibacterial treatment for recurrent CDI (rCDI).

Limitation of Use: VOWST is not indicated for treatment of CDI.

Please see accompanying Brief Summary of Prescribing Information on the following page, and www.VOWSThcp.com for full Prescribing Information.

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BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use VOWST® safely and effectively.

See Full Prescribing Information for VOWST.

VOWST (fecal microbiota spores, live–brpk) capsules, for oral administration

Initial U.S. Approval: 04/2023

INDICATIONS AND USAGE

VOWST is indicated to prevent the recurrence of *Clostridioides difficile* infection (CDI) in individuals 18 years of age and older following antibacterial treatment for recurrent CDI (rCDI). Limitations of Use: VOWST is not indicated for treatment of CDI.

WARNINGS AND PRECAUTIONS

Transmissible infectious agents. Because VOWST is manufactured from human fecal matter, it may carry a risk of transmitting infectious agents. Any infection suspected by a healthcare provider possibly to have been transmitted by this product should be reported by the healthcare provider to Aimmune Therapeutics, Inc., at 1-833-246-2566.

Potential presence of food allergens. VOWST is manufactured from human fecal matter and may contain food allergens. The potential for VOWST to cause adverse reactions due to food allergens is unknown.

ADVERSE REACTIONS

The safety of VOWST was evaluated in one Phase 3, randomized, double-blind clinical study (Study 1) and in one Phase 3, open-label clinical study (Study 2). The majority of participants were White (92.3%) and female (68.9% in Study 1; 68.4% in Study 2). In Study 1, 5.2% of participants were Black. Across the two studies, the median age of VOWST recipients was 66 years (range 21-100 years). Rates of comorbidities were similar across studies.

The most common adverse reactions in Study 1 [reported in ≥5% of Vowst-treated participants, and at a rate greater than placebo) were abdominal distension (31.1%), fatigue (22.2%), constipation (14.4%), chills (11.1%), and diarrhea (10.0%). The most commonly reported adverse reactions in Study 2 were gastrointestinal in nature (flatulence (4.2%), diarrhea (3.4%), and nausea (3.0%)], and all were unsolicited. Across both studies, most adverse reactions were mild to moderate in severity. Among 349 VOWST recipients, there were no serious adverse events considered related to VOWST.

DRUG INTERACTIONS

VOWST contains bacterial spores; therefore, antibacterials should not be administered concurrently with VOWST.

USE IN SPECIFIC POPULATIONS

Pregnancy. There are no data on use of VOWST in pregnant women. Developmental toxicity studies in animals have not been conducted with VOWST.

Lactation. It is not known whether VOWST is excreted in human milk. Data are not available to assess the effects of VOWST on breastfed infants or on milk production/excretion.

Pediatric Use. The safety and effectiveness of VOWST in individuals under 18 years of age have not been established.

Geriatric Use. Data from clinical studies are not sufficient to determine if adults 65 years of age and older respond to VOWST differently from younger adults.

NONCLINICAL TOXICOLOGY

VOWST has not been evaluated for carcinogenicity, genotoxicity, mutagenic potential, or impairment of male or female fertility in animals.

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DIABETES TECH IN THE OZEMPIC ERA

BY DAVID KLIFF OF THE DIABETIC INVESTOR

I doubt anyone would argue that we have seen major advancements in diabetes technology. Conventional fingerstick glucose monitors (BGM) while still around are being replaced by Continuous Glucose Monitoring Systems (CGM). Insulin pumps have become Automated Insulin Delivery systems using CGM and sophisticated insulin dosing algorithms which learn. Insulin pens once "dumb" devices have transformed into "smart" connected devices.

There are a plethora of apps which do everything from tracking activity to helping patients more effectively manage their diabetes. It's not an understatement to say our mobile phones have become a valuable healthcare tool. Throw in all the websites which help patients and social media sites where patients can help each other and it's easy to see why technology has changed diabetes management and healthcare in general forever.

However, thanks to drugs like Ozempic, Wegovy, Mounjaro and Rybelsus, some believe there is no future for all this whiz bang way cool technology, that their future is bleak. Publicly traded companies such as Dexcom and Insulet have seen their shares prices plumet as analysts falsely believe that these new therapies will dominate diabetes/obesity management.

It's easy to understand why they feel this way as these therapy options are very effective, simple to use and in high demand. Therapy adherence is not an issue with these latest drugs. Patients want to use them and are willing to pay $1,000 a month or more to do so. Understandably, shares of Novo Nordisk and Eli Lilly have taken off like a rocket due to the high demand for these therapies.

Yet the perception that they will kill the future for diabetes technology is just that, a perception. Here's why:

· To date, none of these therapies are approved for people with Type 1 diabetes.

· While extraordinarily popular they are NOT for every patient.

· As effective as they are, physicians are loath to change a treatment paradigm which is working.

· Given their cost and how they work, patients regain weight if they stop taking them. Yes, reimbursement is improving but it's still not widespread.

· Recent evidence suggests that CGM sales are being enhanced by these therapies as patients once they lose the weight use CGM technology to help them keep the weight off.

Let's examine the Type 1 market first. As you know patients with Type 1 diabetes must have insulin. Even with the advanced AID systems only 35% of Type I patients use this technology. Old fashioned syringes remain the cheapest and most popular insulin delivery option. Insulin pens, even the connected version, are the second most popular option.

Put simply given the size of the market, which unfortunately continues to grow, these systems have plenty of room to grow. Patients already using this technology will NOT abandon it because of these new therapies. These technologies also have another advantage as they are widely reimbursed and therefore cheaper than the newer therapies.

The wildcard is the larger Type 2 market. Intensive insulin management has grown in popularity but these patients who either don't produce enough insulin or don't absorb insulin well or both are candidates for the newer drugs. The unknown questions are how many will either convert to the new drugs and how many will be out on them and not even get to using insulin.

In the near term my belief is while some Type 2 patients will adopt the newer drugs as whole, they will not hurt usage of diabetes technology. As we mentioned earlier, the newer options are not cheap and if they are already doing well using diabetes technology, why switch?

Insulet is the perfect case study here. The Omnipod system is very popular not just with Type 1 patients but also patients with Type 2 diabetes who previously followed multiple daily injection (MDI) therapy. The Omnipod is discreet, easy to use, widely reimbursed, available via the pharmacy channel while producing solid patient outcomes. Is it possible that sales of the Omnipod will be impacted in the future? Of course, but we are talking about years not months in the future.

Dexcom is the perfect case study for CGM. Besides being a critical component of the newer AID systems and widely adopted by patients following MDI therapy, CGM is also becoming a general health and wellness tool. Abbott the makers of the Libre CGM recently noted that sales of Libre have been positively impacted by the newer therapies for the reason I stated earlier.

It should be noted that Novo Nordisk and Lilly have connected insulin pen options which communicate with Dexcom's and Abbott's CGM systems. These are the companies that are dominating the GLP-1 market. They know full well that not every patient will adopt GLP-1 therapy. Simply put, insulin usage will not fall into the abyss because of their other drugs.

Suffice it to say, in the near-term diabetes technology is alive and doing very well. The long-term impact in the Type 2 market remains unclear but it would NOT prevent me from recommending companies like Dexcom and Insulet as investment options. Change as we know happens slowly in diabetes/obesity management. There is no question whatsoever these new drugs are game changing. Their impact cannot be understated. But to paraphrase Mark Twain, reports of diabetes technology death have been greatly exaggerated.



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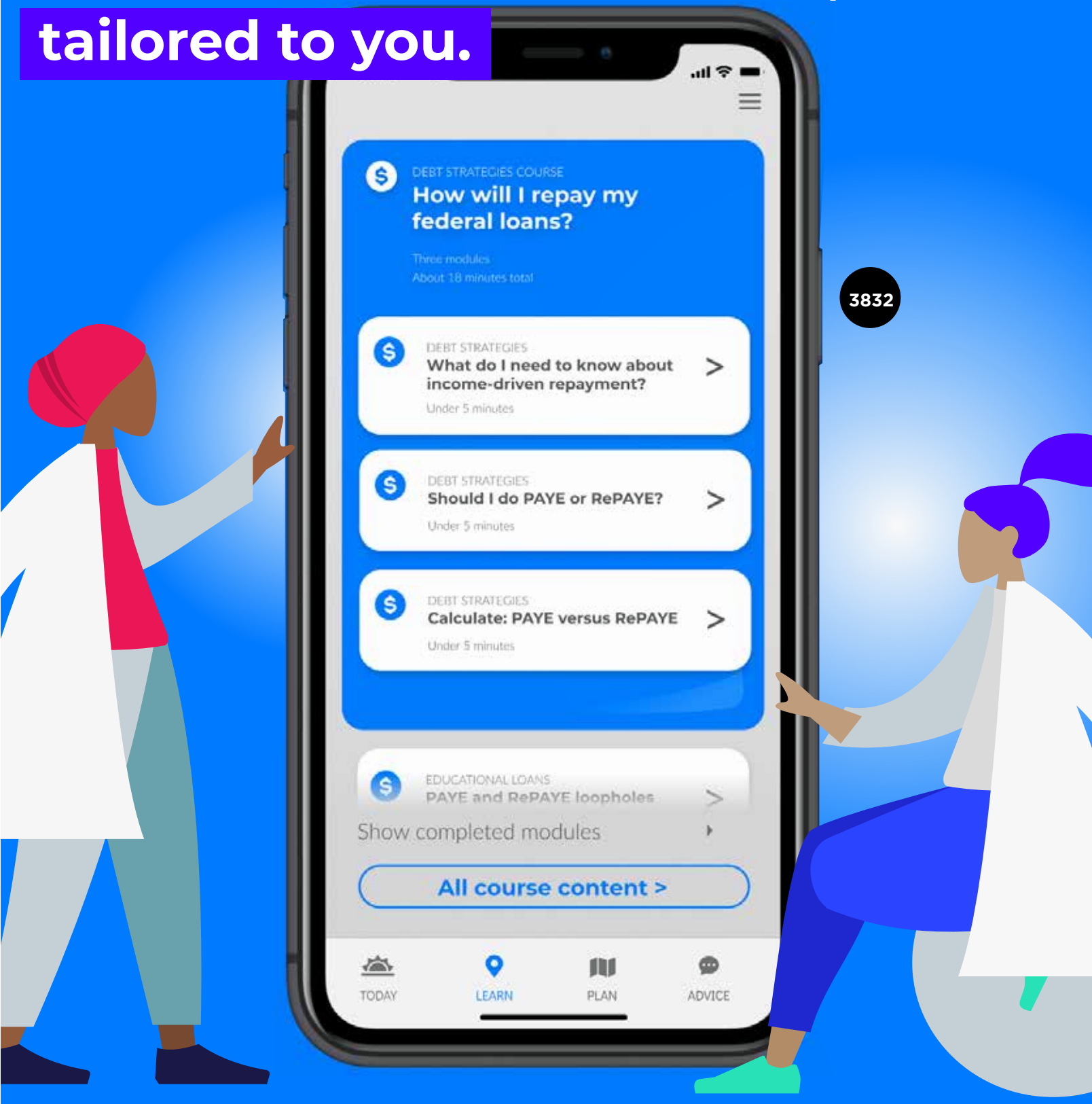
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1. Smolderen KG, Ameli O, Chaisson CE, Heath K, Mena-Hurtado C. Peripheral Artery Disease Screening in the Community and 1-Year Mortality, Cardiovascular Events, and Adverse Limb Events, AJPM Focus (2022), https://doi.org/10.1016/j.focus.2022.100016

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HELPING PATIENTS NAVIGATE ULCERATIVE COLITIS AND CROHN'S DISEASE

BY: PHYSICIANS OFFICE RESOURCE

It's estimated that an approximate 3 million adults in the United States have been diagnosed with inflammatory bowel disease (IBD). Of those 3 million, the most common forms of IBD include Ulcerative Colitis (UC) and Crohn's Disease. In this article we'll take a closer look at the similarities, differences, treatments and what you can do as a primary care physician to help your patients navigate their battle with these diseases.

Similarities Between Ulcerative Colitis and Crohn's Disease

Ulcerative colitis (UC) and Crohn's disease are both chronic inflammatory bowel diseases (IBD) that significantly impact the gastrointestinal tract. While they have distinct characteristics, there exist notable similarities between these conditions, highlighting shared pathophysiological mechanisms and clinical features. Recognizing these parallels is essential for accurate diagnosis, effective management, and improved patient outcomes.

Inflammatory Nature:
Both UC and Crohn's disease involve chronic inflammation of the gastrointestinal tract, although the patterns and locations of inflammation differ. In UC, inflammation typically affects the colon and rectum, while Crohn's disease can involve any part of the digestive tract, from the mouth to the anus.

Autoimmune Component:
Both conditions are believed to result from an abnormal immune response, where the immune system mistakenly attacks the body's own tissues in the gastrointestinal tract. This autoimmune component contributes to the chronic inflammation seen in both diseases.

Symptomatology:
UC and Crohn's disease share common gastrointestinal symptoms, including abdominal pain, diarrhea (often bloody in UC), rectal bleeding, urgency to have bowel movements, and fatigue. Additionally, both conditions can present with extraintestinal manifestations, such as joint pain, skin rashes, eye inflammation, and liver problems.

Periods of Remission and Flare-Ups:
Both UC and Crohn's disease have a relapsing-remitting course characterized by periods of remission, during which symptoms improve or disappear entirely, followed by flare-ups, where symptoms worsen or new symptoms develop. The timing and duration of these periods vary among individuals and may require adjustments to treatment strategies.

Increased Risk of Complications:
Both conditions can lead to various complications, such as strictures (narrowing of the intestine), fistulas (abnormal connections between parts of the intestine or between the intestine and other organs), abscesses, and an increased risk of colon cancer (in UC) or small bowel cancer (in Crohn's disease).

Diagnostic Challenges:
Diagnosing UC and Crohn's disease often involves a combination of medical history, physical examination, blood tests, imaging studies (such as endoscopy, colonoscopy, or CT scans), and sometimes biopsy of the affected tissue. Due to the similarities in symptoms and presentation, distinguishing between the two conditions can sometimes be challenging and may require multiple tests.

Treatment Approaches:
While there is no cure for either UC or Crohn's disease, the treatment goals are similar: to control inflammation, relieve symptoms, and maintain remission. Treatment options may include medications (such as anti-inflammatory drugs, immunosuppressants, biologics), dietary modifications, lifestyle changes, and in some cases, surgery to remove damaged portions of the intestine.

Differences Between Ulcerative Colitis and Crohn's Disease
Ulcerative colitis and Crohn's disease are both inflammatory bowel diseases (IBD), but they have some key differences in terms of symptoms, location, and patterns of inflammation:

Location of Inflammation:
Ulcerative colitis typically affects the innermost lining of the colon (large intestine) and rectum. The inflammation usually starts in the rectum and then spreads continuously to involve other parts of the colon.
Crohn's disease can affect any part of the digestive tract from the mouth to the anus, although it most commonly affects the end of the small intestine (ileum) and the beginning of the colon. The inflammation can occur in patches and can involve the entire thickness of the bowel wall.

Symptoms:
Symptoms of ulcerative colitis often include bloody diarrhea, abdominal pain, and urgency to have bowel movements. Crohn's disease symptoms may include abdominal pain and cramping, diarrhea (which may or may not be bloody), fatigue, weight loss, and sometimes complications such as fistulas (abnormal connections between parts of the intestine) or strictures (narrowing of the intestine).

Pattern of Inflammation:
In ulcerative colitis, inflammation is continuous and usually starts in the rectum and moves upward to involve other parts of the colon in a contiguous manner.
In Crohn's disease, inflammation can occur in patches with normal areas of bowel in between. It can also affect the entire thickness of the bowel wall.

Complications:
Ulcerative colitis can lead to complications such as severe bleeding, perforation of the colon, and an increased risk of colon cancer.

Crohn's disease can lead to complications such as strictures (narrowing of the intestine), fistulas (abnormal connections between parts of the intestine or between the intestine and other organs), abscesses, and malabsorption of nutrients.

Extraintestinal Manifestations:
Both diseases can have extraintestinal manifestations, which means symptoms outside of the digestive tract. These may include joint pain, skin rashes, eye inflammation, and liver problems.

Diagnostic Differences:
Diagnosis of ulcerative colitis and Crohn's disease typically involves a combination of medical history, physical examination, blood tests, imaging studies (such as endoscopy, colonoscopy, or CT scans), and sometimes biopsy of the affected tissue.

Treatments for Ulcerative Colitis and Crohn's Disease

There are several treatment options available for ulcerative colitis and Crohn's Disease, and the choice of treatment depends on the severity of the disease, the extent of inflammation, the presence of complications, and individual patient factors. Treatment aims to reduce inflammation, relieve symptoms, induce and maintain remission, and improve the quality of life for individuals. Here are some common treatment approaches:

Medications:
- **Aminosalicylates (UC only):** Drugs such as mesalamine, sulfasalazine, and balsalazide are used to reduce inflammation in the colon and help control mild to moderate symptoms.

- **Corticosteroids (UC only):** Short-term use of corticosteroids such as prednisone or budesonide may be necessary to control moderate to severe symptoms during flare-ups.

- **Immunomodulators (UC and Crohn's):** Drugs such as azathioprine, 6-mercaptopurine, and methotrexate are used to suppress the immune system and reduc inflammation. They are often used for maintenance therapy to prevent flare-ups.

- **Biologic therapies (UC and Crohn's):** These medications target specific proteins involved in the inflammatory response. Biologics such as infliximab, adalimumab, golimumab, vedolizumab, and ustekinumab are commonly used for moderate to severe ulcerative colitis that does not respond to other treatments.

Nutritional Therapy:
- **Enteral nutrition:** This involves consuming liquid formulas or specially formulated diets to provide nutrition while resting the bowel. Enteral nutrition may be used as a primary therapy in children or as adjunctive therapy in adults with Crohn's disease.

- **Exclusive enteral nutrition (EEN):** EEN involves consuming only liquid formulas for a period of time, usually several weeks, to induce remission in active ulcerative colitis.

Surgery:
- **Ulcerative Colitis:** Surgery may be necessary for severe ulcerative colitis that does not respond to medical therapy or for complications such as severe bleeding,

perforation of the colon, or increased risk of colon cancer. Surgery may involve removal of the entire colon and rectum (proctocolectomy) with creation of an ileal pouch-anal anastomosis (IPAA or J-pouch) or creation of an ileostomy.

- **Crohn's Disease:** Surgery may be necessary for complications of Crohn's disease, such as strictures (narrowing of the intestine), fistulas (abnormal connections between parts of the intestine or between the intestine and other organs), abscesses, or bowel obstruction. Surgery may involve removing the affected portion of the intestine (resection) or repairing fistulas.

Lifestyle Changes:
- **Dietary modifications:** While there's no specific diet that works for everyone with UC and/or Crohn's, some individuals find relief from symptoms by avoiding certain foods that trigger flare-ups, such as dairy, high-fiber foods, or spicy foods. Keeping a food diary can help identify trigger foods.

- **Smoking cessation:** Smoking is a known risk factor for UC and Crohn's and can worsen symptoms. Quitting smoking may help improve symptoms and reduce the risk of complications.

Supportive Therapies:
- **Pain management (UC and Crohn's):** Over-the-counter or prescription pain medications may be used to manage abdominal pain and discomfort.

- **Counseling and support:** Living with UC or Crohn's Disease can be challenging, so counseling, support groups, and mental health resources can be beneficial for coping with the emotional and psychological impact of the disease.

Primary Care's Role in IBD Management

Primary care physicians play a crucial role in the care and management of patients with inflammatory bowel disease (IBD), such as ulcerative colitis and Crohn's disease. While gastroenterologists typically take the lead in managing the specific aspects of IBD, primary care physicians can provide valuable support and coordination of care, particularly in areas such as preventive health, monitoring for complications, and addressing comorbidities. Here are several ways in which primary care physicians can help patients with IBD:

Diagnosis and Referral:
Primary care physicians are often the first point of contact for patients with gastrointestinal symptoms. Recognizing the signs and symptoms suggestive of IBD and promptly referring patients to gastroenterologists for further evaluation and diagnosis is essential for timely management.

Education and Counseling:
Providing patients with information about their condition, treatment options, and lifestyle modifications is crucial. Primary care physicians can educate patients about the chronic nature of IBD, the importance of medication adherence, dietary considerations, and strategies for managing symptoms and stress.

Monitoring Disease Activity:
While gastroenterologists typically monitor disease activity and treatment response in patients with IBD, primary care physicians can play a role in monitoring for signs of disease exacerbation or complications during routine follow-up visits. This may involve assessing symptoms, monitoring inflammatory markers, and coordinating care with gastroenterologists as needed.

Managing Medications:
Primary care physicians can assist in managing medications commonly used in IBD, such as aminosalicylates, corticosteroids, immunomodulators, and biologic therapies. This may involve prescribing medications for comorbid conditions, monitoring for medication side effects, and ensuring appropriate vaccinations, including influenza and pneumococcal vaccines.

Preventive Health Care:
Primary care physicians can address preventive health care needs in patients with IBD, including routine screenings for colorectal cancer, osteoporosis, and other potential complications associated with chronic inflammation or long-term medication use. They can also provide guidance on smoking cessation, maintaining a healthy weight, and managing other modifiable risk factors.

Coordination of Care:
Facilitating communication and collaboration between specialists, such as gastroenterologists, nutritionists, mental health professionals, and surgeons, is essential for providing comprehensive care to patients with IBD. Primary care physicians can serve as a central point of contact for coordinating referrals, sharing medical information, and ensuring continuity of care.

Support and Advocacy:
Offering emotional support and advocacy for patients with IBD can have a significant impact on their overall well-being. Primary care physicians can lend a compassionate ear, validate patients' concerns, and connect them with resources such as support groups, counseling services, and patient advocacy organizations.

By actively engaging in the care of patients with IBD, primary care physicians can help optimize outcomes, enhance quality of life, and provide comprehensive support to individuals living with these chronic inflammatory conditions. Collaboration between primary care providers and gastroenterologists is essential for delivering holistic, patient-centered care to those affected by IBD.



3843

BIOFIRE SPOTFIRE

From bioMerieux

bioMérieux knows that an evolving world deserves evolved diagnostics. Our latest innovation, the BIOFIRE® SPOTFIRE® Respiratory Solution, is the first FDA-cleared and CLIA-waived COVID-19 testing solution. The BIOFIRE® SPOTFIRE® System is an easy-to-use system that runs the BIOFIRE® SPOTFIRE® Respiratory (R) Panel. Benefits of the SPOTFIRE Respiratory Solution include: 15 respiratory targets on 1 PCR test with results in about 15 minutes; minimal benchtop space with vertical scalability up to four modules; easy to use with an intuitive user interface.

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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.

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OSOM ULTRA PLUS FLU A&B TEST

From Sekisui Diagnostics

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- 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

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DIABETES/BLOOD GLUCOSE

QUANTAFLO® PAD

From Semler Scientific

QuantaFlo® PAD is an easy to use, accurate, point of care, non-invasive solution that aids in the early detection of peripheral arterial disease (PAD). This FDA cleared device can be administered by a medical aide in less than 5 minutes. As published in the Journal of Vascular Surgery and the American Journal of Preventive Medicine, QuantaFlo detected undiagnosed PAD in 31.6% of patients +65.1 QuantaFlo is portable and integrates with other technologies and platforms. It is ideal for both home and clinic environments.

1. Smolderen KG, Ameli O, Chaisson CE, Heath K, Mena-Hurtado C. Peripheral Artery Disease Screening in the Community and 1-Year Mortality, Cardiovascular Events, and Adverse Limb Events, AJPM Focus (2022), https://doi.org/10.1016/j.focus.2022.100016

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3847

PAD TESTING SYSTEMS IDEAL FOR PRIMARY CARE TO VASCULAR SPECIALISTS

from Newman Medical

Your Patients Trust YOU To Find Their Peripheral Artery Disease
- High-risk patients include those over 65, diabetics, and smokers.
- If left untreated, 25% of patients with PAD will experience a heart attack or stroke within 5 years.
- PAD symptoms are often mistaken for arthritis or old age.

The simpleABI Cuff-Link System is Easy to Learn and Use.
- With a push-button remote, automatic calculations, and waveforms, it's incredibly user-friendly.
- Reports are straightforward to save and share since the system is PC-based.

Outstanding Value and Reimbursements
- The system pays for itself in less than a year with just one test per week.
- Medicare reimbursements vary by exam and location, averaging from $91 to $174.

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SYNDROMIC TESTING

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.

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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.

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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.

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ULTRA HCG COMBO TEST

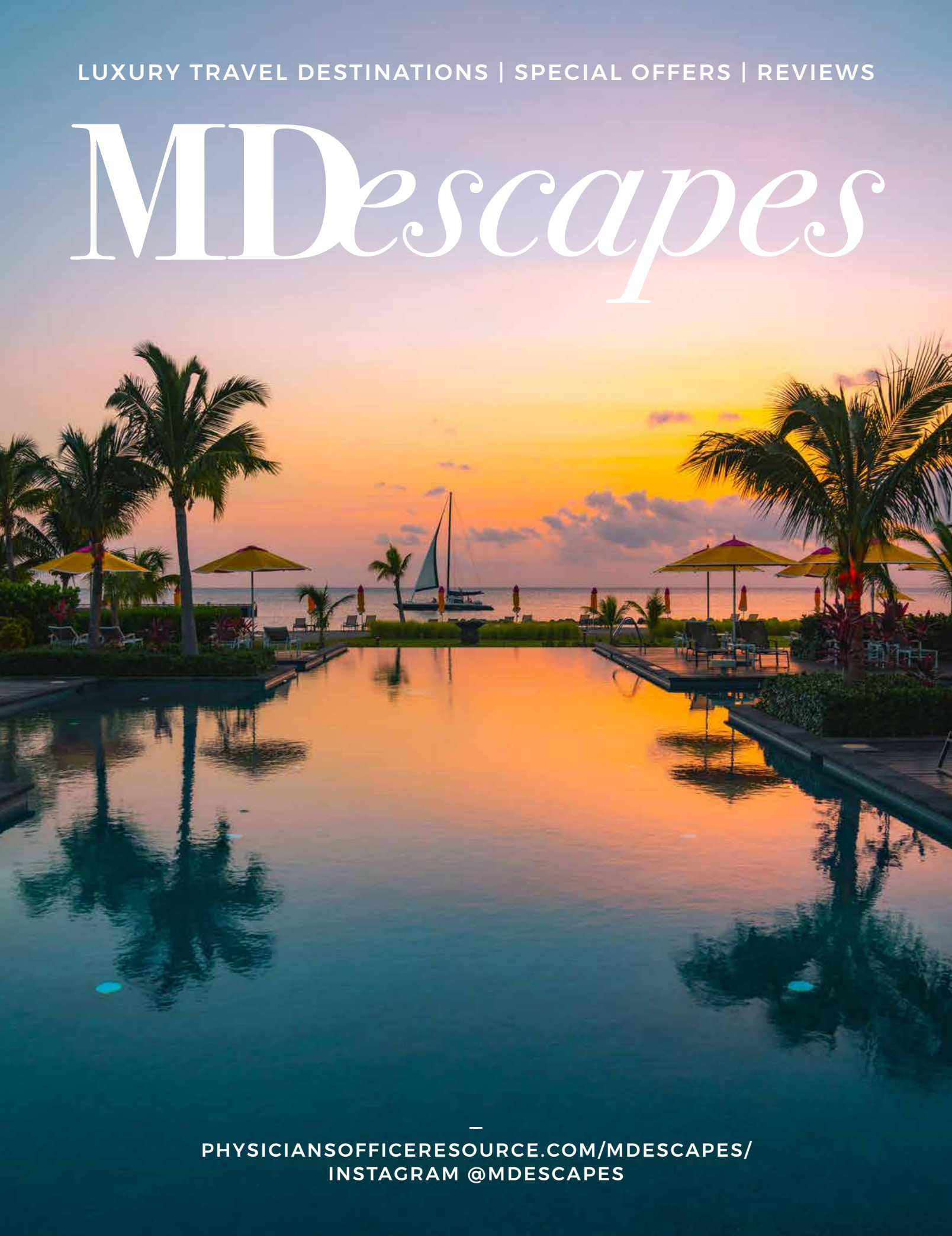
From Sekisui Diagnostics

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.

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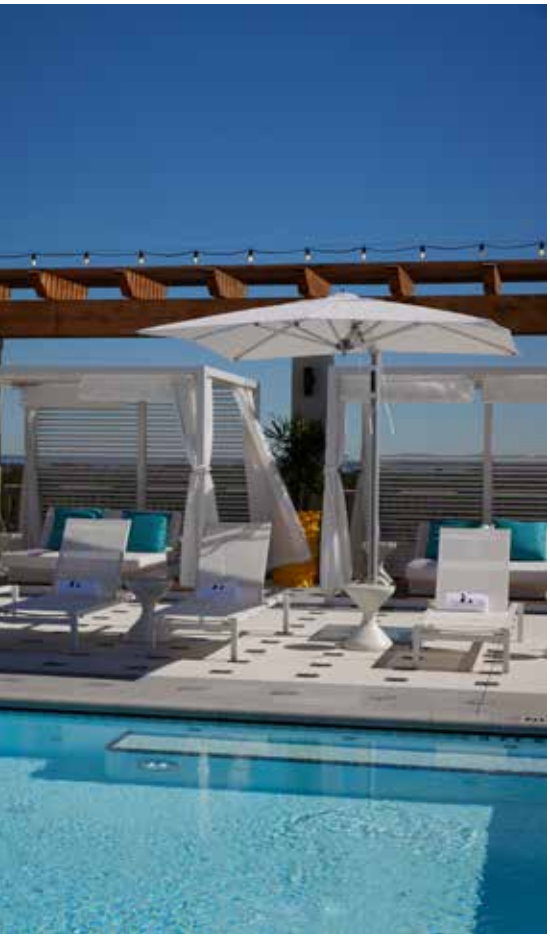
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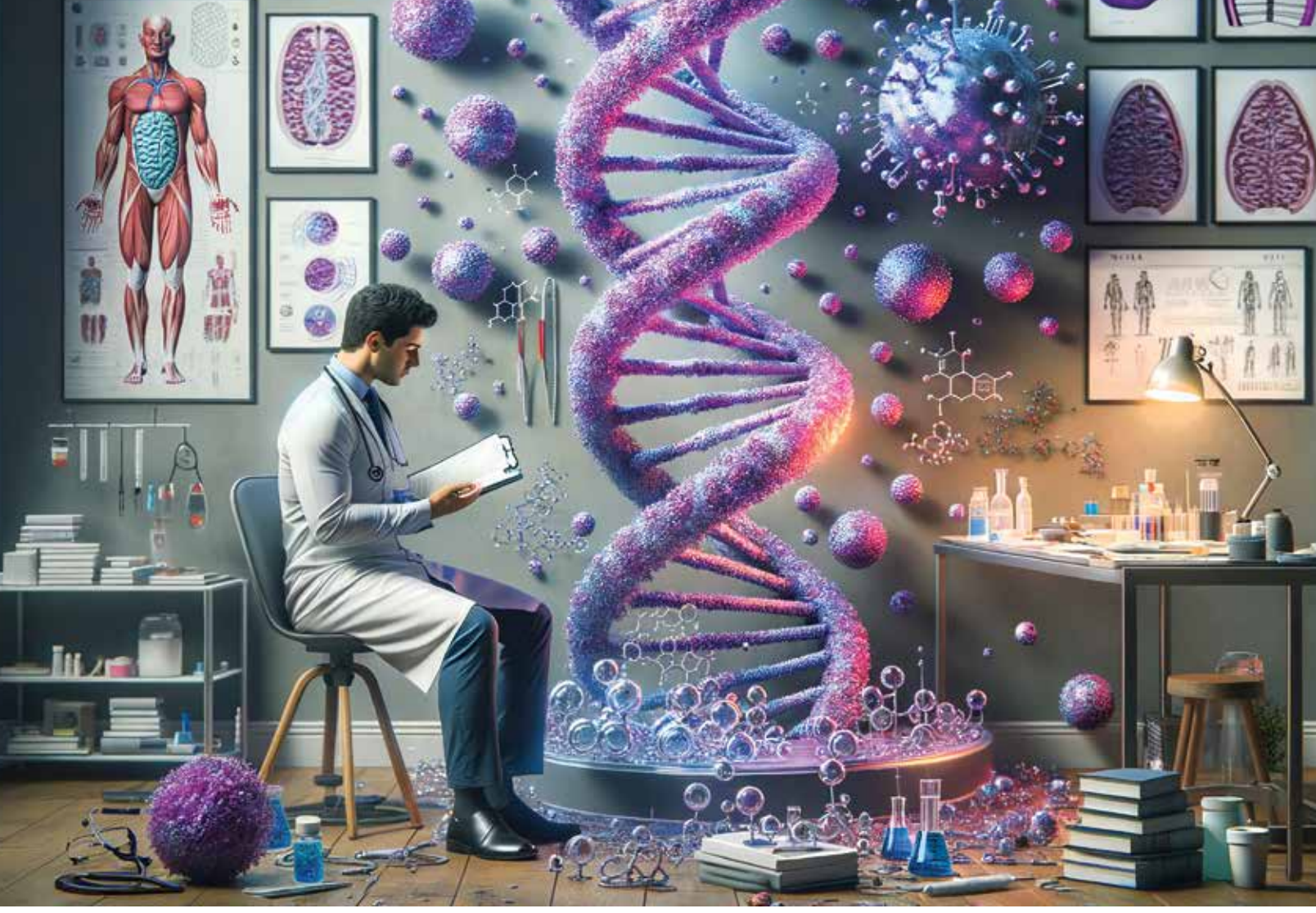
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