2025 | Issue 3

Physicians office Resource

Resources for You, Your Patients, & Your Practice

TOP 5 CRITERIA FOR CHOOSING A CHEMISTRY ANALYZER



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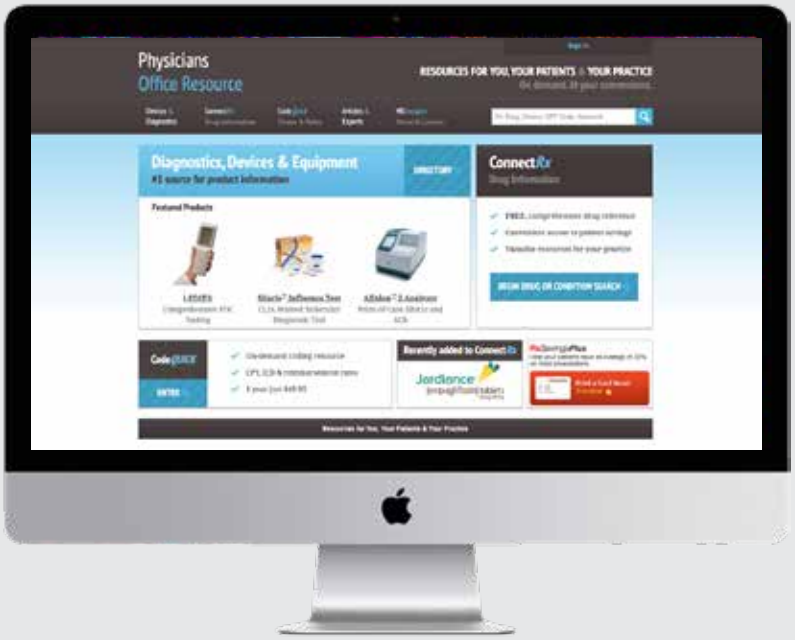
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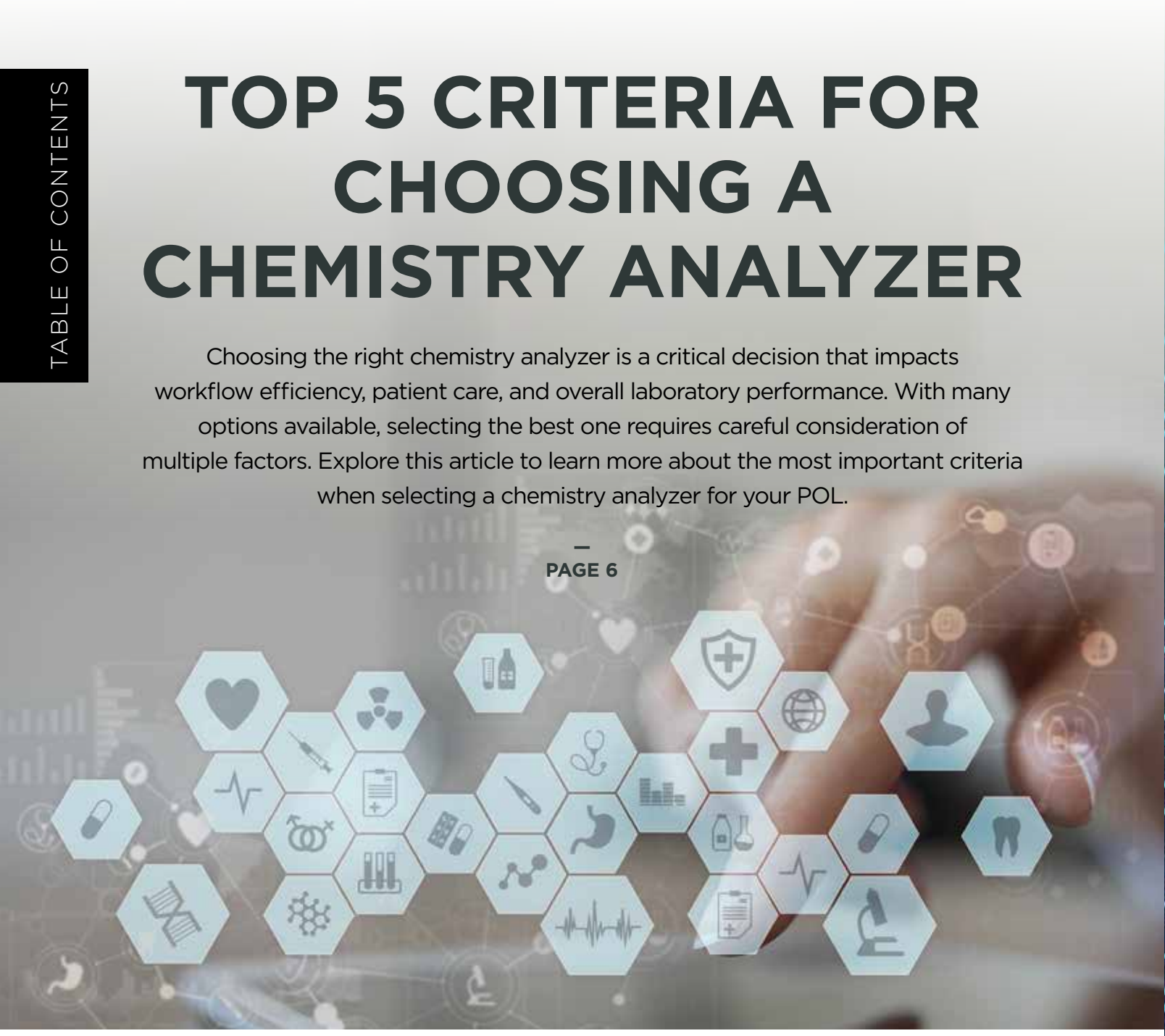
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TOP 5 CRITERIA FOR CHOOSING A CHEMISTRY ANALYZER

Choosing the right chemistry analyzer is a critical decision that impacts workflow efficiency, patient care, and overall laboratory performance. With many options available, selecting the best one requires careful consideration of multiple factors. Explore this article to learn more about the most important criteria when selecting a chemistry analyzer for your POL.

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The Crucial Role of Primary Care Physicians in Screening for Colorectal Cancer

Colorectal cancer (CRC) is the third most common cancer diagnosed in both men and women and remains a leading cause of cancer-related deaths worldwide. Early detection through screening significantly improves prognosis and reduces mortality.

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TOP 5 CRITERIA FOR CHOOSING A CHEMISTRY ANALYZER FOR A PHYSICIAN'S OFFICE LABORATORY

BY MICHAEL BAKER, PHYSICIANS OFFICE RESOURCE STAFF WRITER

In a physician's office laboratory (POL), having a reliable and efficient chemistry analyzer is essential for providing timely and accurate diagnostic results. These instruments play a crucial role in analyzing blood, serum, plasma, urine, and other biological fluids to measure various chemical components, such as glucose, electrolytes, lipids, enzymes, and proteins.

Choosing the right chemistry analyzer is a critical decision that impacts workflow efficiency, patient care, and overall laboratory performance. With many options available, selecting the best one requires careful consideration of multiple factors. Below are the top five criteria to consider when selecting a chemistry analyzer for a physician's office laboratory.

1. Accuracy and Precision of Test Results

The primary purpose of a chemistry analyzer is to provide accurate and precise test results that aid in diagnosing and monitoring patients. Accuracy refers to how close the test results are to the true value, while precision refers to the consistency of results when repeated tests are performed.

Factors Affecting Accuracy and Precision

- *Analyzer Technology:* Some analyzers use dry chemistry, while others use wet chemistry methods. Wet chemistry tends to be more accurate but requires liquid reagents.
- *Calibration and Quality Control:* A high-quality analyzer should offer automated calibration and built-in quality control checks to minimize errors.
- *Reagent Quality:* The quality of reagents significantly affects test results. Some analyzers use proprietary re agents that enhance accuracy.
- *Interference Minimization:* Advanced analyzers incorporate features to minimize interference from lipemia, hemolysis, and icterus, ensuring more reliable results.

Why This Matters

Inaccurate test results can lead to misdiagnosis, incorrect treatments, and potential harm to patients. Physicians rely on chemistry analyzers to make critical decisions, so investing in a device with superior analytical performance is essential.

2. Test Menu and Customization Options

Every physician's office laboratory has specific testing needs based on the patient population, medical specialty, and practice focus. The chemistry analyzer should offer a comprehensive test menu that aligns with the laboratory's requirements.

Key Considerations

- *Basic vs. Advanced Panels:* Some analyzers offer only basic metabolic and lipid panels, while others include advanced markers such as cardiac enzymes, liver function tests, and thyroid hormones.
- *Customization and Expandability:* Some analyzers allow labs to add or remove specific tests, providing flexibility as testing needs evolve.
- *Throughput and Efficiency:* Consider how many tests the analyzer can perform per hour. A POL with high patient volume will need an instrument with faster turnaround times.

Examples of Commonly Performed Tests
- Basic Metabolic Panel (BMP)
- Comprehensive Metabolic Panel (CMP)
- Liver Function Tests (LFTs)
- Lipid Profile
- Renal Function Tests
- Cardiac Markers (e.g., Troponin, CK-MB)
- Thyroid Function Tests (T3, T4, TSH)
- Electrolytes (Sodium, Potassium, Chloride, Bicarbonate)

Why This Matters
A broad and flexible test menu ensures that the POL can meet current and future testing demands. Selecting an analyzer with a limited test menu may require sending additional tests to external laboratories, increasing costs and turnaround time.

3. Ease of Use and Automation Features

Since many physician's office laboratories are staffed by medical assistants, nurses, or general practitioners rather than specialized laboratory technicians, ease of use is a crucial factor when selecting a chemistry analyzer.

Automation Features to Look For

- *User-Friendly Interface:* Touchscreen displays, intuitive software, and guided workflows simplify operations.
- *Automated Sample Handling:* Features such as barcode scanning, automatic dilution, and clot detection reduce manual workload.
- *Minimal Maintenance:* Some analyzers require daily or weekly maintenance, while others are designed with self-cleaning mechanisms.
- *Preloaded Reagents and Cartridges:* Eliminates the need for manual reagent preparation, reducing the risk of errors.
- *Onboard Storage of Reagents and Consumables:* Reduces the frequency of reagent replacement, increasing efficiency.

Training and Support
Even with automation, proper training is essential. Manufacturers that offer training programs, online resources, and responsive customer support can help ensure smooth operation and minimize downtime.

Why This Matters
A complex, difficult-to-use analyzer can lead to errors, inefficiencies, and frustration among staff. An intuitive, automated system improves productivity and reduces the likelihood of human error, leading to better patient outcomes.

4. Speed and Throughput Capacity

The speed at which an analyzer processes samples is a crucial factor for maintaining an efficient workflow in a physician's office laboratory. Laboratories with high patient volumes need analyzers that can deliver rapid results without compromising accuracy.

Throughput Considerations
- *Low Throughput (Less than 50 tests/hour):* Suitable for small offices with low patient volume.
- *Medium Throughput (50–200 tests/hour):* Ideal for moderately busy POLs.
- *High Throughput (200+ tests/hour):* Needed for high-volume practices.

Turnaround Time (TAT)
- *STAT Testing:* Some analyzers offer STAT (immediate) testing capabilities, delivering results in minutes.
- *Batch vs. Random-Access Processing:* Batch analyzers process multiple samples at once but may have delays between batches. Random-access analyzers can run tests as needed without waiting for a batch.

Why This Matters
Fast, efficient analyzers improve patient care by reducing wait times and enabling same-day diagnosis. If an analyzer is too slow, physicians may have to delay treatment decisions or refer tests to external labs, increasing costs and inconvenience.

5. Cost and Long-Term Investment Considerations

Purchasing a chemistry analyzer involves both upfront and ongoing costs. Understanding the full financial implications helps ensure that the investment is sustainable.

Key Cost Factors
- *Initial Purchase Price:* Entry-level benchtop analyzers may cost $10,000–$30,000, while high-end models can exceed $100,000.
- *Reagent and Consumable Costs:* Some analyzers require proprietary reagents, which may be more expensive than third-party options.
- *Maintenance and Service Agreements:* Routine maintenance, calibration, and potential repairs can add to the long-term cost.
- *Software and Connectivity Fees:* Some manufacturers charge additional fees for software upgrades, data storage, or integration with electronic medical records (EMR) systems.
- *Warranty and Support:* A strong warranty and responsive technical support reduce the risk of costly downtime.

Cost vs. Value Analysis
Rather than focusing solely on the cheapest option, consider:

- *Cost per Test:* Lower reagent costs can offset a higher initial investment.
- *Durability and Reliability:* A slightly more expensive but robust analyzer can be more cost-effective in the long run.
- *Total Cost of Ownership (TCO):* Factor in purchase price, maintenance, reagents, and labor costs over the machine's lifespan.

Why This Matters
A poorly chosen analyzer can lead to unexpected expenses, operational inefficiencies, and disruptions in patient care. Carefully evaluating both initial and ongoing costs ensures a financially sustainable investment.

Final Thoughts: Making the Right Choice
Selecting a chemistry analyzer for a physician's office laboratory is a significant decision that affects diagnostic accuracy, workflow efficiency, and financial sustainability. The best choice depends on the laboratory's specific needs, including test volume, staffing expertise, and budget constraints.

Key Takeaways
1. *Accuracy and Precision* – Ensure high-quality, reliable test results to support patient care.
2. *Test Menu and Customization* – Choose an analyzer that aligns with the laboratory's testing requirements.
3. *Ease of Use and Automation* – Opt for a user-friendly, low-maintenance instrument to enhance efficiency.
4. *Speed and Throughput* – Consider the analyzer's processing speed to optimize workflow.
5. *Cost and Investment Considerations* – Evaluate upfront and ongoing costs to ensure a cost-effective choice.

By carefully assessing these factors, physicians can select the right chemistry analyzer that enhances laboratory performance, improves patient outcomes, and supports the long-term success of their practice.



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SYFOVRE®
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Save more retinal tissue

Through Year 2, in OAKS and DERBY, SYFOVRE slowed GA lesion growth vs sham pooled.[1]

SYFOVRE slowed GA lesion growth with **increasing effects over time** up to **42%** in Year 3 (GALE) vs projected sham in patients without subfoveal lesions[1,2]

- Through Year 2 (OAKS and DERBY), SYFOVRE slowed GA lesion growth (mm^2) vs sham pooled by 22% (3.11 vs 3.98) and 18% (3.28 vs 4.00) monthly, and by 18% (3.26 vs 3.98) and 17% (3.31 vs 4.00) EOM[1,2]
- Through Year 3 (GALE), SYFOVRE slowed GA lesion growth (mm^2) vs sham pooled/projected sham by 25% (4.46 vs 5.94) monthly and 20% (4.74 vs 5.94) EOM. The greatest differences were observed in Year 3[2]
  - Reductions in patients without subfoveal lesions at baseline through Year 3: 32% (5.10 vs 7.54 (n=95)) monthly and 26% (5.60 vs 7.54 (n=104)) EOM. In this subset of patients, there was a 42% reduction with monthly SYFOVRE in Year 3 vs projected sham

SE in trials (monthly, EOM, sham pooled/projected sham): OAKS: 0.15, 0.13, 0.14; DERBY: 0.13, 0.13, 0.17; GALE (total population): 0.16, 0.16, 0.19; GALE (without subfoveal): 0.26, 0.31, 0.41[1,2]

EOM=every other month; GA=geographic atrophy; SE=standard error.

GALE Trial Limitations: GALE is an ongoing open-label, multi-center extension study, subject to patient dropouts over time. The analysis for the first year of GALE utilized a projected sham and may not reflect rate of change of all patients with GA. Projected sham assumes linear growth rate from Months 24-36 (GALE Year 1) based on the average of the mean rate of change of each 6-month period of sham treatment in OAKS and DERBY and natural history studies, which have shown there is a high correlation between prior 2-year growth rates of GA lesions and subsequent 2-year growth rates. This is a prespecified analysis but there is no statistical testing hierarchy, therefore the results on the individual components need cautious interpretation. Open-label studies can allow for selection bias.[2,3]

Discover more at SyfovreECP.com

INDICATION

SYFOVRE® (pegcetacoplan injection) is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- SYFOVRE is contraindicated in patients with ocular or periocular infections, in patients with active intraocular inflammation, and in patients with hypersensitivity to pegcetacoplan or any of the excipients in SYFOVRE. Systemic hypersensitivity reactions (e.g., anaphylaxis, rash, urticaria) have occurred.

WARNINGS AND PRECAUTIONS

- **Endophthalmitis and Retinal Detachments**
  - Intravitreal injections, including those with SYFOVRE, may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering SYFOVRE to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately.
- **Retinal Vasculitis and/or Retinal Vascular Occlusion**
  - Retinal vasculitis and/or retinal vascular occlusion, typically in the presence of intraocular inflammation, have been reported with the use of SYFOVRE. Cases may occur with the first dose of SYFOVRE and may result in severe vision loss. Discontinue treatment with SYFOVRE in patients who develop these events. Patients should be instructed to report any change in vision without delay.
- **Neovascular AMD**
  - In clinical trials, use of SYFOVRE was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (12% when administered monthly, 7% when administered every other month and 3% in the control group) by Month 24. Patients receiving SYFOVRE should be monitored for signs of neovascular AMD. In case anti-Vascular Endothelial Growth Factor (anti-VEGF) is required, it should be given separately from SYFOVRE administration.
- **Intraocular Inflammation**
  - In clinical trials, use of SYFOVRE was associated with episodes of intraocular inflammation including: vitritis, vitreal cells, iridocyclitis, uveitis, anterior chamber cells, iritis, and anterior chamber flare. After inflammation resolves, patients may resume treatment with SYFOVRE.
- **Increased Intraocular Pressure**
  - Acute increase in IOP may occur within minutes of any intravitreal injection, including with SYFOVRE. Perfusion of the optic nerve head should be monitored following the injection and managed as needed.

ADVERSE REACTIONS

- Most common adverse reactions (incidence ≥5%) are ocular discomfort, neovascular age-related macular degeneration, vitreous floaters, conjunctival hemorrhage.

Please see Brief Summary of Prescribing Information for SYFOVRE on the adjacent page.

OAKS and DERBY Trial Design: SYFOVRE safety and efficacy were assessed in OAKS (N=637) and DERBY (N=621), multi-center, 2-year, Phase 3, randomized, double-masked trials. Patients with GA (atrophic nonexudative age-related macular degeneration) with or without subfoveal involvement, secondary to AMD were randomly assigned (2:2:1:1) to receive 15 mg/0.1 mL intravitreal SYFOVRE monthly, SYFOVRE every other month, sham monthly, or sham every other month, for 2 years. Change from baseline in the total area of GA lesions in the study eye (mm^2) was measured by fundus autofluorescence (FAF).[1,2]

GALE Trial Design: GALE (N=790) is a multi-center, 3-year, Phase 3, open-label extension study to evaluate the long-term safety and efficacy of pegcetacoplan in subjects with geographic atrophy secondary to age-related macular degeneration. Patients enrolled in GALE include those who completed OAKS or DERBY after 2 years and 10 patients from Phase 1b Study 103. Patients with GA (atrophic nonexudative age related macular degeneration) with or without subfoveal involvement, secondary to AMD were assigned to receive 15 mg/0.1 mL intravitreal SYFOVRE monthly or SYFOVRE EOM for 3 years. The first visit was required to be within 60 days of the final visit in OAKS and DERBY.[2]

References: 1. SYFOVRE (pegcetacoplan injection) [package insert]. Waltham, MA: Apellis Pharmaceuticals, Inc.; 2024. **2.** Data on file. Apellis Pharmaceuticals, Inc. **3.** Sunness JS, Margalit E, Srikumaran D, et al. The long-term natural history of geographic atrophy from age-related macular degeneration: enlargement of atrophy and implications for interventional clinical trials. *Ophthalmology*. 2007;114(2):271–277. doi:10.1016/j.ophtha.2006.09.016.

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SYFOVRE® (pegcetacoplan injection), for intravitreal use
BRIEF SUMMARY OF PRESCRIBING INFORMATION
Please see SYFOVRE full Prescribing Information for details.

INDICATIONS AND USAGE

SYFOVRE is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

CONTRAINDICATIONS

Ocular or Periocular Infections
SYFOVRE is contraindicated in patients with ocular or periocular infections.
Active Intraocular Inflammation
SYFOVRE is contraindicated in patients with active intraocular inflammation.
Hypersensitivity
SYFOVRE is contraindicated in patients with hypersensitivity to pegcetacoplan or to any of the excipients in SYFOVRE. Systemic hypersensitivity reactions (e.g., anaphylaxis, rash, urticaria) have occurred.

WARNINGS AND PRECAUTIONS

Endophthalmitis and Retinal Detachments
Intravitreal injections, including those with SYFOVRE, may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering SYFOVRE in order to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately.
Retinal Vasculitis and/or Retinal Vascular Occlusion
Retinal vasculitis and/or retinal vascular occlusion, typically in the presence of intraocular inflammation, have been reported with the use of SYFOVRE. Cases may occur with the first dose of SYFOVRE and may result in severe vision loss. Discontinue treatment with SYFOVRE in patients who develop these events. Patients should be instructed to report any change in vision without delay.
Neovascular AMD
In clinical trials, use of SYFOVRE was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (12% when administered monthly, 7% when administered every other month and 3% in the control group) by Month 24. Patients receiving SYFOVRE should be monitored for signs of neovascular AMD. In case anti-Vascular Endothelial Growth Factor (anti-VEGF) is required, it should be given separately from SYFOVRE administration.
Intraocular Inflammation
In clinical trials, use of SYFOVRE was associated with episodes of intraocular inflammation including: vitritis, vitreal cells, iridocyclitis, uveitis, anterior chamber cells, iritis, and anterior chamber flare. After inflammation resolves patients may resume treatment with SYFOVRE.
Increased Intraocular Pressure
Acute increase in IOP may occur within minutes of any intravitreal injection, including with SYFOVRE. Perfusion of the optic nerve head should be monitored following the injection and managed as needed.

ADVERSE REACTIONS

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 directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.
A total of 839 patients with GA in two Phase 3 studies (OAKS and DERBY) were treated with intravitreal SYFOVRE, 15 mg (0.1 mL of 150 mg/mL solution). Four hundred nineteen (419) of these patients were treated in the affected eye monthly and 420 were treated in the affected eye every other month. Four hundred seventeen (417) patients were assigned to sham.
The most common adverse reactions (≥5%) reported in patients receiving SYFOVRE were ocular discomfort, neovascular age-related macular degeneration, vitreous floaters, and conjunctival hemorrhage.

Table 1: Adverse Reactions in Study Eye Reported in ≥2% of Patients Treated with SYFOVRE Through Month 24 in Studies OAKS and DERBY

Adverse Reactions	PM (N = 419) %	PEOM (N = 420) %	Sham Pooled (N = 417) %
Ocular discomfort*	13	10	11
Neovascular age-related macular degeneration*	12	7	3
Vitreous floaters	10	7	1
Conjunctival hemorrhage	8	8	4
Vitreous detachment	4	6	3
Retinal hemorrhage	4	5	3
Punctate keratitis*	5	3	<1
Posterior capsule opacification	4	4	3
Intraocular inflammation*	4	2	<1
Intraocular pressure increased	2	3	<1

PM: SYFOVRE monthly; PEOM: SYFOVRE every other month

*The following reported terms were combined:
Ocular discomfort included: eye pain, eye irritation, foreign body sensation in eyes, ocular discomfort, abnormal sensation in eye
Neovascular age-related macular degeneration included: exudative age-related macular degeneration, choroidal neovascularization
Punctate keratitis included: punctate keratitis, keratitis
Intraocular inflammation included: vitritis, vitreal cells, iridocyclitis, uveitis, anterior chamber cells, iritis, anterior chamber flare

Endophthalmitis, retinal detachment, hyphema and retinal tears were reported in less than 1% of patients. Optic ischemic neuropathy was reported in 1.7% of patients treated monthly, 0.2% of patients treated every other month and 0.0% of patients assigned to sham. Deaths were reported in 6.7% of patients treated monthly, 3.6% of patients treated every other month and 3.8% of patients assigned to sham. The rates and causes of death were consistent with the elderly study population.

Postmarketing Experience
The following adverse reactions have been identified during postapproval use of SYFOVRE. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. Eye disorders: retinal vasculitis with or without retinal vascular occlusion. Systemic reactions: anaphylaxis, rash, and urticaria.

USE IN SPECIFIC POPULATIONS

Pregnancy
Risk Summary
There are no adequate and well-controlled studies of SYFOVRE administration in pregnant women to inform a drug-associated risk. The use of SYFOVRE may be considered following an assessment of the risks and benefits.
Systemic exposure of SYFOVRE following ocular administration is low. Subcutaneous administration of pegcetacoplan to pregnant monkeys from the mid gestation period through birth resulted in increased incidences of abortions and stillbirths at systemic exposures 1040-fold higher than that observed in humans at the maximum recommended human ophthalmic dose (MRHOD) of SYFOVRE (based on the area under the curve (AUC) systemically measured levels). No adverse maternal or fetal effects were observed in monkeys at systemic exposures approximately 470-fold higher than that observed in humans at the MRHOD.
In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.
Lactation
Risk Summary
It is not known whether intravitreal administered pegcetacoplan is secreted in human milk or whether there is potential for absorption and harm to the infant. Animal data suggest that the risk of clinically relevant exposure to the infant following maternal intravitreal treatment is minimal. Because many drugs are excreted in human milk, and because the potential for absorption and harm to infant growth and development exists, caution should be exercised when SYFOVRE is administered to a nursing woman.
Females and Males of Reproductive Potential
Contraception
Females: It is recommended that women of childbearing potential use effective contraception methods to prevent pregnancy during treatment with intravitreal pegcetacoplan. Advise female patients of reproductive potential to use effective contraception during treatment with SYFOVRE and for 40 days after the last dose. For women planning to become pregnant, the use of SYFOVRE may be considered following an assessment of the risks and benefits.
Pediatric Use
The safety and effectiveness of SYFOVRE in pediatric patients have not been established.
Geriatric Use
In clinical studies, approximately 97% (813/839) of patients randomized to treatment with SYFOVRE were ≥ 65 years of age and approximately 72% (607/839) were ≥ 75 years of age. No significant differences in efficacy or safety were seen with increasing age in these studies. No dosage regimen adjustment is recommended based on age.

PATIENT COUNSELING INFORMATION

Advise patients that following SYFOVRE administration, patients are at risk of developing endophthalmitis, retinal detachments, retinal vasculitis with or without retinal vascular occlusion and neovascular AMD. If the eye becomes red, sensitive to light, painful, or if a patient develops any change in vision such as flashing lights, blurred vision or metamorphopsia, instruct the patient to seek immediate care from an ophthalmologist. Patients may experience temporary visual disturbances associated either with the intravitreal injection with SYFOVRE or the eye examination. Advise patients not to drive or use machinery until visual function has recovered sufficiently.

Manufactured for:
Apellis Pharmaceuticals, Inc.
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Using safe pulse-echo ultrasound to measure cortical bone thickness, Bindex analyzes bone density in just seconds.

Easy to use anywhere
Lightweight and pocket-sized, Bindex allows patients to receive on-the-spot bone density scans in doctors' offices, hospitals and clinics and at home.



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Aids in clear diagnosis • Strong Reimbursement • Improves Patient Outcomes • Easy for any staff to perform • Cognitive Testing / Mental Health • Sudomotor Function / Neuropathy • Vestibular Testing / Fall Prevention • Autonomic Function/ Cardiovascular Risk



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]

Semler Scientific

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1. Sillesen, H., & Falk, E. (2011). Peripheral artery disease (PAD) screening in the asymptomatic population: why, how, and who?. Current atherosclerosis reports, 13(5), 390–395. https://doi.org/10.1007/s11883-011-0196-x
2. Diehm, C., Allenberg, J. R., Pittrow, D., Mahn, M., Tepohl, G., Haberl, R. L., Darius, H., Burghaus, I., Trampisch, H. J., & German Epidemiological Trial on Ankle Brachial Index Study Group (2009). Mortality and vascular morbidity in older adults with asymptomatic versus symptomatic peripheral artery disease. Circulation, 120(21), 2053–2061. https://doi.org/10.1161/CIRCULATIONAHA.109.865600

ML00190 Rev A

CHEMISTRY ANALYZERS

EASY, INTEGRATED WITH-PATIENT TESTING I-STAT SYSTEM

From Abbott Point of Care

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The handheld i-STAT System offers a broad menu of diagnostic tests at the patient's side in just minutes. With just a few drops of blood, the i-STAT System delivers real time, lab-accurate results for a wide range of tests, including chemistries, blood gas, coagulation, cardiac markers, and more. Minimize delays and wasted time with on-side tests. Easy, intuitive operation.

For intended use and complete product information, visit pointofcare.abbott.

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FULL COMPLEMENT OF CLIA-WAIVED BLOOD CHEMISTRY TESTS PICCOLO XPRESS® CHEMISTRY ANALYZER

From Abbott Point of Care

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The Piccolo Xpress Chemistry Analyzer provides physician offices with lab-accurate results for a broad range of CLIA-waived general chemistry tests, including metabolic panels, lipids, live, and kidney function, and more with just 100 microliters of blood. Easy to use, the PIccolo Xpress provides results during a patient's visit, accelerating treatment decisions, increasing efficiency, and supporting patient satisfaction. Automated quality control on every test helps ensure accuracy.



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

From Abbott

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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.



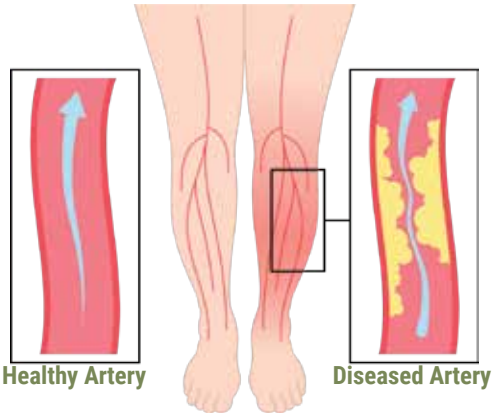
THEY ARE IN YOUR WAITING ROOM RIGHT NOW.

Patients with Peripheral Artery Disease (PAD) who may be facing a heart attack, stroke, amputation, or even death within the next 5 years.

1 OUT OF 3 HAS PAD

Diabetics | Smokers | Over age 65

AND THEY PROBABLY DON'T KNOW IT. ARE *YOU* TESTING THEM?





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.

DON'T LET PAD SNEAK UP ON YOU OR THESE PATIENTS.
50% report no symptoms, while those that do attribute their pain to arthritis or "old age".

THESE PATIENTS *TRUST YOU* TO FIND THEIR PAD
before they have a heart attack, stroke, or even die. PAD also leads to significant disability and reduced quality of life.

INTRODUCING ABI-Q: A USER-FRIENDLY SOLUTION FOR EARLY PAD TESTING.

EASY
- No Doppler or vascular anatomy knowledge necessary.
- Can be done in five minutes or less by any staff member.
- Non-invasive, patient-friendly test.

ACCURATE
- Accuracy equal or better than Doppler ABI.
- Useful for diabetics with calcified arteries.

REIMBURSABLE
- **Great ROI:** the typical internist has 800 Medicare patients, per ACP.
- Testing five patients per week can pay for the system in less than two months.
- CPT 93923 (ABI w/exercise), with a national average of $142/exam.





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For over 45 years, Newman Medical has been a leader in vascular innovation. The ABI-Q system continues that legacy with fast, accurate results you can trust.

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CHEMISTRY ANALYZERS

TOXICOLOGY URINE DRUG SCREENING REAGENTS

From Abbott

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DIAZYME DZ-LITE™ C270 BENCHTOP GENERAL/SPECIAL CHEMISTRIES + DRUG SCREENS

From Carolina Liquid Chemistries

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A fully-automated, open system, benchtop clinical chemistry analyzer with throughput up to 270 tests/hour, 36 reagent positions, and 30 sample positions. It features a menu of over 60 CLIA moderate complexity assays, including cancer markers, cardiovascular markers, coagulation markers, diabetic markers, inflammatory markers, liver markers, renal/pancreatic markers, sepsis markers, vitamin markers, photometric electrolytes, and drugs of abuse. To learn more, visit https://www.carolinachemistries.com/products/dz-lite-c270-benchtop-chemistry-analyzer/.



EASYRA® BENCHTOP CHEMISTRIES + DRUGS

From Carolina Liquid Chemistries

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When starting a lab, look no further. With a CLIA moderately complex menu of 35 general chemistries and 14 urine drug screens, the EasyRA is well-suited for oncology, rheumatology, and multi-specialty practices needing a benchtop clinical chemistry analyzer. The EasyRA offers photometric throughput of 240+ tests/hr (up to 480 tests/hr with ISE) and STAT samples in under 8 minutes. This all-in-one system is easy to learn and easy to operate.



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3 WAYS TO START IMMEDIATELY INCREASING REVENUE

1 Neuro-Cognitive Testing

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- 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)

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- 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

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(can be combined with ANS into 1 full system)

- Takes 3 minutes to analyze a patients' hands and feet
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DIABETES/BLOOD GLUCOSE

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From Siemens Healthineers

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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. Monitor glycemic control in patients with diabetes and screening for kidney disease in patients at-risk, in-office. Enable real-time consultation, eliminating loss to follow-up. Improve the patient experience and overall outcome by providing actionable results in minutes.

CLIA-waived: DCA HbA1c; CLINITEK Microalbumin 2 (ACR)
CLIA Moderate Complexity: DCA® Microalbumin/Creatinine (ACR)



QUANTAFLO® PAD

From Semler Scientific

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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



NOVA PRIMARY BLOOD GLUCOSE REFERENCE ANALYZER

From Nova Biomedical

4922

SCAN TO LEARN MORE

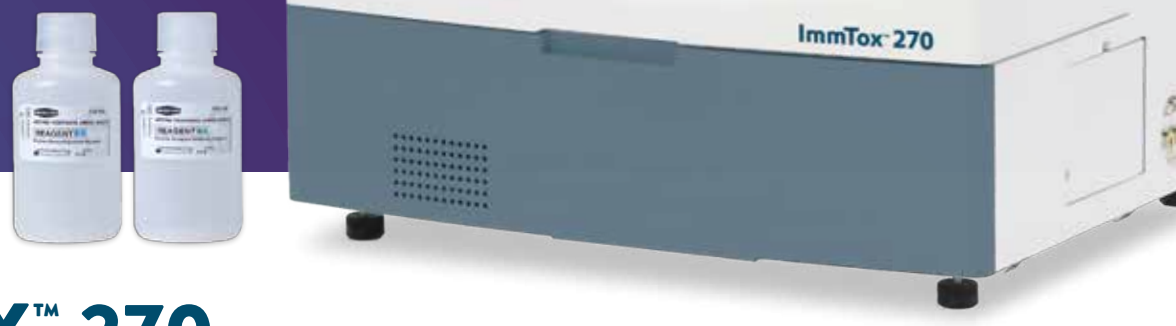
The U.S. FDA has cleared Nova Primary as a blood glucose reference analyzer that fills the need for a new reference analyzer to replace the YSI STAT PLUS 2300 (YSI, Inc., Yellow Springs, OH). Manufacturers of blood glucose measuring devices and clinical diabetes researchers have relied on the YSI 2300 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.



TOXICOLOGY SCREENING

SIMPLIFIED.

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



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

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Amphetamine	Fentanyl*
Barbiturates	Methamphetamine
Benzodiazepines	Opiates
Benzoylecgonine (Cocaine metabolite)	Oxycodone
Buprenorphine	Phencyclidine (PCP)
Cannabinoids (THC)	Tramadol

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

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Abbott

FEATURE

THE CRUCIAL ROLE OF PRIMARY CARE PHYSICIANS IN SCREENING FOR Colorectal Cancer

BY ADAM IRVING, PHYSICIANS OFFICE RESOURCE STAFF WRITER

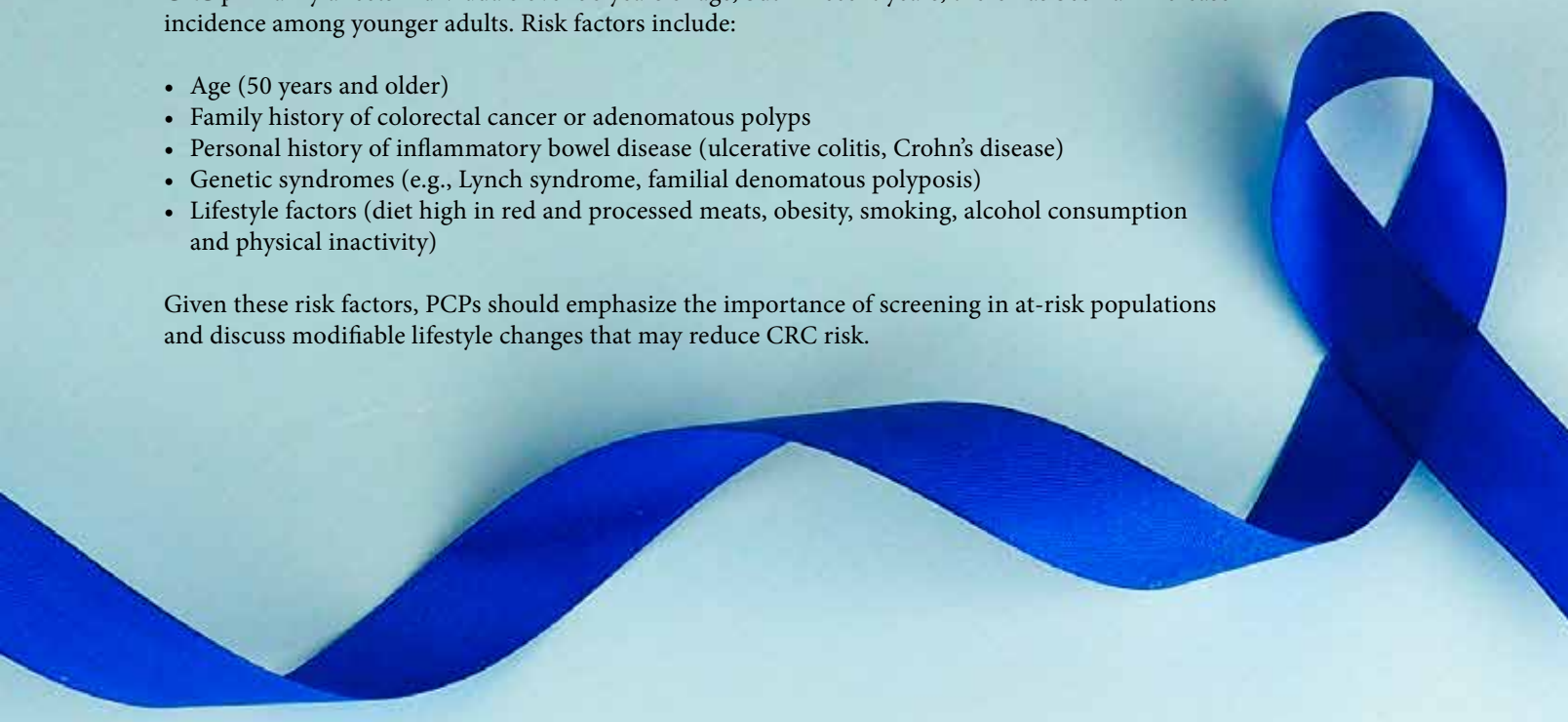
Colorectal cancer (CRC) is the third most common cancer diagnosed in both men and women and remains a leading cause of cancer-related deaths worldwide. Early detection through screening significantly improves prognosis and reduces mortality. As primary care physicians (PCPs) play a crucial role in preventive medicine, understanding the available CRC screening options is essential for guiding patients in making informed choices. This article provides an overview of colorectal cancer, risk factors, and the various screening modalities available to detect the disease.

Epidemiology and Risk Factors

CRC primarily affects individuals over 50 years of age, but in recent years, there has been an increase in incidence among younger adults. Risk factors include:

- Age (50 years and older)
- Family history of colorectal cancer or adenomatous polyps
- Personal history of inflammatory bowel disease (ulcerative colitis, Crohn's disease)
- Genetic syndromes (e.g., Lynch syndrome, familial denomatous polyposis)
- Lifestyle factors (diet high in red and processed meats, obesity, smoking, alcohol consumption and physical inactivity)

Given these risk factors, PCPs should emphasize the importance of screening in at-risk populations and discuss modifiable lifestyle changes that may reduce CRC risk.



Screening Guidelines

The U.S. Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS) recommend CRC screening for average-risk adults starting at age 45. Those with higher risk factors may need earlier and more frequent screening. Various screening methods exist, each with its benefits and limitations.

Screening Methods

There are two main categories of CRC screening tests: stool-based tests and visual (structural) exams. PCPs should be familiar with these options to help patients select the most appropriate test based on individual risk factors, preferences, and accessibility.

Stool-Based Tests

These non-invasive tests detect blood or DNA markers in stool samples and require no bowel preparation.

1. Fecal Immunochemical Test (FIT)

- Detects hidden blood in the stool from lower gastrointestinal bleeding.
- Recommended annually.
- High sensitivity for detecting CRC but lower for adenomas.
- No dietary or medication restrictions.

2. Guaiac-Based Fecal Occult Blood Test (gFOBT)

- Detects blood in the stool through a chemical reaction.
- Requires annual testing.
- Dietary restrictions (avoiding red meat and certain medications) are necessary.
- Lower sensitivity compared to FIT.

3. Multi-Target Stool DNA Test (mt-sDNA) (e.g., Cologuard®)

- Detects both DNA mutations and occult blood.
- Recommended every three years.
- Higher sensitivity for CRC and advanced adenomas than FIT.
- More expensive than FIT and gFOBT.

Visual (Structural) Exams

These tests allow direct visualization of the colon and rectum and have higher sensitivity for detecting precancerous lesions.

1. Colonoscopy

- Gold standard for CRC screening.
- Recommended every 10 years for average-risk individuals.
- Requires full bowel preparation.
- Allows for polyp removal and biopsy during the procedure.
- Higher cost and risk (perforation, bleeding) compared to non-invasive tests.

2. Flexible Sigmoidoscopy

- Examines the rectum and lower third of the colon.
- Recommended every 5 years, or every 10 years when combined with FIT.
- Less invasive than colonoscopy but does not evaluate the entire colon.

3. CT Colonography (Virtual Colonoscopy)

- Uses computed tomography to create detailed images of the colon.
- Recommended every 5 years.
- Requires bowel preparation but is less invasive than colonos copy.
- Polyps detected require a follow-up colonoscopy for removal.

Choosing the Right Test for Patients

The best CRC screening test is the one that the patient is willing and able to complete. PCPs should discuss the pros and cons of each method while considering the patient's risk factors, medical history, preferences, and access to healthcare facilities. Key considerations include:

- **Average-Risk Individuals:** FIT or colonoscopy are the most commonly recommended options.
- **High-Risk Individuals:** Colonoscopy is preferred due to its ability to detect and remove precancerous lesions.
- **Patients Avoiding Invasive Tests:** FIT or stool DNA testing may be suitable alternatives.
- **Patients with Limited Access to Colonoscopy:** Stool-based tests can be useful interim solutions.

Barriers to CRC Screening and Strategies to Improve Uptake

Despite the proven benefits of CRC screening, adherence remains suboptimal due to factors such as:

- Lack of awareness about screening recommendations.
- Fear or discomfort with colonoscopy preparation.
- Concerns over cost and insurance coverage.
- Limited access to healthcare providers or screening facilities.

To improve screening rates, PCPs can:

- Educate patients on the importance of CRC screening and available options.
- Offer multiple screening choices tailored to patient preferences.
- Implement reminder systems for patients due for screening.
- Advocate for policy changes that increase insurance coverage and access to CRC screening.

Primary care physicians play a pivotal role in colorectal cancer prevention and early detection. By understanding the different screening methods and individualizing recommendations based on patient preferences and risk factors, PCPs can help increase screening adherence and ultimately reduce CRC-related morbidity and mortality. Encouraging patients to participate in regular screening remains a key strategy in the fight against colorectal cancer.

FLU AND RESPIRATORY

STATUS FLU A&B

From LifeSign

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Status Flu A & B is an in vitro rapid qualitative test that detects influenza type A and type B directly from nasal swab, nasopharyngeal swab, and nasopharyngeal aspirate/wash specimens obtained from patients with signs and symptoms of respiratory infection. It is intended to aid in the rapid differential diagnosis of Influenza A and B viral infections.

- CLIA waived *Innovative flip design with onboard sample extraction
- Premeasured developer solution capsule for increased accuracy and ease of use
- Flocked nasal swabs for improved patient comfort and superior specimen collection



STATUS COVID-19/FLU A&B PANEL TEST

From LifeSign

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A Rapid Immunoassay for the Simultaneous Direct Detection and Differential Diagnosis of SARS-CoV-2, Influenza Type A and Type B Antigen from Anterior Nasal and Nasopharyngeal swab specimens. Infections with these viruses may present similar symptoms. Can you tell them apart? WE CAN!



BIOFIRE SPOTFIRE

From bioMerieux

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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.



FLU AND RESPIRATORY

ACUCY INFLUENZA A&B TEST

From Sekisui Diagnostics

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SCAN TO LEARN MORE

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.



METRIX® COVID-19 TEST – A MOLECULAR LAB ANYWHERE AND EVERYWHERE

From Sekisui Diagnostics

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The Metrix® COVID-19 is a novel technology includes clinical claims for symptomatic and asymptomatic individuals, along with dual-sample types for nasal or saliva, allowing for an enhanced point-of-care testing experience. The reader is compact and robust, it's ideal for professional use in diverse locations, including clinics and mobile health units. It's a maintenance free device with no calibration step required.



BE PREPARED FOR RESPIRATORY SEASONS WITH THE OSOM® COVID-19 ANTIGEN RAPID TEST

From Sekisui Diagnostics

4929

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The OSOM® COVID-19 Antigen Rapid Test is a lateral flow immunoassay that detects the SARS-CoV-2 nucleocapsid protein with a nasal swab in only 15 minutes at the point-of-care. The test is intended to be used by healthcare professionals or operators on patients suspected of COVID-19 within the first 7 days of symptom onset. The clinical performance compares favorably against polymerase chain reaction methodology, with a positive percent agreement of 95.1% and a negative percent agreement of 97%.

OSOM® COVID-19 Antigen Rapid Test has not been FDA cleared or approved. It is authorized by FDA under an EUA for prescription use only. It has been authorized only for the detection of SARS-CoV-2 antigen, not for any other viruses or pathogens and 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 S360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.



HEMATOLOGY

TURN SMALL PLACES INTO SMART SPACES

From Abbott

4930

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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



NOW IT'S MORE THANK JUST A BLOOD TEST

From Sysmex

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With its simplified operation, the Sysmex XP-300™ is ideal for clinics and physician office labs. It provides a CBC with 17 different parameters, including a 3-part WBC Differential. The XP-300+M combines the accuracy and reliability of a Sysmex CBC with the agility of Medicus Middleware. Features include EMR connectivity, instrument interfaces and a QC module.



STATE-OF-THE-ART BENCHTOP CBC ANALYZER

From Sight Diagnostics

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OLO® by Sight Diagnostics® is a state-of-the-art benchtop CBC analyzer that leverages AI, spectroscopy, and digital fluorescent microscopy to provide lab-grade results through full blood sample digitization. OLO offers 19 CBC parameters, including a 5-part white blood cell differential and 14 distinct flags. It handles venous and capillary blood samples with a minimum of 27 µL, and is suitable for children as young as three months. OLO's unique cartridge-based technology, free from liquid reagents, and its internal controls offer easy maintenance, room-temperature storage, reduced operational overhead, and IQCP- eligibility.

OLO is FDA 510(k) cleared for use in moderately complex laboratories. For full indications for use and safety information, please refer to the Quality and Compliance page at www.sighdx.com.





9 TRAVEL DESTINATIONS YOU CAN'T MISS IN 2025

Whether you're craving pristine beaches or vibrant cities, these nine must-visit destinations around the world promise stunning scenery, rich culture, and unforgettable adventures for every type of traveler.

HARBOUR VILLAGE BEACH CLUB · TURTLE BAY RESORT · FOUR SEASON ORLANDO AT WALT DISNEY WORLD · SECRETS CAP CANA · BALBOA BAY RESORT · DESOLATION HOTEL THE TAMPA EDITION HOTEL · FOUR SEASONS NASHVILLE · FOUR SEASONS LAS VEGAS

MDescapes

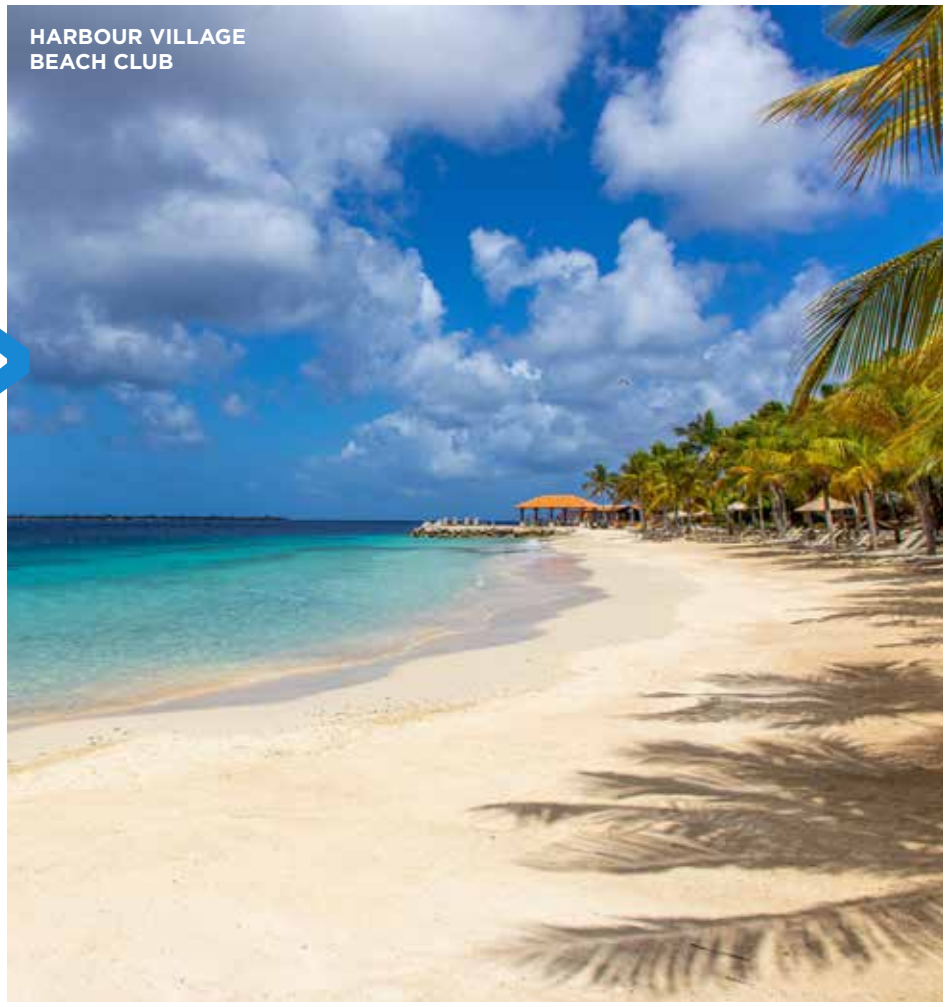
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HARBOUR VILLAGE BEACH CLUB

BONAIRE, CARIBBEAN

Tucked away on a private stretch of white sand and palm trees, you will find the iconic Harbour Village Beach Club. An oasis beloved by sun lovers, scuba divers, and seafarers alike. Our boutique Bonaire retreat captures the breezy, barefoot elegance of the Dutch Caribbean, consistently earning the title of “Bonaire's leading hotel” in the World Travel Awards.

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HARBOUR VILLAGE BEACH CLUB



TURTLE BAY RESORT

TURTLE BAY RESORT

OAHU, HAWAII

Deeply rooted in the land, the history, and the layered richness of Oahu, at Turtle Bay you’ll find an authentic connection to a place of uncommon natural splendor and the warm, welcoming community within it. Where your days are filled with constant discovery and moments that touch your soul, allowing you to explore the uncommon depths of this remarkable coast.

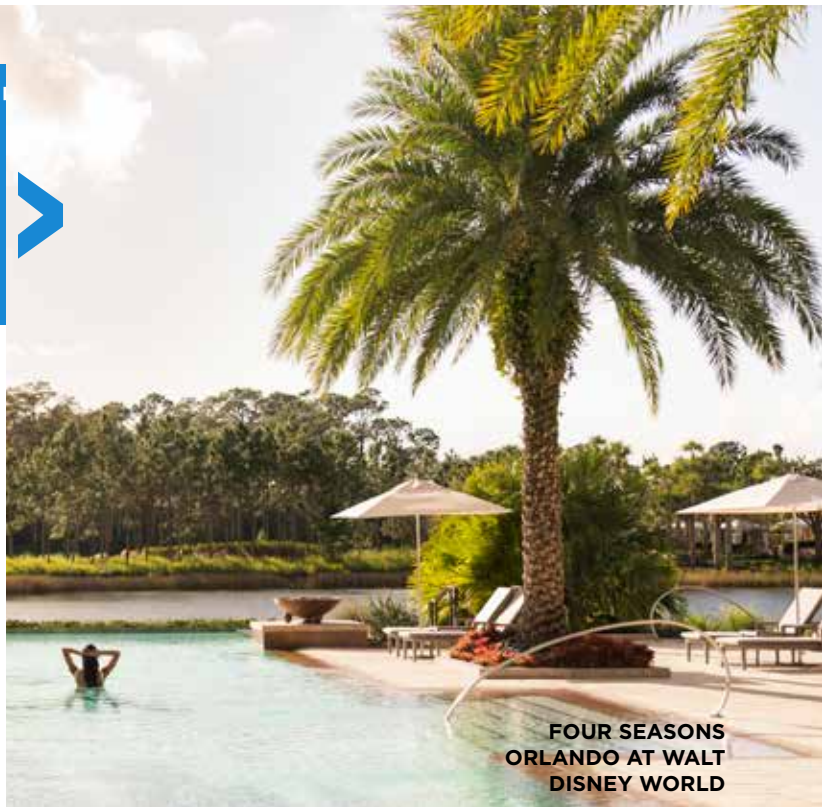
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FOUR SEASON ORLANDO AT WALT DISNEY WORLD

ORLANDO, FLORIDA

Discover an elevated escape with the perfect balance of fun and relaxation at our AAA Five Diamond, luxury Orlando Resort. Splash around with the family at Explorer Island water park, or unwind beneath swaying palms at Oasis adult-only pool while we entertain your young ones at our complimentary kids camp. Treat yourself to a soothing, post-park massage at The Spa, then toast to the nightly Walt Disney World® fireworks views over dinner at our Michelin-starred rooftop steakhouse Capa.

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FOUR SEASONS ORLANDO AT WALT DISNEY WORLD



SECRETS CAP CANA

SECRETS CAP CANA

PUNTA CANA DOMINICAN REPUBLIC

Secrets Cap Cana Resort & Spa is a sophisticated, adults-only hideaway located in the exclusive gated community of Cap Cana Facing the clear Caribbean Sea along the white sand of the exclusive Juanillo Beach. Secrets Cap Cana Resort & Spa is proud to support the Punta Cana Promise as part of the ongoing commitment to ensure that guests will continue to receive the highest levels of service and security they have come to know and expect from Secrets Cap Cana. The Punta Cana Promise reaffirms the commitment to a set of security standards and safety guidelines in one of the top travel destinations in the Dominican Republic.

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Balboa Bay Resort is Newport Beach's premier waterfront retreat offering stunning bay views and sunsets over Balboa Bay's harbor. It is the #1 Resort in Newport Beach per U.S. News & World Report, and it is rated as a Forbes Four-Star and AAA Four-Diamond resort.

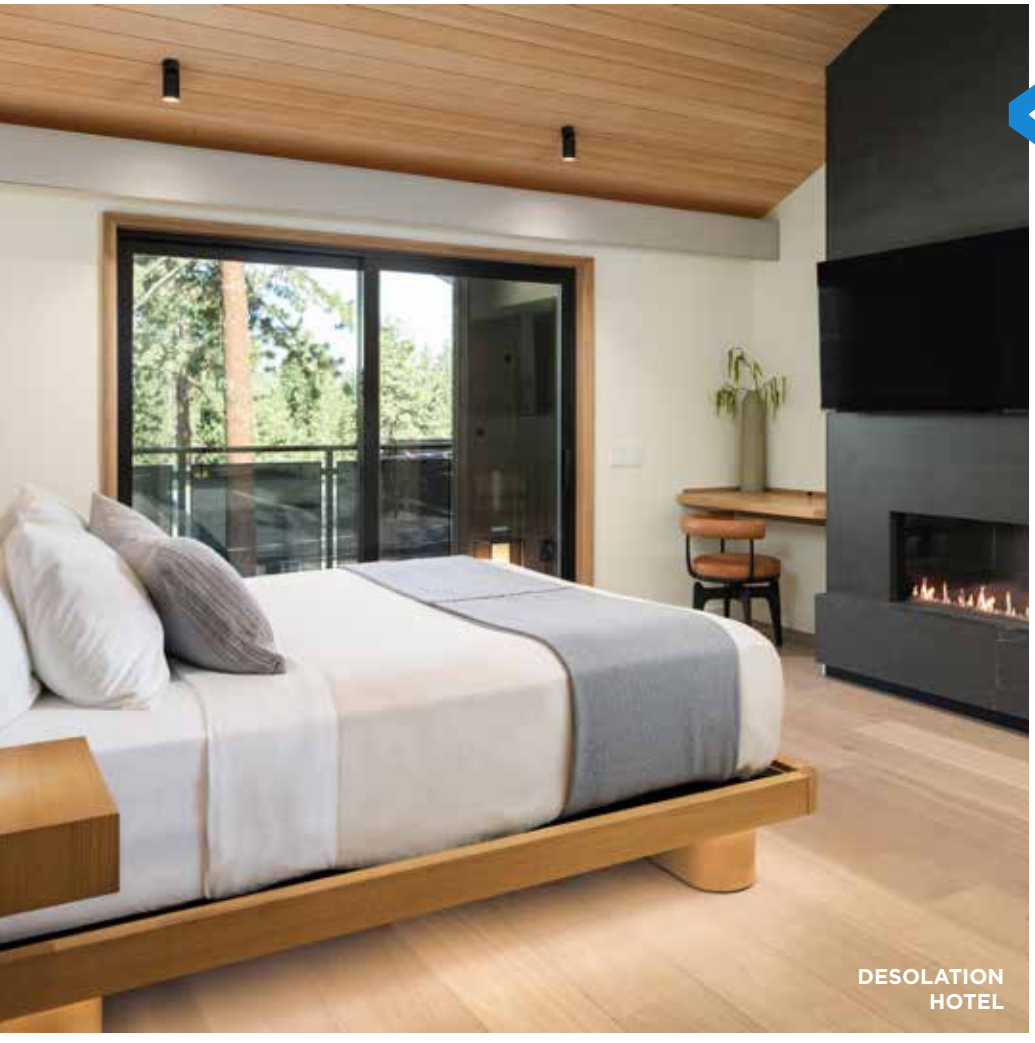
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TURTLE BAY RESORT

DESOLATION HOTEL

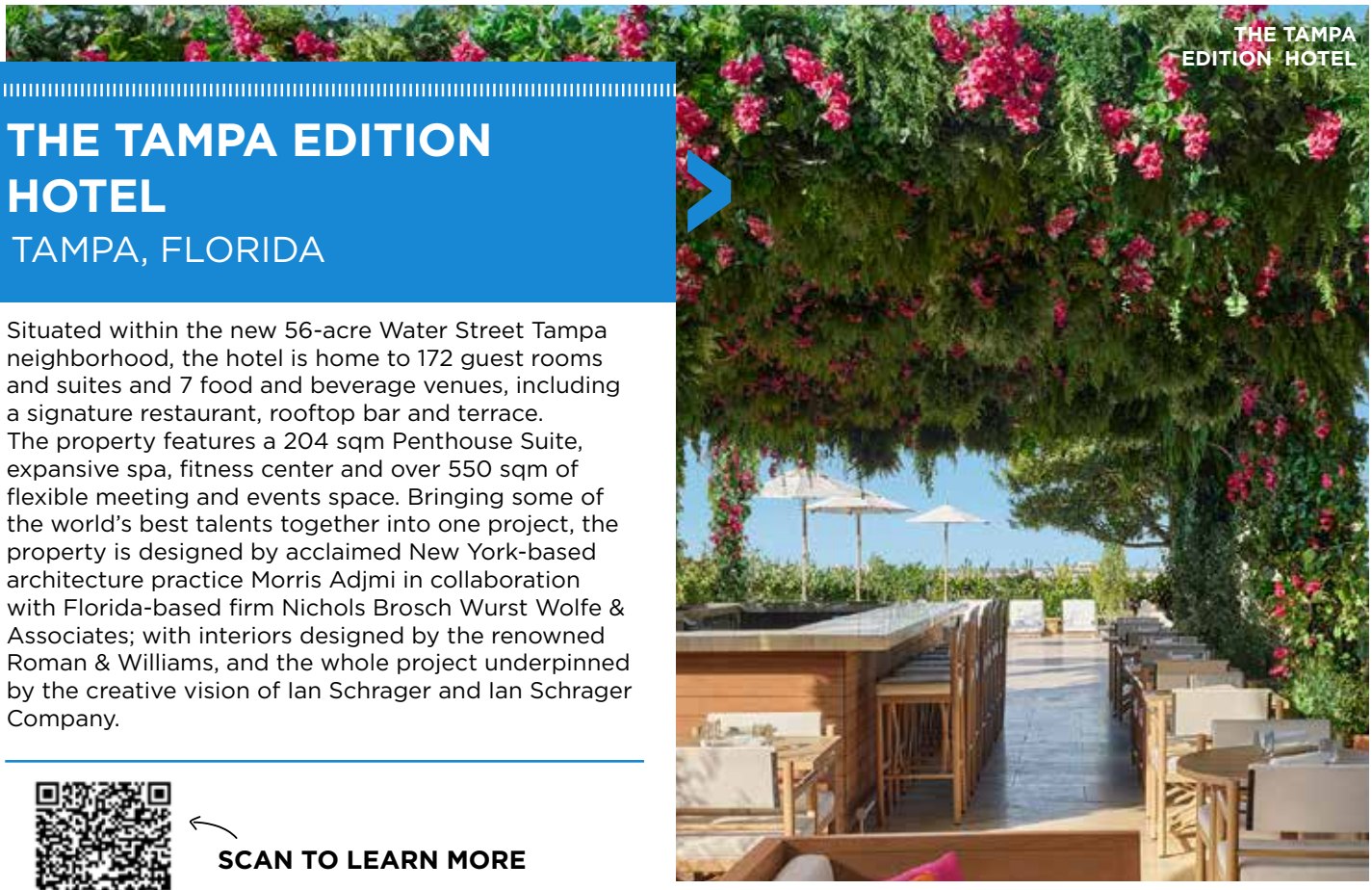
LAKE TAHOE, CALIFONIA



DESOLATION HOTEL

At Desolation Hotel, modern conveniences and eco-luxury commingle with Japanese tranquility and Scandinavian design. Our one-of-a-kind South Lake Tahoe experience inspires adventure and invites tranquility, providing the right space to recharge your battery. Balancing reverence for the past with appreciation for the present, Desolation Hotel nods to the simple days of yesteryear, while modern technology serves as a quiet backbone to the entire resort experience.

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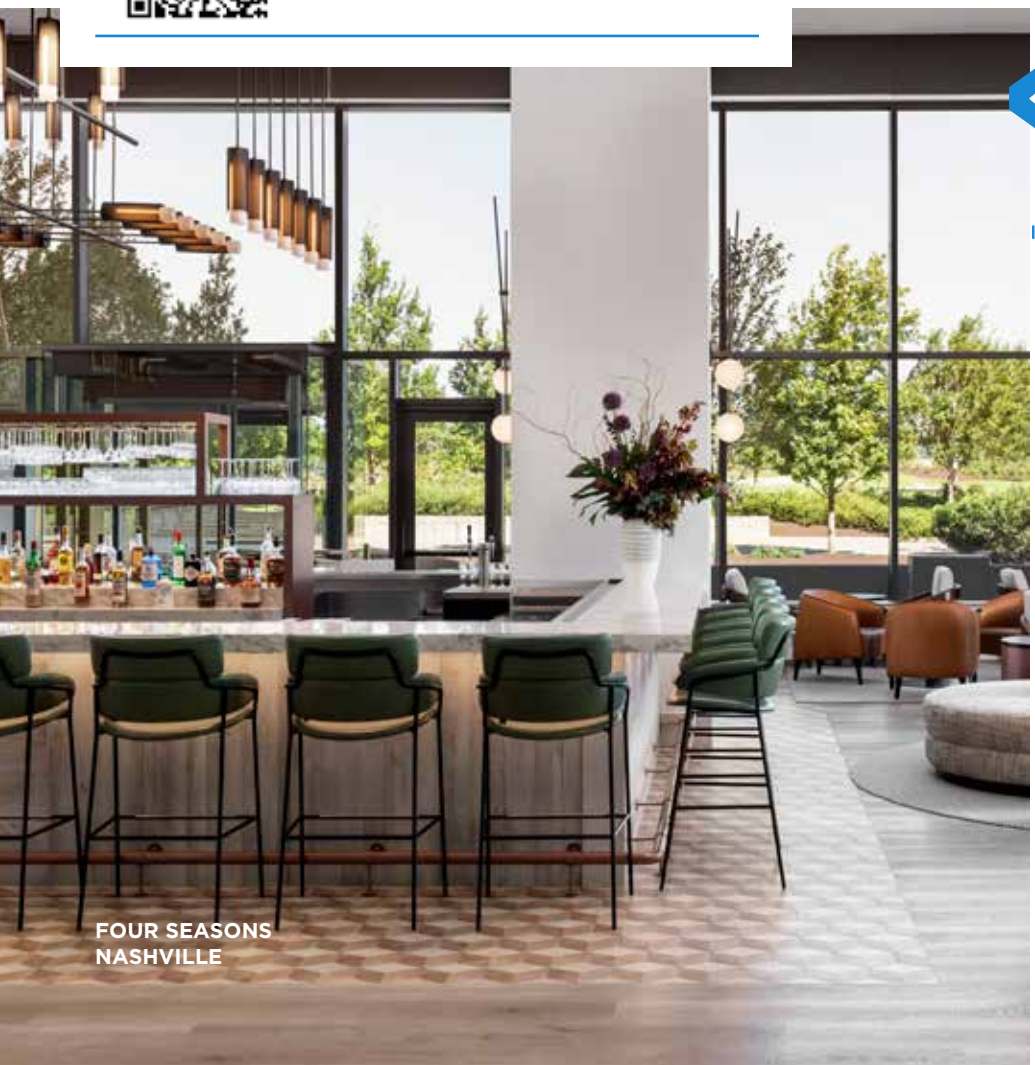
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THE TAMPA EDITION HOTEL

TAMPA, FLORIDA

Situated within the new 56-acre Water Street Tampa neighborhood, the hotel is home to 172 guest rooms and suites and 7 food and beverage venues, including a signature restaurant, rooftop bar and terrace. The property features a 204 sqm Penthouse Suite, expansive spa, fitness center and over 550 sqm of flexible meeting and events space. Bringing some of the world's best talents together into one project, the property is designed by acclaimed New York-based architecture practice Morris Adjmi in collaboration with Florida-based firm Nichols Brosch Wurst Wolfe & Associates; with interiors designed by the renowned Roman & Williams, and the whole project underpinned by the creative vision of Ian Schrager and Ian Schrager Company.

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FOUR SEASONS
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Dream Estate in Whitefish, Montana:

THE ULTIMATE LUXURY SKI RETREAT!

BY JEN HELMLE, MDESCAPES TRAVEL EDITOR

From the moment I arrived at Dream Estate in Whitefish, Montana, I felt like I had stepped into a winter postcard come to life. The crisp alpine air, the towering snow-draped pines, and the breathtaking views of the Rocky Mountains created an atmosphere of pure tranquility. Located just steps away from Whitefish Mountain Resort, this sprawling luxury estate offers the best of both worlds—unparalleled access to world-class skiing and the comfort of an opulent mountain retreat.



This was not just a ski trip. It was an experience, wrapped in the warmth of a crackling fire, the excitement of deep powder runs, and the charm of one of Montana's most picturesque mountain towns.

Living in Luxury: Inside the Dream Estate

Sitting at a massive 5,627 square feet, Dream Estate is designed with elegance and comfort in mind. It boasts six beautifully appointed bedrooms, each with its own en-suite bathroom, plush king-sized beds, and floor-to-ceiling windows showcasing the mountain views. The home sleeps up to 22 guests, making it ideal for family gatherings, ski groups, or corporate retreats.

The living room is a true showstopper. A grand stone fireplace sits at its heart, surrounded by sumptuous leather seating, inviting you to sink in with a glass of wine after a long day on the slopes. Massive panoramic windows bring the beauty of the outdoors inside, flooding the space with natural light.

At the center of the home, the chef's kitchen is a dream for any cook—or even those who just love to be around good food. Outfitted with state-of-the-art appliances, ample counter space, and a massive island, it's the perfect place to whip up a hearty post-ski meal or enjoy a private chef experience (which, by the way, I highly recommend). There's something special about enjoying a gourmet meal with views of snow-covered peaks just outside your window.

The house is built for entertainment, too. The game room is stacked with a pool table, shuffleboard, ping pong, and a massive 75-inch HD Smart TV with a top-notch Sonos sound system. The private fitness center means you can squeeze in a morning workout before hitting the slopes, while the 320-square-foot heated outdoor patio boasts an 8-seat hot tub—the ultimate après-ski relaxation spot.

And let's talk about the real luxury here: the ski-in/ski-out access. There's nothing quite like waking up, gearing up in the dedicated ski room (complete with a 24-pair boot dryer), and gliding right out onto the slopes via Moose Run, which connects seamlessly to Chair 6 at Whitefish Mountain Resort. No shuttles, no fuss…just pure mountain bliss.

Whitefish Mountain Resort: A Skier's Dream

If you haven't skied Whitefish Mountain Resort, you're in for a treat. This is one of those rare gems that offers world-class skiing without the crowds or sky-high lift ticket prices you'll find at resorts like Aspen or Vail. Ski Magazine consistently ranks it among the top ski destinations in North America, and after a few runs, I could see why.

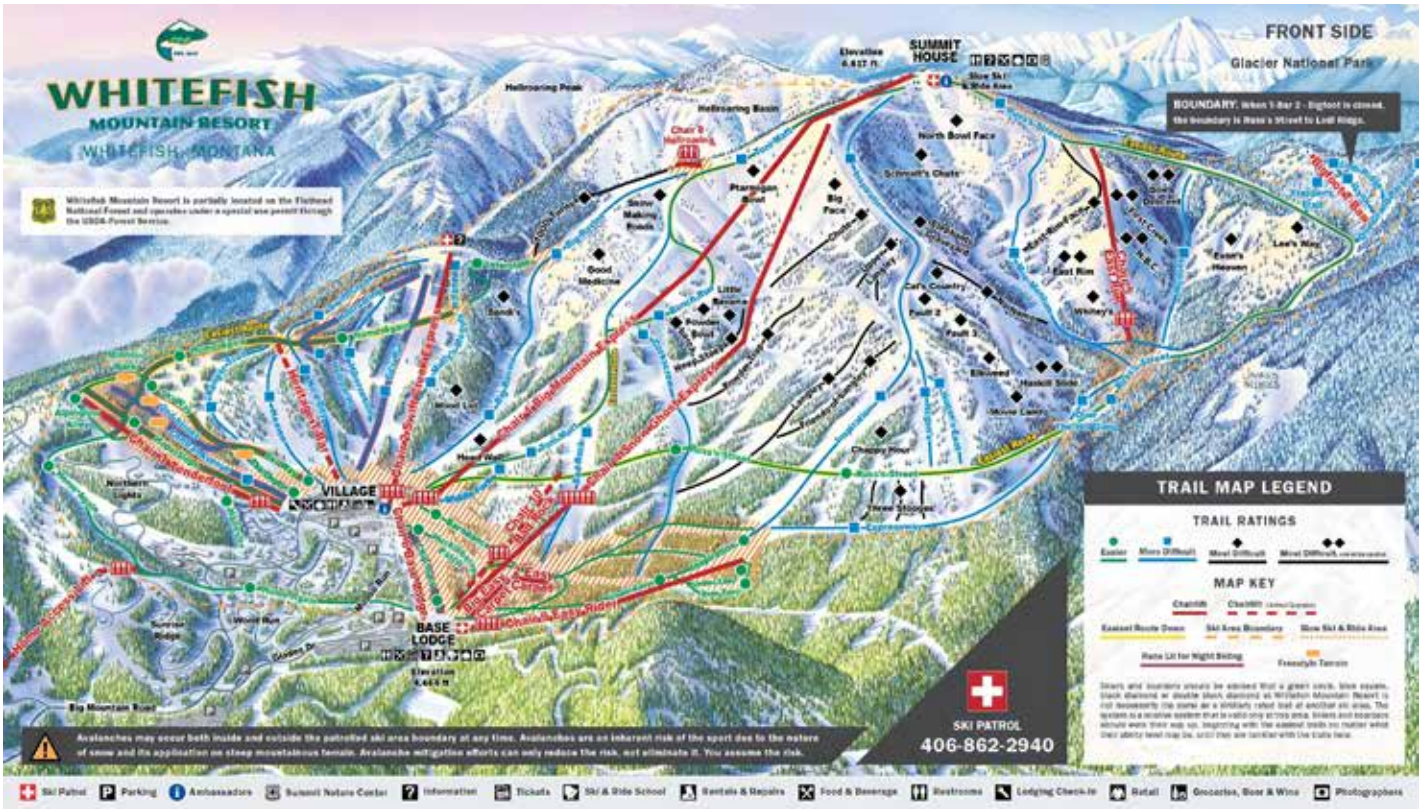
Spanning over 3,000 acres of skiable terrain, Whitefish Mountain has something for every level of skier. The front side is known for its long, flowing groomers, perfect for warming up or taking in the stunning views of Glacier National Park in the distance. More advanced skiers will find their thrill in Hellroaring Basin, where tree runs, chutes, and hidden powder stashes provide an exhilarating challenge.

Snow conditions here are consistently excellent, with an average of 300 inches of snowfall per season. The best part? Lift lines are almost nonexistent. Even on a busy day, I never waited more than a few minutes to hop on the chairlift.

Of course, no ski day is complete without a little après-ski indulgence, and Whitefish Mountain delivers on that front too. The Bierstube is a classic mountain dive bar with a laid-back vibe, while Summit House (perched at 6,817 feet) serves up hot toddies with jaw-dropping views. A must-stop is also the Hellroaring Saloon & Eatery. It's the perfect mid-day stop for a beer and some lunch before heading back out to finish the day. Order the Hellroaring Mountainous Nachos Supreme…you won't be disappointed!

Exploring Whitefish: Food, Fun & Adventure

If you think Whitefish is only about skiing, think again. Just six miles from the mountain, the town itself is a vibrant mix of old-school Montana charm and modern mountain luxury. Pic-



ture a historic Main Street lined with locally-owned boutiques, cozy coffee shops, and incredible restaurants.

I started my culinary tour of Whitefish at Tupelo Grille, where I had one of the best meals of the trip. Their huckleberry-glazed duck was the perfect balance of sweet and savory, and the Montana-raised bison filet was melt-in-your-mouth good. Another night, I indulged in fresh handmade pasta at Abruzzo Italian Kitchen, followed by a crisp glass of wine by their glowing fireplace.

For a more casual experience, Jalisco Cantina offers incredible upscale Mexican cuisine, and their tequila selection is second to none. After dinner, I headed over to Great Northern Bar & Grill, a lively, no-frills bar with live music, a dance floor, and a legendary burger that locals swear by.

Beyond the food scene, Whitefish offers plenty of winter activities for non-skiers. Spend an afternoon exploring the wilderness by snowmobile, carving through untouched backcountry trails and frozen meadows. Another amazing option is a dog sledding adventure, where you will be pulled through the snowy forest by a team of enthusiastic Alaskan huskies. I'm told both are the kind of experiences that stick with you long after you leave.

If you're looking for something a little more relaxing, a sleigh ride through a snow-covered valley, complete with a roaring campfire and steaming mugs of hot cocoa, is as close to a winter fairytale as it gets. And of course, no visit to this area is complete without at least a short trip into Glacier National Park, where snow-covered peaks and frozen lakes create a landscape straight out of a dream.

Getting There: Convenient & Scenic

Whitefish feels like a remote escape, but getting here is surprisingly easy. Glacier Park International Airport (FCA) is just 19 miles away, making it a quick 30-minute drive to Dream Estate. With direct flights from major hubs like Denver, Seattle, Chicago, and Los Angeles, it's one of the most accessible ski destinations in the Rockies.

Once you arrive, getting around is a breeze. Many local accommodations offer shuttle services, and rental cars are widely available. But honestly, with so much within reach, I found myself perfectly content staying close to the mountain and letting the adventure unfold around me.

Final Thoughts: A Mountain Getaway Like No Other

As I packed up my gear and took one last deep breath of that fresh Montana air, I knew this wouldn't be my last visit to Dream Estate in Whitefish. From the seamless ski-in/ski-out access and luxurious accommodations to the world-class skiing and charming small-town atmosphere, this is a destination that sticks with you.

Whitefish isn't just a place—it's an experience. Whether you're racing down powdery slopes, savoring a gourmet meal, exploring the wild backcountry, or simply soaking in a steaming hot tub under the stars, it's the kind of trip that leaves you counting down the days until you can return.

Trust me—once you visit Dream Estate, you'll never look at ski vacations the same way again.



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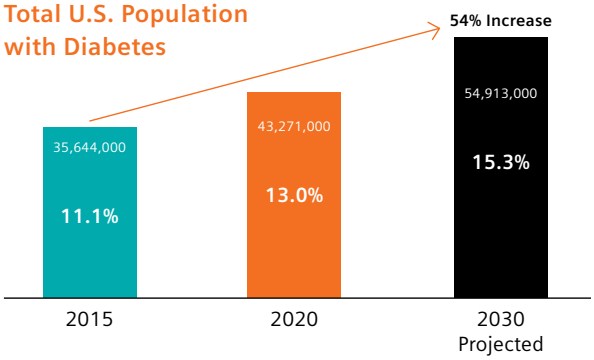
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1. Rowley, William R et al. "Diabetes 2030: Insights from Yesterday, Today, and Future Trends." Population health management vol. 20,1 (2017): 6-12. doi:10.1089/pop.2015.0181.

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