2025 | Issue 4

Physicians office Resource

Resources for You, Your Patients, & Your Practice

AI in Healthcare:

Dr. Shakeel Ahmed's Vision for the Future



Helping Patients Navigate Ulcerative Colitis and Crohn's Disease

MDescapes: An Unexpected Treasure, The Ritz-Carlton St. Thomas

Early Detection,

Rapid Diagnosis,

Better Outcomes

5000



5001



5002



5003



5004



5005



5006

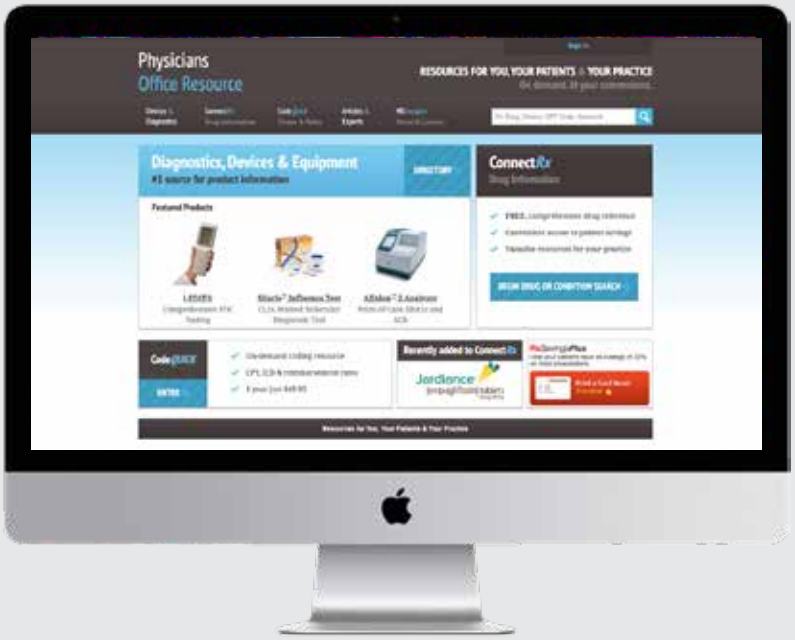


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AI in Healthcare:

Dr. Shakeel Ahmed's Vision for the Future

Physicians Office Resource proudly welcomes back Dr. Shakeel Amed for another insightful series. In this series, Dr. Ahmed provides valuable insights into how AI technologies are shaping different aspects of healthcare. Future articles will explore AI's influence in fields like preventive medicine, healthcare finance, and Ambulatory Surgery Centers, offering insights into how AI is revolutionizing medicine across multiple domains.

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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). Of those 3 million, the most common forms of IBD include Ulcerative Colitis (UC) and Crohn's Disease.

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MDescapes: An Unexpected Treasure: The Ritz Carlton, St. Thomas

The sun is setting behind us, the purple and pink rose color hues, the cotton candy sky—a special warm welcome courtesy of Mother Nature to this beautiful island. The tranquility of Great Bay is calling.

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The Future of Artificial Intelligence in Healthcare:

Revolutionizing Diagnosis, Treatment, and Options

BY: DR. SHAKEEL AHMED

" In the long history of humankind, those who learned to collaborate and improvise most effectively have prevailed."

– CHARLES DARWIN

This is our second series of articles for this esteemed publication. In our previous series, we explored various healthcare investment opportunities available to healthcare entrepreneurs and physicians. Now, we shift our focus to the future, examining how artificial intelligence (AI) is shaping different aspects of healthcare and healthcare businesses over the next decade and beyond.

AI's presence in healthcare is well established, so I won't spend valuable magazine space explaining its fundamentals. Instead, we will dive straight into its impact, starting with AI's role in surgery. Future articles will explore its influence in fields like preventive medicine, healthcare finance, and Ambulatory Surgery Centers, offering insights into how AI is revolutionizing medicine across multiple domains.

Artificial Intelligence in Surgery: Present and Future:

Artificial Intelligence (AI) is transforming healthcare at a breakneck pace, revolutionizing the way we as clinicians are diagnosing disease processes, performing surgeries, and how we are managing the postop care of our patients. This is being done at an exponential pace not just in the inpatient setting, but also in the outpatient surgical industry. In fact, in the latter is where this transformation is most apparent, where artificial intelligence-driven technologies are vastly improving the precision with which surgeries are performed, thereby leading to a reduction in complications and enhancement of results. As AI continues to integrate into our surgical practices around the US and abroad, it is reshaping our outcomes, minimizing the error which the human mind hitherto would make, and streamlining all of the processes of our care.

From robotic-assisted surgeries to artificial intelligence-enhanced postoperative and preoperative care, the role for AI is becoming increasingly vital in the evolution of surgery. As one of the last bastions of the old method of clinical application, physicians like us are watching this change with a mixture of awe, consternation, and positive energy, for the impact in our opinion will continue to expand further beyond current human imagination, leading to safer, more cost effective, and faster procedure times in the same breath.

AI and Robotic-Assisted Surgery: Enhancing Precision and Efficiency

In my opinion one of the most impressive applications of AI has been in robotic-assisted surgery. This modality allows for more precision most importantly in minimally invasive procedures, thus leading to better outcomes and much shorter recovery times. The systems utilized by AI-drive algorithms provide real time guidance in all of the facets of surgical care, improving visualization and assisting the surgeons in executing all of the different complicated maneuvers of surgery with better accuracy.

The Da Vinci Surgical System by Intuitive Surgical is one of the best and well known AI powered robotic platforms currently being used in our setups. Since its introduction, it has been deployed in close to 7,000 facilities around the world. This system is extremely beneficial, and most importantly for minimally invasive surgeries like hernia repairs, microscopic spine surgeries, laparoscopic cholecystectomy, and gynecological procedures. The robotic arms of the system driving by Artificial Intelligence mimic the movements of the surgeon's hands, and yet with enhanced stability and dexterity that only a high-end machine can perform. This leads to a significant reduction in the likelihood of human error. There is also a 3D high definition visualization system with Da Vinci, which improves the surgeon's ability to navigate delicate structures, tissues and fields around the human body.

Medtronic's Hugo RAS System is also making significant strides in robotic-assisted surgery. This is a modular AI-enhanced robotic system. It is designed to bring the benefits hereto mentioned of robotic-assisted surgery to a much broader range of procedures, including urology and gynecology cases. Just like its competitors, its AI-powered analytics and motion control allow for much better decision making during surgeries than ever before, making it a very valuable asset for outpatient procedures and surgery centers. Surgery center owners like myself have developed a particular liking for Artificial Intelligence with applications like these, because in spite of all of the other finances and bells and whistles attached with healthcare innovations the most important one is better patient safety and outcome, and AI is showing that to use in real time, pun intended.

CMR Surgical's Versius Robot is another Artificial Intelligent powered robotic system which is revolutionizing outpatient surgical care in the fields of colorectal surgery, gynecology, and

thoracic surgery. Unlike its competitors and older models, Versius is designed to be more adaptable and more compact, thus allowing it to be used in more surgically confined places like smaller outpatient surgical centers. Its AI capabilities help maximize and optimize surgical instruments movement, improve the workflow in the surgical spaces, and thereby lead to enhanced patient safety and comfort.

In Orthopedic Surgery, Zimmer Biomet's Rosa (Robotic Surgical Assistant) platform is making news and transforming care in knee and hip replacement surgeries. This system leverages Artificial Intelligence to accurately analyze a patient's anatomy, providing real time guidance and feedback to the surgeon during knee and hip joint replacement surgeries. Rosa's capabilities help improve patient's positioning during surgery, reduce the variability needed in these complex and long surgical procedures, and also enhances postsurgical recovery time for patients who are undergoing these cases in an outpatient setting. I have seen this particularly useful in outpatient joint surgeries in midsized surgery centers where efficacy and time management is key.

Another significant player in this field is Brainlab's Cirq, a robotic assistant being used in spine surgery. Cirq is using AI-driven movement and navigation to assist spine surgeons in placing spinal implants with razor-sharp accuracy, within submillimeter limits. This is leading to significant improvement in outpatient spine surgery outcomes, where precision in micrometers is crucial for patient outcomes. Cirq is helping surgeons perform complex spinal surgeries more efficiently by integrating AI-powered automated adjustments and image guidance. As expected this is leading to faster recovery times and significant reduction in risks of these surgeries.

AI in Preoperative Planning and Intraoperative Guidance

Artificial Intelligence as expected is transforming the ways these surgeries are planned even before a patient enters the operating room. Traditionally preoperative planning relied on images reviewed by the human mind. Now AI powered platforms can analyze thousands and more of medical images in real time, offering clinicians knowledge and insight that helps the surgeon choose the best approach for every surgery they perform. Imagine having the clinical acumen and availability of a hundred different doctors at your fingertips guiding you into what the best mode of action should be for your patient's surgery. Imagine the results.

As an example, Surgical Theater's Precision VR platform utilizes virtual reality and Artificial Intelligence to create a 3D simulation of the surgery. The surgeon uses this, much like a high level video game the knowledge of which is alien to me at this age, to rehearse complex procedures in a virtual environment before performing them on their actual patients. Precision VR is extremely used for cardiac procedures and neurosurgical cases, where life and death hinges on millimeters of movement.

Another cutting edge tool is Asensus Surgical's Augmented Intelligence Platform, which is helping enhance performance of laparoscopic surgeries but providing Artificial Intelligence-powered intraoperative guidance. The platform's AugmentedOR Portal collects and analyzes performed data on surgeries, and helps guide surgeons improve their techniques for the cases and identifies areas and deficiencies in their case. The overall patient outcome, as expected is better.

The next frontier for Artificial Intelligence of course was image technology. There also it is playing a very crucial role in outpatient surgery. Orthogrid's AI-based imaging platform is being used to improve the accuracy of joint replacements by optimizing the imaging services performed fluoroscopically during these cases. In real time this ensures that the implants in patients are placed with the highest level of accuracy needed, which thus leads to better outcomes, success rates and reduction of complications.

AI in Postoperative Care, Documentation, and Remote Monitoring

Next, but by no means lower on the list, is AI's role in outpatient surgery in the postop arena. The documentation of inpatient monitoring process has been improved in a huge way with Artificial Intelligence. As I can tell you from experience in running multiple surgery centers simultaneously, one of the biggest challenges that surgeons are facing is the time consuming task of postoperative documentation. AI-powered platforms such as Olive AI and Nuance's Dragon Medical One automate this process, allowing the surgeons to dictate the note while AI is transcribing and organizing it in real time. A recent study has found that AI-generated postoperative notes are often more accurate than those written by the surgeons, freeing up valuable time for patient care. Postoperative surgical monitoring is also being improved by Artificial Intelligence. Companies like Current Health and Biofourmis are developing wearable technologies that can track a patient's vital signs even after the surgery is over. These systems use learning system to detect early signs of complications such as respiratory issues, clotting, infections, etc., and then alert the surgeons and other medical providers before it is too late. This remote monitoring by Artificial Intelligence is extremely beneficial for outpatient procedures, as I see our patients discharged quicker than ever before and watched even beyond the field of our vision.

In the field of Pain Management Artificial Intelligence has led to significant reduction and opioid dependency by personalizing the treatment plans for each patient. Consider this concierge care for patients pay. Hinge Health, for example is using AI-driven machines and motion sensors that are designed to learn a patients rehab program and customize it for recovery for them. With the help of these

programs patients are regaining mobility and managing their pain in a much more efficient way without having to rely on heavy opioid medications with the resultant complications and long-term dependency.

The Future of AI in Outpatient Surgery: A Look Ahead

"Any sufficiently advanced technology is indistinguishable from magic."

- ARTHUR C. CLARKE

I can only surmise what will happen next. Just when we feel that we have a handle on how fast AI can take off, AI takes off at a speed way beyond our guess. The next decade will witness huge advancement in AI-driven surgical technology. There are companies, emerging companies, like Proprio which are developing AI-enhanced augmented reality systems that provide real time viewing of human anatomical structures during surgery, reducing the need of a surgeon to rely on typical image screens from current days. Another system, Avail Medsystems is pioneering tele present surgery, allowing subspecialty and expert surgeons to provide real time guidance remotely, expanding the access to specialized centers beyond their reach which don't have subspecialty care on premise.

Predictive analytics are also being developed by AI and being integrated into the ambulatory surgery market to enhance outcomes and improve patient care. AI can analyze vast amounts of patient date, and predict which patients and individuals are at higher risk for postoperative complications, allowing the surgeons to take measures to prevent those complications even before they operate. This level of precision will improve surgical safety, ensure better recovery, and most importantly reduce complications.

AI continues to evolve. We are poised to only become safer, more efficient and more streamlined. The integration of Artificial Intelligence with these imaging systems, robotic platforms, and real time navigation tools for surgeons have shown unprecedented and unbelievable results in surgical precision in patient care. The future is bright. It is not just about improving one or two surgeries or procedures. It is about transforming the whole macrocosm of surgery, making higher quality care and results a real option for real people.



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wegovy®
semaglutide injection **2.4 mg**

In addition to diet and exercise, for chronic weight management in adults with obesity or overweight with at least one weight-related comorbidity and to reduce risk of MACE (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CVD and either overweight or obesity

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Actor portrayals.

Indications and Usage

Wegovy® (semaglutide) injection 2.4 mg is indicated in combination with a reduced calorie diet and increased physical activity:

- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight
- to reduce excess body weight and maintain weight reduction long term in adults and pediatric patients aged 12 years and older with obesity and adults with overweight in the presence of at least one weight-related comorbidity

Limitations of Use: Wegovy® contains semaglutide. Coadministration with other semaglutide-containing products or with any GLP-1 receptor agonist is not recommended

Important Safety Information

WARNING: RISK OF THYROID C-CELL TUMORS

- **In rodents, semaglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether Wegovy® causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as human relevance of semaglutide-induced rodent thyroid C-cell tumors has not been determined**
- **Wegovy® is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk for MTC with the use of Wegovy® and inform them of symptoms of thyroid tumors (e.g. a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Wegovy®**

Contraindications

- Wegovy® is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2, and in patients with a prior serious hypersensitivity reaction to semaglutide or to any of the excipients in Wegovy®. Serious hypersensitivity reactions, including anaphylaxis and angioedema have been reported with Wegovy®

Warnings and Precautions

- **Risk of Thyroid C-Cell Tumors:** Patients should be further evaluated if serum calcitonin is measured and found to be elevated or thyroid nodules are noted on physical examination or neck imaging
- **Acute Pancreatitis:** Acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis, has been observed in patients treated with GLP-1 receptor agonists, including Wegovy®. Observe patients carefully for signs and symptoms of acute pancreatitis (including persistent severe abdominal pain, sometimes radiating to the back, and which may or may not be accompanied by vomiting). If acute pancreatitis is suspected, discontinue Wegovy® and initiate appropriate management
- **Acute Gallbladder Disease:** Treatment with Wegovy® is associated with an increased occurrence of cholelithiasis and cholecystitis. The incidence of cholelithiasis and cholecystitis was higher in Wegovy® pediatric patients aged 12 years and older than in Wegovy® adults. In clinical trials in adult patients, cholelithiasis was reported by 1.6% of Wegovy® patients and 0.7% of placebo patients. Cholecystitis was reported by 0.6% of Wegovy® patients and 0.2% of placebo patients. In a clinical trial in pediatric patients aged 12 years and older, cholelithiasis was reported by 3.8% of Wegovy® patients and 0% placebo patients. Cholecystitis was reported by 0.8% of Wegovy® pediatric patients and 0% placebo patients. Substantial or rapid weight loss can increase the risk of cholelithiasis; however, the incidence of acute gallbladder disease was greater in Wegovy® patients than in placebo patients, even after accounting for the degree of weight loss. If cholelithiasis is suspected, gallbladder studies and appropriate clinical follow-up are indicated
- **Hypoglycemia:** Wegovy® lowers blood glucose and can cause hypoglycemia. In a trial of adult patients with type 2 diabetes, hypoglycemia was reported in 6.2% of Wegovy® patients versus 2.5% of placebo patients. Patients with diabetes taking Wegovy® with an insulin or insulin secretagogue (e.g. sulfonylurea) may have an increased risk of hypoglycemia, including severe hypoglycemia. The use of Wegovy® in patients with type 1 diabetes or in combination with insulin has not been evaluated. Inform patients of the risk of hypoglycemia and educate them on the signs and symptoms. Monitor blood glucose in patients with diabetes
- **Acute Kidney Injury:** There have been postmarketing reports of acute kidney injury and worsening of chronic renal failure, which in some cases required hemodialysis, in patients treated with semaglutide. Patients with renal impairment may be at a greater risk of acute kidney injury, but some events have been reported in patients without known underlying renal disease. A majority of the events occurred in patients who experienced nausea, vomiting, or diarrhea, leading to volume depletion. Monitor renal function when initiating or escalating doses of Wegovy® in patients reporting severe adverse gastrointestinal reactions and in patients with renal impairment reporting any adverse reactions that could lead to volume depletion
- **Severe Gastrointestinal Adverse Reactions:** Use of Wegovy® has been associated with gastrointestinal adverse reactions, sometimes severe. In clinical trials, severe gastrointestinal adverse reactions were reported

TREAT BEYOND THE POUNDS

Wegovy® is the only obesity medication proven to deliver:

Significant, sustained weight loss[1,2]*

For chronic weight management in adults with obesity or overweight with at least 1 weight-related comorbidity, with diet and exercise

MACE risk reduction[2,3]

To reduce risk of MACE (CV death, non-fatal MI, or non-fatal stroke) in adults with established CVD and either overweight or obesity, with diet and exercise

With improvements in cardiometabolic risk factors[1†]

Changes in waist circumference and SBP were assessed as secondary end points. **Wegovy® is not indicated to treat hypertension**

***STEP 5:** In adults with obesity (BMI ≥30 kg/m^2) or overweight (BMI ≥27-29.9 kg/m^2). Mean change in body weight at 2 years, baseline 232.8 lb (Wegovy®), 234.8 lb (placebo), and BMI 38.5 kg/m^2 (N=304, randomized 1:1): -15.2% Wegovy® vs -2.6% placebo (p<0.0001); Patients who lost ≥5% at 2 years: 77.1% Wegovy® (n=111 of 144) vs 34.4% placebo (n=44 of 128), (p<0.0001). Discontinuation rate: 13% Wegovy®, 27% placebo.[1]

[†]STEP 5 confirmatory secondary end points: Mean change in waist circumference at 2 years: -5.7 in Wegovy® vs -2 in placebo; mean change in SBP at 2 years: -5.7 mm Hg Wegovy® vs -1.6 mm Hg placebo.[1]

more frequently among patients receiving Wegovy® (4.1%) than placebo (0.9%). Wegovy® is not recommended in patients with severe gastroparesis

- **Hypersensitivity Reactions:** Serious hypersensitivity reactions (e.g., anaphylaxis, angioedema) have been reported with Wegovy®. If hypersensitivity reactions occur, discontinue use of Wegovy®, treat promptly per standard of care, and monitor until signs and symptoms resolve. Use caution in a patient with a history of anaphylaxis or angioedema with another GLP-1 receptor agonist
- **Diabetic Retinopathy Complications in Patients with Type 2 Diabetes:** In a trial of adult patients with type 2 diabetes, diabetic retinopathy was reported by 4.0% of Wegovy® patients and 2.7% of placebo patients. Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy. Patients with a history of diabetic retinopathy should be monitored for progression of diabetic retinopathy
- **Heart Rate Increase:** Mean increases in resting heart rate of 1 to 4 beats per minute (bpm) were observed in Wegovy® adult patients compared to placebo in clinical trials. More Wegovy® adult patients compared with placebo had maximum changes from baseline of 10 to 19 bpm (41% versus 34%) and 20 bpm or more (26% versus 16%). In a clinical trial in pediatric patients aged 12 years and older with normal baseline heart rate, more patients treated with Wegovy® compared to placebo had maximum changes in heart rate of 20 bpm or more (54% versus 39%). Monitor heart rate at regular intervals and instruct patients to report palpitations or feelings of a racing heartbeat while at rest. If patients experience a sustained increase in resting heart rate, discontinue Wegovy®
- **Suicidal Behavior and Ideation:** Suicidal behavior and ideation have been reported in clinical trials with other weight management products. Monitor patients for depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Discontinue Wegovy® in patients who experience suicidal thoughts or behaviors and avoid in patients with a history of suicidal attempts or active suicidal ideation
- **Pulmonary Aspiration During General Anesthesia or Deep Sedation:** Wegovy® delays gastric emptying. There have been rare postmarketing reports of pulmonary aspiration in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation who had residual gastric contents despite reported adherence to preoperative fasting recommendations. Instruct patients to inform healthcare providers prior to any planned surgeries or procedures if they are taking Wegovy®

Adverse Reactions

- Most common adverse reactions (incidence ≥5%) are: nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distention, eructation, hypoglycemia in patients with type 2 diabetes, flatulence, gastroenteritis, gastroesophageal reflux disease, and nasopharyngitis

Drug Interactions

- The addition of Wegovy® in patients treated with insulin has not been evaluated. When initiating Wegovy®, consider reducing the dose of concomitantly administered insulin secretagogues (such as sulfonylureas) or insulin to reduce the risk of hypoglycemia
- Wegovy® causes a delay of gastric emptying and has the potential to impact the absorption of concomitantly administered oral medications. Monitor the effects of oral medications concomitantly administered with Wegovy®

Use in Specific Populations

- **Pregnancy:** May cause fetal harm. When pregnancy is recognized, discontinue Wegovy®. Discontinue Wegovy® in patients at least 2 months before a planned pregnancy
- **Pediatric:** Adverse reactions with Wegovy® in pediatric patients aged 12 years and older were similar to those reported in adults. Pediatric patients ≥12 years of age treated with Wegovy® had greater incidences of cholelithiasis, cholecystitis, hypotension, rash, and urticaria compared to adults treated with Wegovy®. There are insufficient data in pediatric patients with type 2 diabetes treated with Wegovy® for obesity to determine if there is an increased risk of hypoglycemia with Wegovy® treatment similar to that reported in adults
- **Geriatric:** In the cardiovascular outcomes trial, patients aged 75 years and older reported more hip and pelvis fractures on Wegovy® than placebo. Patients aged 75 years and older (Wegovy® and placebo) reported more serious adverse reactions overall compared to younger adult patients

Please see the Brief Summary of Prescribing Information about Wegovy® on the following pages.

BMI, body mass index; CV, cardiovascular; CVD, cardiovascular disease; MACE, major adverse cardiovascular events; MI, myocardial infarction; SBP, systolic blood pressure.

References: 1. Garvey WT, Batterham RL, Bhatta M, et al. Two-year effects of semaglutide in adults with overweight or obesity: the STEP 5 trial. *Nat Med*. 2022;28(10):2083-2091. **2.** Wegovy® [package insert]. Plainsboro, NJ: Novo Nordisk Inc. **3.** Lincoff AM, Brown-Frandsen K, Colhoun HM, et al. Semaglutide and cardiovascular outcomes in obesity without diabetes. *N Engl J Med.* 2023;389(24):2221-2232.

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WEGOVY® (semaglutide) injection

Rx Only

BRIEF SUMMARY: Please consult package insert for full prescribing information.

WARNING: RISK OF THYROID C-CELL TUMORS: In rodents, semaglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether WEGOVY® causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as human relevance of semaglutide-induced rodent thyroid C-cell tumors has not been determined *[see Warnings and Precautions]*. WEGOVY® is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2) *[see Contraindications]*. Counsel patients regarding the potential risk for MTC with the use of WEGOVY® and inform them of symptoms of thyroid tumors (e.g. a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with WEGOVY® *[see Contraindications and Warnings and Precautions]*.

INDICATIONS AND USAGE: WEGOVY® is indicated in combination with a reduced calorie diet and increased physical activity: to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight; to reduce excess body weight and maintain weight reduction long term in: Adults and pediatric patients aged 12 years and older with obesity; Adults with overweight in the presence of at least one weight-related comorbid condition. Limitations of Use: WEGOVY® contains semaglutide. Coadministration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended. **Important Monitoring and Administration Instructions:** In patients with type 2 diabetes mellitus, monitor blood glucose prior to starting WEGOVY® and during WEGOVY® treatment *[see Warnings and Precautions];* Prior to initiation of WEGOVY®, train patients on proper injection technique. Refer to the accompanying Instructions for Use for complete administration instructions with illustrations; Inspect WEGOVY® visually prior to each injection. Only use if solution is clear, colorless, and contains no particles; Administer WEGOVY® in combination with a reduced-calorie diet and increased physical activity; Administer WEGOVY® once weekly, on the same day each week, at any time of day, with or without meals; Inject WEGOVY® subcutaneously in the abdomen, thigh, or upper arm. The time of day and the injection site can be changed without dose adjustment.

CONTRAINDICATIONS: WEGOVY® is contraindicated in the following conditions: A personal or family history of MTC or in patients with MEN 2 *[see Warnings and Precautions];* A prior serious hypersensitivity reaction to semaglutide or to any of the excipients in WEGOVY®. Serious hypersensitivity reactions, including anaphylaxis and angioedema, have been reported with WEGOVY® *[see Warnings and Precautions]*.

WARNINGS AND PRECAUTIONS: Risk of Thyroid C-Cell Tumors: In mice and rats, semaglutide caused a dose-dependent and treatment-duration-dependent increase in the incidence of thyroid C-cell tumors (adenomas and carcinomas) after lifetime exposure at clinically relevant plasma exposures. It is unknown whether WEGOVY® causes thyroid C-cell tumors, including MTC, in humans, as human relevance of semaglutide-induced rodent thyroid C-cell tumors has not been determined. Cases of MTC in patients treated with liraglutide, another GLP-1 receptor agonist, have been reported in the postmarketing period; the data in these reports are insufficient to establish or exclude a causal relationship between MTC and GLP-1 receptor agonist use in humans. WEGOVY® is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2. Counsel patients regarding the potential risk for MTC with the use of WEGOVY® and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with WEGOVY®. Such monitoring may increase the risk of unnecessary procedures, due to the low-test specificity for serum calcitonin and a high background incidence of thyroid disease. Significantly elevated serum calcitonin value may indicate MTC and patients with MTC usually have calcitonin values greater than 50 ng/L. If serum calcitonin is measured and found to be elevated, the patient should be further evaluated. Patients with thyroid nodules noted on physical examination or neck imaging should also be further evaluated. **Acute Pancreatitis:** Acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis, has been observed in patients treated with GLP-1 receptor agonists, including WEGOVY® *[see Adverse Reactions]*. After initiation of WEGOVY®, observe patients carefully for signs and symptoms of acute pancreatitis (including persistent severe abdominal pain, sometimes radiating to the back, and which may or may not be accompanied by vomiting). If acute pancreatitis is suspected, discontinue WEGOVY® and initiate appropriate management. **Acute Gallbladder Disease:** Treatment with WEGOVY® is associated with an increased occurrence of cholelithiasis and cholecystitis. The incidence of cholelithiasis and cholecystitis was higher in WEGOVY®-treated pediatric patients aged 12 years and older than in WEGOVY®-treated adults. In randomized clinical trials in adult patients, cholelithiasis was reported by 1.6% of WEGOVY®-treated patients and 0.7% of placebo-treated patients. Cholecystitis was reported by 0.6% of WEGOVY®-treated adult patients and 0.2% of placebo-treated patients. In a clinical trial in pediatric patients aged 12 years and older, cholelithiasis was reported by 3.8% of WEGOVY®-treated patients and 0% placebo-treated patients. Cholecystitis was reported by 0.8% of WEGOVY®-treated pediatric patients and 0% placebo-treated patients *[see Adverse Reactions]*. Substantial or rapid weight loss can increase the risk of cholelithiasis; however, the incidence of acute gallbladder disease was greater in WEGOVY®-treated patients than in placebo-treated patients, even after accounting for the degree of weight loss. If cholelithiasis is suspected, gallbladder studies and appropriate clinical follow-up are indicated. **Hypoglycemia:** WEGOVY® lowers blood glucose and can cause hypoglycemia. In a trial of adult patients with type 2 diabetes and body mass index (BMI) greater than or equal to 27 kg/m^2, hypoglycemia (defined as a plasma glucose less than 54 mg/dL) was reported in 6.2% of WEGOVY®-treated patients versus 2.5% of placebo-treated patients. One episode of severe hypoglycemia (requiring the assistance of another person) was reported in one WEGOVY®-treated patient versus no placebo-treated patients. Patients with diabetes mellitus taking WEGOVY® in combination with insulin or an insulin secretagogue (e.g., sulfonylurea) may have an increased risk of hypoglycemia, including severe hypoglycemia. Hypoglycemia has been observed in patients treated with semaglutide at doses of 0.5 and 1 mg in combination with insulin. The use of WEGOVY® (semaglutide 2.4 mg or 1.7 mg once weekly) in patients with type 1 diabetes mellitus or in combination with insulin has not been evaluated. Inform patients of the risk of hypoglycemia and educate them on the signs and symptoms of hypoglycemia. In patients with diabetes, monitor blood glucose prior to starting WEGOVY® and during WEGOVY® treatment. When initiating WEGOVY®, consider reducing the dose of concomitantly administered insulin or insulin secretagogue (such as sulfonylureas) to reduce the risk of hypoglycemia *[see Drug Interactions]*. **Acute Kidney Injury:** There have been postmarketing reports of acute kidney injury and worsening of chronic renal failure, which have in some cases required hemodialysis, in patients treated with semaglutide. Patients with renal impairment may be at greater risk of acute kidney injury, but some of these events have been reported in patients without known underlying renal disease. A majority of the reported events occurred in patients who had experienced nausea, vomiting, or diarrhea, leading to volume depletion *[see Adverse Reactions]*. Monitor renal function when initiating or escalating doses of WEGOVY® in patients reporting severe adverse gastrointestinal reactions. Monitor renal function in patients with renal impairment reporting any adverse reactions that could lead to volume depletion **Severe Gastrointestinal Adverse Reactions:** Use of WEGOVY® has been associated with gastrointestinal adverse reactions, sometimes severe *[see Adverse Reactions]*. In WEGOVY® clinical trials, severe gastrointestinal adverse reactions were reported more frequently among patients receiving WEGOVY® (4.1%) than placebo (0.9%). WEGOVY® is not recommended in patients with severe gastroparesis. **Hypersensitivity Reactions:** Serious hypersensitivity reactions (e.g., anaphylaxis, angioedema) have been reported with WEGOVY®. If hypersensitivity reactions occur, discontinue use of WEGOVY®, treat promptly per standard of care, and monitor until signs and symptoms resolve. WEGOVY® is contraindicated in patients with a prior serious hypersensitivity reaction to semaglutide or to any of the excipients in WEGOVY® *[see Adverse Reactions]*. Anaphylaxis and angioedema have been reported with other GLP-1 receptor agonists. Use caution in a patient with a history of anaphylaxis or angioedema with another GLP-1 receptor agonist because it is unknown whether such patients will be predisposed to these reactions with WEGOVY®. **Diabetic Retinopathy Complications in Patients with Type 2 Diabetes:** In a trial of adult patients with type 2 diabetes and BMI greater than or equal to 27 kg/m^2, diabetic retinopathy was reported by 4% of WEGOVY®-treated patients and 2.7% placebo-treated patients. In a 2-year trial with semaglutide 0.5 mg and 1 mg once-weekly injection in adult patients with type 2 diabetes and high cardiovascular risk, diabetic retinopathy complications (which was a 4-component adjudicated endpoint) occurred in patients treated with semaglutide injection (3%) compared to placebo (1.8%). The absolute risk increase for diabetic retinopathy complications was larger among patients with a history of diabetic retinopathy at baseline (semaglutide injection 8.2%, placebo 5.2%) than among patients without a known history of diabetic retinopathy (semaglutide injection 0.7%, placebo 0.4%). Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy. The effect of long-term glycemic control with semaglutide on diabetic retinopathy complications has not been studied. Patients with a history of diabetic retinopathy should be monitored for progression of diabetic retinopathy. **Heart Rate Increase:** Treatment with WEGOVY® was associated with increases in resting heart rate. Mean increases in resting heart rate of 1 to 4 beats per minute (bpm) were observed in WEGOVY®-treated adult patients compared to placebo in clinical trials. More adult patients treated with WEGOVY® compared with placebo had maximum changes from baseline at any visit of 10 to 19 bpm (41% versus 34%, respectively) and 20 bpm or more (26% versus 16%, respectively). In a clinical trial in pediatric patients aged 12 years and older with normal baseline heart rate, more patients treated with WEGOVY® compared to placebo had maximum changes in heart rate of 20 bpm or more (54% versus 39%) *[see Adverse Reactions]*. Monitor heart rate at regular intervals consistent with usual clinical practice. Instruct patients to inform their healthcare providers of palpitations or feelings of a racing heartbeat while at rest during WEGOVY® treatment. If patients experience a sustained increase in resting heart rate, discontinue WEGOVY®.**Suicidal Behavior and Ideation:** Suicidal behavior and ideation have been reported in clinical trials with other weight management products. Monitor patients treated with WEGOVY® for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Discontinue WEGOVY® in patients who experience suicidal thoughts or behaviors. Avoid WEGOVY® in patients with a history of suicidal attempts or active suicidal ideation. **Pulmonary Aspiration During General Anesthesia or Deep Sedation:** WEGOVY® delays gastric emptying. There have been rare postmarketing reports of pulmonary aspiration in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation who had residual gastric contents despite reported adherence to preoperative fasting recommendations. Available data are insufficient to inform recommendations to mitigate the risk of pulmonary aspiration during general anesthesia or deep sedation in patients taking WEGOVY®, including whether modifying preoperative fasting recommendations or temporarily discontinuing WEGOVY® could reduce the incidence of retained gastric contents. Instruct patients to inform healthcare providers prior to any planned surgeries or procedures if they are taking WEGOVY®.

ADVERSE REACTIONS: The following serious adverse reactions are described below or elsewhere in the prescribing information: Risk of Thyroid C-Cell Tumors *[see Warnings and Precautions];* Acute Pancreatitis *[see Warnings and Precautions];* Acute Gallbladder Disease *[see Warnings and Precautions];* Hypoglycemia *[see Warnings and Precautions];* Acute Kidney Injury *[see Warnings and Precautions];* Severe Gastrointestinal Adverse Reactions [*see Warnings and Precautions];* Hypersensitivity Reactions *[see Warnings and Precautions];* Diabetic Retinopathy Complications in Patients with Type 2 Diabetes *[see Warnings and Precautions];* Heart Rate Increase *[see*

Warnings and Precautions]; Suicidal Behavior and Ideation *[see Warnings and Precautions]*; Pulmonary Aspiration During General Anesthesia or Deep Sedation *[see Warnings and Precautions]*. **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 studies of another drug and may not reflect the rates observed in practice. **Adverse Reactions in Clinical Trials in Adults with Obesity or Overweight:** *WEGOVY® 2.4 mg Subcutaneous Weekly Dosage:* WEGOVY® was evaluated for safety in 3 randomized, double-blind, placebo-controlled trials that included 2,116 adult patients with obesity or overweight treated with 2.4 mg WEGOVY® for up to 68 weeks and a 7 week off-drug follow-up period. Baseline characteristics included a mean age of 48 years, 71% female, 72% White, 14% Asian, 9% Black or African American, and 5% reported as other or unknown; and 85% were not Hispanic or Latino ethnicity, 13% were Hispanic or Latino ethnicity, and 2% reported as unknown. The baseline characteristics were 42% with hypertension, 19% with type 2 diabetes, 43% with dyslipidemia, 28% with a BMI greater than 40 kg/m^2, and 4% with cardiovascular disease. In these clinical trials, 6.8% of patients treated with 2.4 mg WEGOVY® and 3.2% of patients treated with placebo permanently discontinued treatment as a result of adverse reactions. The most common adverse reactions leading to discontinuation were nausea (1.8% versus 0.2%), vomiting (1.2% versus 0%), and diarrhea (0.7% versus 0.1%) for WEGOVY® and placebo, respectively. Adverse reactions reported in clinical trials in adults and greater than or equal to 2% of WEGOVY®-treated patients and more frequently than in placebo-treated patients are shown in **Table 2**.

Table 2. Adverse Reactions (≥2% and Greater Than Placebo) in WEGOVY®-treated Adults with Obesity or Overweight

	Placebo N=1,261 %	WEGOVY® 2.4 mg N=2,116 %
Nausea	16	44
Diarrhea	16	30
Vomiting	6	24
Constipation	11	24
Abdominal Pain[a]	10	20
Headache	10	14
Fatigue[b]	5	11
Dyspepsia	3	9
Dizziness	4	8
Abdominal Distension	5	7
Eructation	<1	7
Hypoglycemia in T2DM[c]	2	6
Flatulence	4	6
Gastroenteritis	4	6
Gastroesophageal Reflux Disease	3	5
Gastritis[d]	1	4
Gastroenteritis Viral	3	4
Hair Loss	1	3
Dysesthesia[e]	1	2

[a]Includes abdominal pain, abdominal pain upper, abdominal pain lower, gastrointestinal pain, abdominal tenderness, abdominal discomfort and epigastric discomfort
[b]Includes fatigue and asthenia
[c]Defined as blood glucose <54 mg/dL with or without symptoms of hypoglycemia or severe hypoglycemia (requiring the assistance of another person) in patients with type 2 diabetes not on concomitant insulin (Study 3, WEGOVY® N=403, Placebo N=402). See text below for further information regarding hypoglycemia in patients with and without type 2 diabetes. T2DM = type 2 diabetes mellitus
[d]Includes chronic gastritis, gastritis, gastritis erosive, and reflux gastritis
[e]Includes paresthesia, hyperesthesia, burning sensation, allodynia, dysesthesia, skin burning sensation, pain of skin, and sensitive skin

In a cardiovascular outcomes trial, 8,803 patients were exposed to WEGOVY® for a median of 37.3 months and 8,801 patients were exposed to placebo for a median of 38.6 months. Safety data collection was limited to serious adverse events (including death), adverse events leading to discontinuation, and adverse events of special interest. Sixteen percent (16%) of WEGOVY®-treated patients and 8% of placebo-treated patients, respectively, discontinued study drug due to an adverse event. Additional information from this trial is included in subsequent sections below when relevant. **Adverse Reactions in a Clinical Trial of Pediatric Patients Aged 12 Years and Older with Obesity:** WEGOVY® was evaluated in a 68-week, double-blind, randomized, parallel group, placebo-controlled, multi-center trial in 201 pediatric patients aged 12 years and older with obesity. Baseline characteristics included a mean age of 15.4 years; 38% of patients were male; 79% were White, 8% were Black or African American, 2% were Asian, and 11% were of other or unknown race; and 11% were of Hispanic or Latino ethnicity. The mean baseline body weight was 107.5 kg, and mean BMI was 37 kg/m^2. **Table 3** shows adverse reactions reported in greater than or equal to 3% of WEGOVY®-treated pediatric patients and more frequently than in the placebo group from a study in pediatric patients aged 12 years and older.

Table 3. Adverse Reactions (≥3% and Greater than Placebo) in WEGOVY®-Treated Pediatric Patients Aged 12 Years and Older with Obesity

	Placebo N=67 %	WEGOVY® 2.4 mg N=133 %
Nausea	18	42
Vomiting	10	36
Diarrhea	19	22
Headache	16	17
Abdominal Pain	6	15
Nasopharyngitis	10	12
Dizziness	3	8
Gastroenteritis	3	7
Constipation	2	6
Gastroesophageal Reflux Disease	2	4
Sinusitis	2	4
Urinary tract infection	2	4
Ligament sprain	2	4
Anxiety	2	4
Hair Loss	0	4
Cholelithiasis	0	4
Eructation	0	4
Influenza	0	3
Rash	0	3
Urticaria	0	3

Other Adverse Reactions in Adults and/or Pediatric Patients: *Acute Pancreatitis:* In WEGOVY® clinical trials in adults, acute pancreatitis was confirmed by adjudication in 4 WEGOVY®-treated patients (0.2 cases per 100 patient years) versus 1 in placebo-treated patients (less than 0.1 cases per 100 patient years). One additional case of acute pancreatitis was confirmed in a patient treated with WEGOVY® in another clinical trial. *Acute Gallbladder Disease:* In WEGOVY® clinical trials in adults, cholelithiasis was reported by 1.6% of WEGOVY®-treated patients and 0.7% of placebo-treated patients. Cholecystitis was reported by 0.6% of WEGOVY®-treated adult patients and 0.2% of placebo-treated patients. In a clinical trial in pediatric patients aged 12 years and older, cholelithiasis was reported by 3.8% of WEGOVY®-treated patients and 0% placebo-treated patients. Cholecystitis was reported by 0.8% of WEGOVY®-treated pediatric patients and 0% placebo-treated patients. *Hypoglycemia: Patients with Type 2 Diabetes:* In a trial of adult patients with type 2 diabetes and BMI greater than or equal to 27 kg/m^2, clinically significant hypoglycemia (defined as a plasma glucose less than 54 mg/dL) was reported in 6.2% of WEGOVY®-treated patients versus 2.5% of placebo-treated patients. A higher rate of clinically significant hypoglycemic episodes was reported with WEGOVY® (semaglutide 2.4 mg) versus semaglutide 1 mg (10.7 vs. 7.2 episodes per 100 patient years of exposure, respectively); the rate in the placebo-treated group was 3.2 episodes per 100 patient years of exposure. In addition, one episode of severe hypoglycemia requiring intravenous glucose was reported in a WEGOVY®-treated patient versus none in placebo-treated patients. The risk of hypoglycemia was increased when WEGOVY® was used with a sulfonylurea. *Patients without Type 2 Diabetes:* Episodes of hypoglycemia have been reported with GLP-1 receptor agonists in adult patients without type 2 diabetes mellitus. In WEGOVY® clinical trials in adult patients without type 2 diabetes mellitus, there was no systematic capturing or reporting of hypoglycemia. In a cardiovascular outcomes trial in adult patients without type 2 diabetes, 3 episodes of serious hypoglycemia were reported in WEGOVY®-treated patients versus 1 episode in placebo. Patients with a history of bariatric surgery (a risk factor for hypoglycemia) had more events of serious hypoglycemia while taking WEGOVY® (2.3%, 2/87) than placebo (0%, 0/97). *Acute Kidney Injury:* Acute kidney injury occurred in clinical trials in 7 adult patients (0.4 cases per 100 patient years) receiving WEGOVY® versus 4 patients (0.2 cases per 100 patient years of exposure) receiving placebo. Some of these adverse reactions occurred in association with gastrointestinal adverse reactions or dehydration. In addition, 2 patients treated with WEGOVY® had acute kidney injury with dehydration in other clinical trials. The risk of renal adverse reactions with WEGOVY® was increased in adult patients with a history of renal impairment (trials included 65 patients with a history of moderate or severe renal impairment at baseline), and occurred more frequently during dose titration. *Retinal Disorders in Patients with Type 2 Diabetes:* In a trial of adult patients with type 2 diabetes and BMI greater than or equal to 27 kg/m^2, retinal disorders were reported by 6.9% of patients treated with WEGOVY® (semaglutide 2.4 mg), 6.2% of patients treated with semaglutide 1 mg, and 4.2% of patients treated with placebo. The majority of events were reported as diabetic retinopathy (4%, 2.7%, and 2.7%, respectively) and non-proliferative retinopathy (0.7%, 0%, and 0%, respectively). *Increase in Heart Rate:* Mean increases in resting heart rate of 1 to 4 beats per minute (bpm) were observed with routine clinical monitoring in WEGOVY®-treated adult patients compared to placebo in clinical trials. In trials in which adult patients were randomized prior to dose-escalation, more patients treated with WEGOVY®, compared with placebo, had maximum changes from baseline at any visit of 10 to 19 bpm (41% versus 34%, respectively) and 20 bpm or more (26% versus 16%, respectively). In a clinical trial in pediatric patients aged 12 years and older with normal baseline heart rate, more patients treated with WEGOVY® compared to placebo had maximum changes in heart rate of 20 bpm or more (54% versus 39%). *Hypotension and Syncope:* Adverse reactions related to hypotension (hypotension, orthostatic hypotension, and decreased blood pressure) were reported in 1.3% of WEGOVY®-treated adult patients versus 0.4% of placebo-treated patients and syncope was reported in 0.8% of WEGOVY®-treated patients versus 0.2% of placebo-treated patients. Some reactions were related to gastrointestinal adverse reactions and volume loss associated with WEGOVY®. Hypotension and orthostatic hypotension were more frequently seen in patients on concomitant antihypertensive therapy. In a clinical trial in pediatric patients aged 12 years and older, hypotension was reported in 2.3% of WEGOVY®-treated patients versus 0% in placebo-treated patients. *Appendicitis:* Appendicitis (including perforated appendicitis) occurred in 10 (0.5%) WEGOVY®-treated adult patients and 2 (0.2%) patients receiving placebo. *Gastrointestinal Adverse Reactions:* In clinical trials in adults, 73% of WEGOVY®-treated patients and 47% of patients receiving placebo reported gastrointestinal adverse reactions, including severe reactions that were reported more frequently among patients receiving WEGOVY® (4.1%) than placebo (0.9%). The most frequently reported reactions were nausea (44% vs. 16%), vomiting (25% vs. 6%), and diarrhea (30% vs. 16%). Other reactions that occurred at a higher incidence among WEGOVY®-treated adult patients included dyspepsia, abdominal pain, abdominal distension, eructation, flatulence, gastroesophageal reflux disease, gastritis, hemorrhoids, and hiccups. These reactions were most frequently reported during dosage escalation. In the pediatric clinical trial, 62% of WEGOVY®-treated patients and 42% of placebo-treated patients reported gastrointestinal adverse reactions. The most frequently reported reactions were nausea (42% vs. 18%), vomiting (36% vs. 10%), and diarrhea (22% vs. 19%). Other gastrointestinal-related reactions that occurred at a higher incidence than placebo among WEGOVY®-treated pediatric patients included abdominal pain, constipation, eructation, gastroesophageal reflux disease, dyspepsia, and flatulence. Permanent discontinuation of treatment as a result of a gastrointestinal adverse reaction occurred in 4.3% of WEGOVY®-treated adult patients versus 0.7% of placebo-treated patients. In a pediatric clinical trial, 2.3% of patients treated with WEGOVY® versus 1.5% of patients who received placebo discontinued treatment as a result of gastrointestinal adverse reactions. *Injection Site Reactions:* In clinical trials in adults, 1.4% of WEGOVY®-treated patients and 1% of patients receiving placebo experienced injection site reactions (including injection site pruritus, erythema, inflammation, induration, and irritation).

Hypersensitivity Reactions: Serious hypersensitivity reactions (e.g., anaphylaxis, angioedema) have been reported with WEGOVY®. In a pediatric clinical trial, rash was reported in 3% of WEGOVY®-treated patients and 0% of placebo-treated patients, and urticaria was reported in 3% of WEGOVY®-treated patients and 0% of placebo-treated patients. In adult clinical trials, allergic reactions occurred in 16% (8/50) of WEGOVY®-treated patients with anti-semaglutide antibodies and in 7% (114/1659) of WEGOVY®-treated patients who did not develop anti-semaglutide antibodies. *Fractures:* In the cardiovascular outcomes trial in adults, more fractures of the hip and pelvis were reported on WEGOVY® than on placebo in female patients: 1% (24/2448) vs. 0.2% (5/2424), and in patients ages 75 years and older: 2.4% (17/703) vs. 0.6% (4/663), respectively. *Urolithiasis:* In a cardiovascular outcomes trial, 1.2% of WEGOVY®-treated patients and 0.8% of patients receiving placebo reported urolithiasis, including serious reactions that were reported more frequently among patients receiving WEGOVY® (0.6%) than placebo (0.4%). *Dysgeusia:* In clinical trials in adults, 1.7% of WEGOVY®-treated patients and 0.5% of placebo-treated patients reported dysgeusia. *Laboratory Abnormalities: Amylase and Lipase:* Adult and pediatric patients treated with WEGOVY® had a mean increase from baseline in amylase of 15 to 16% and lipase of 39%. These changes were not observed in the placebo group. The clinical significance of elevations in lipase or amylase with WEGOVY® is unknown in the absence of other signs and symptoms of pancreatitis. *Liver Enzymes:* In a pediatric clinical trial, increases in alanine aminotransferase (ALT) greater than or equal to 5 times the upper limit of normal were observed in 4 (3%) WEGOVY®-treated patients compared with 0% of placebo-treated patients. In some patients, increases in ALT and AST were associated with other confounding factors (such as gallstones). In the cardiovascular outcomes trial in adults, increases in total bilirubin greater than or equal to 3 times the upper limit of normal were observed in 0.3% (30/8585) of WEGOVY®-treated patients versus 0.2% (14/8579) of placebo-treated patients. **Postmarketing Experience:** The following adverse reactions have been reported during post-approval use of semaglutide, the active ingredient of WEGOVY®. 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. *Gastrointestinal Disorders:* acute pancreatitis and necrotizing pancreatitis, sometimes resulting in death; ileus; *Hypersensitivity:* anaphylaxis, angioedema, rash, urticaria; *Pulmonary:* Pulmonary aspiration has occurred in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation; *Renal and Urinary Disorders:* acute kidney injury.

DRUG INTERACTIONS: Concomitant Use with Insulin or an Insulin Secretagogue (e.g., Sulfonylurea): WEGOVY® lowers blood glucose and can cause hypoglycemia. The risk of hypoglycemia is increased when WEGOVY® is used in combination with insulin or insulin secretagogues (e.g., sulfonylureas). The addition of WEGOVY® in patients treated with insulin has not been evaluated. When initiating WEGOVY®, consider reducing the dose of concomitantly administered insulin secretagogue (such as sulfonylureas) or insulin to reduce the risk of hypoglycemia *[see Warnings and Precautions and Adverse Reactions]*. **Oral Medications:** WEGOVY® causes a delay of gastric emptying and thereby has the potential to impact the absorption of concomitantly administered oral medications. In clinical pharmacology trials with semaglutide 1 mg, semaglutide did not affect the absorption of orally administered medications. Nonetheless, monitor the effects of oral medications concomitantly administered with WEGOVY®.

USE IN SPECIFIC POPULATIONS: Pregnancy: Pregnancy Exposure Registry: There will be a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to semaglutide during pregnancy. Pregnant women exposed to WEGOVY® and healthcare providers are encouraged to contact Novo Nordisk at 1-877-390-2760 or www.wegovypregnancyregistry.com. Risk Summary: Based on animal reproduction studies, there may be potential risks to the fetus from exposure to semaglutide during pregnancy. Additionally, weight loss offers no benefit to a pregnant patient and may cause fetal harm. When a pregnancy is recognized, advise the pregnant patient of the risk to a fetus, and discontinue WEGOVY® *(see Clinical Considerations)*. Available pharmacovigilance data and data from clinical trials with WEGOVY® use in pregnant patients are insufficient to establish a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. In pregnant rats administered semaglutide during organogenesis, embryofetal mortality, structural abnormalities and alterations to growth occurred at maternal exposures below the maximum recommended human dose (MRHD) based on AUC. In rabbits and cynomolgus monkeys administered semaglutide during organogenesis, early pregnancy losses and structural abnormalities were observed at below the MRHD (rabbit) and greater than or equal to 2-fold the MRHD (monkey). These findings coincided with a marked maternal body weight loss in both animal species (see Data). The estimated background risk of major birth defects and miscarriage for the indicated population are unknown. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively. Clinical Considerations: *Disease-associated maternal and/or embryo/fetal risk:* Appropriate weight gain based on pre-pregnancy weight is currently recommended for all pregnant patients, including those who already have overweight or obesity, because of the obligatory weight gain that occurs in maternal tissues during pregnancy. Data: *Animal Data:* In a combined fertility and embryofetal development study in rats, subcutaneous doses of 0.01, 0.03 and 0.09 mg/kg/day (0.04-, 0.1-, and 0.4-fold the MRHD) were administered to males for 4 weeks prior to and throughout mating and to females for 2 weeks prior to mating, and throughout organogenesis to Gestation Day 17. In parental animals, pharmacologically mediated reductions in body weight gain and food consumption were observed at all dose levels. In the offspring, reduced growth and fetuses with visceral (heart blood vessels) and skeletal (cranial bones, vertebra, ribs) abnormalities were observed at the human exposure. In an embryofetal development study in pregnant rabbits, subcutaneous doses of 0.0010, 0.0025 or 0.0075 mg/kg/day (0.01-, 0.1-, and 0.9-fold the MRHD) were administered throughout organogenesis from Gestation Day 6 to 19. Pharmacologically mediated reductions in maternal body weight gain and food consumption were observed at all dose levels. Early pregnancy losses and increased incidences of minor visceral (kidney, liver) and skeletal (sternebra) fetal abnormalities were observed at greater than or equal to 0.0025 mg/kg/day, at clinically relevant exposures. In an embryofetal development study in pregnant cynomolgus monkeys, subcutaneous doses of 0.015, 0.075, and 0.15 mg/kg twice weekly (0.4-, 2-, and 6-fold the MRHD) were administered throughout organogenesis, from Gestation Day 16 to 50. Pharmacologically mediated, marked initial maternal body weight loss and reductions in body weight gain and food consumption coincided with the occurrence of sporadic abnormalities (vertebra, sternebra, ribs) at greater than or equal to 0.075 mg/kg twice weekly (greater than or equal to 2 times human exposure). In a pre- and postnatal development study in pregnant cynomolgus monkeys, subcutaneous doses of 0.015, 0.075, and 0.15 mg/kg twice weekly (0.2-, 1-, and 3-fold the MRHD) were administered from Gestation Day 16 to 140. Pharmacologically mediated marked initial maternal body weight loss and reductions in body weight gain and food consumption coincided with an increase in early pregnancy losses and led to delivery of slightly smaller offspring at greater than or equal to 0.075 mg/kg twice weekly (greater than or equal to 1 time human exposure). **Lactation:** Risk Summary: There are no data on the presence of semaglutide or its metabolites in human milk, the effects on the breastfed infant, or the effects on milk production. Semaglutide was present in the milk of lactating rats. When a drug is present in animal milk, it is likely that the drug will be present in human milk *(see Data)*. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for WEGOVY® and any potential adverse effects on the breastfed infant from WEGOVY® or from the underlying maternal condition. Data: In lactating rats, semaglutide was detected in milk at levels 3-12 fold lower than in maternal plasma. **Females and Males of Reproductive Potential:** Because of the potential for fetal harm, discontinue WEGOVY® in patients at least 2 months before they plan to become pregnant to account for the long half-life of semaglutide *[see Use in Specific Populations]*. **Pediatric Use:** The safety and effectiveness of WEGOVY® as an adjunct to a reduced calorie diet and increased physical activity for weight reduction and long-term maintenance have been established in pediatric patients aged 12 years and older with obesity. Use of WEGOVY® for this indication is supported by a 68-week, double-blind, placebo-controlled clinical trial in 201 pediatric patients aged 12 years and older with a BMI corresponding to ≥95th percentile for age and sex and from studies in adult patients with obesity. Use of the 1.7 mg once weekly maintenance dosage of WEGOVY® in pediatric patients is also supported by additional exposure-efficacy and safety analyses in pooled adult and pediatric patients. Adverse reactions with WEGOVY® treatment in pediatric patients aged 12 years and older were generally similar to those reported in adults. Pediatric patients aged 12 years and older treated with WEGOVY® had greater incidences of cholelithiasis, cholecystitis, hypotension, rash, and urticaria compared to adults treated with WEGOVY® *[see Adverse Reactions]*. There are insufficient data in pediatric patients with type 2 diabetes treated with WEGOVY® for obesity to determine if there is an increased risk of hypoglycemia with WEGOVY® treatment similar to that reported in adults. Inform patients of the risk of hypoglycemia and educate them on the signs and symptoms of hypoglycemia. In pediatric patients aged 12 years and older with type 2 diabetes, monitor blood glucose prior to starting WEGOVY® and during WEGOVY® treatment. When initiating WEGOVY® in pediatric patients aged 12 years and older with type 2 diabetes, consider reducing the dose of concomitantly administered insulin secretagogue (such as sulfonylureas) or insulin to reduce the risk of hypoglycemia *[see Warnings and Precautions]*. The safety and effectiveness of WEGOVY® have not been established in pediatric patients less than 12 years of age. **Geriatric Use:** In the WEGOVY® clinical trials for weight reduction and long-term maintenance, 233 (9%) WEGOVY®-treated patients were aged 65 to 75 years and 23 (1%) WEGOVY®-treated patients were aged 75 years and older. In a cardiovascular outcomes trial, 2656 (30%) WEGOVY®-treated patients were aged 65 to 75 years and 703 (8%) WEGOVY®-treated patients were aged 75 years and older. No overall difference in effectiveness was observed between patients aged 65 years and older and younger adult patients. In the cardiovascular outcomes trial, patients aged 75 years and older reported more fractures of the hip and pelvis on WEGOVY® than on placebo. Patients aged 75 years and older (WEGOVY®-treated and placebo-treated) reported more serious adverse reactions overall compared to younger adult patients *[see Adverse Reactions]*. **Renal Impairment:** The recommended dosage of WEGOVY® in patients with renal impairment is the same as those with normal renal function. In a study in patients with renal impairment, including end-stage renal disease, no clinically relevant change in semaglutide pharmacokinetics was observed. **Hepatic Impairment:** The recommended dosage of WEGOVY® in patients with hepatic impairment is the same as those with normal hepatic function. In a study in patients with different degrees of hepatic impairment, no clinically relevant change in semaglutide pharmacokinetics was observed.

OVERDOSAGE: Overdoses have been reported with other GLP-1 receptor agonists. Effects have included severe nausea, severe vomiting, and severe hypoglycemia. In the event of overdose, appropriate supportive treatment should be initiated according to the patient's clinical signs and symptoms. In the event of an overdose of WEGOVY®, consider contacting the Poison Help line (1-800-222-1222) or a medical toxicologist for additional overdosage management recommendations. A prolonged period of observation and treatment for these symptoms may be necessary, taking into account the long half-life of WEGOVY® of approximately 1 week.

More detailed information is available upon request.

Manufactured by: Novo Nordisk A/S, DK-2880 Bagsvaerd, Denmark

For additional information about WEGOVY® contact: Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, NJ 08536, 1-833-934-6891

Version: 6

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PATENT INFORMATION:

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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.

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From Semler Scientific

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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



NOVA PRIMARY BLOOD GLUCOSE REFERENCE ANALYZER

From Nova Biomedical

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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.



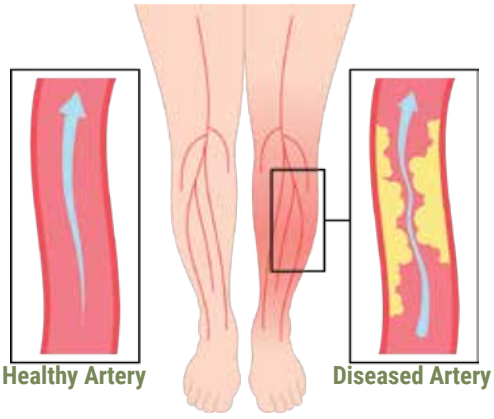
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50% report no symptoms, while those that do attribute their pain to arthritis or "old age".

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- Accuracy equal or better than Doppler ABI.
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From Sekisui Diagnostics

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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.



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WOMEN'S HEALTH

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From Sekisui Diagnostics

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OSOM® TRICHOMONAS RAPID TEST

From Sekisui Diagnostics

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From Sekisui Diagnostics

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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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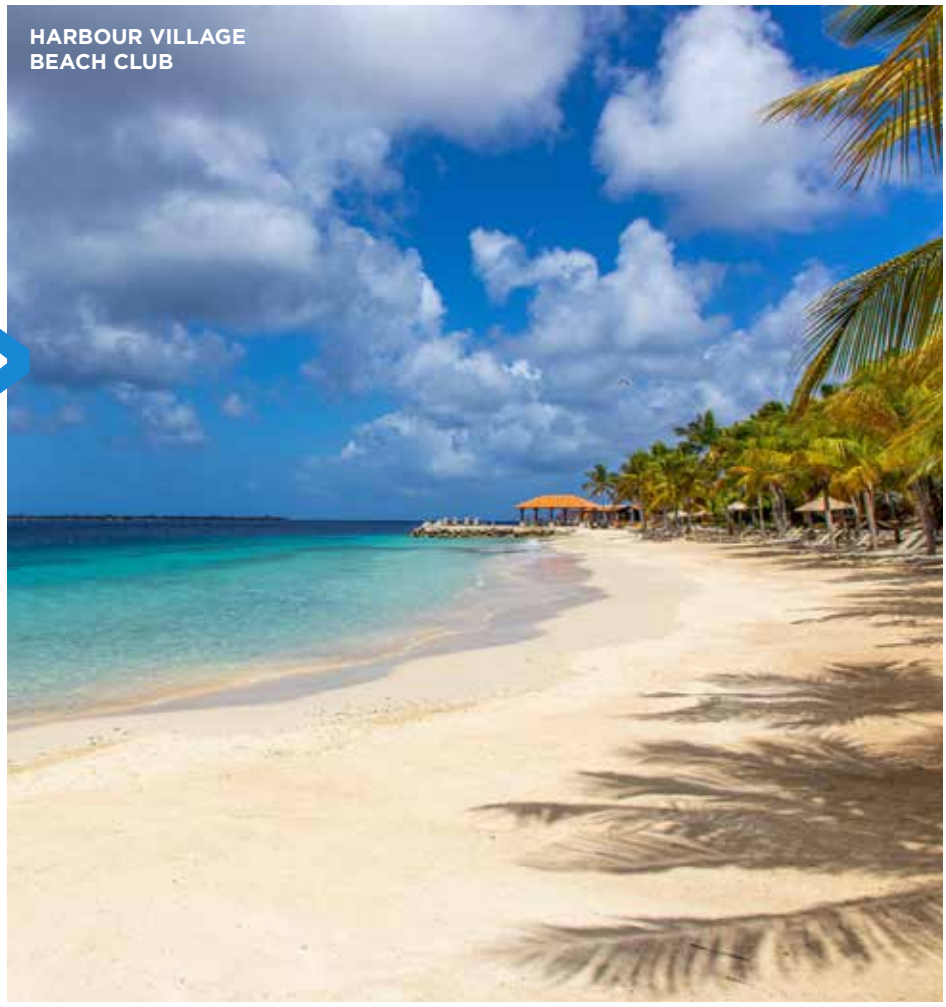
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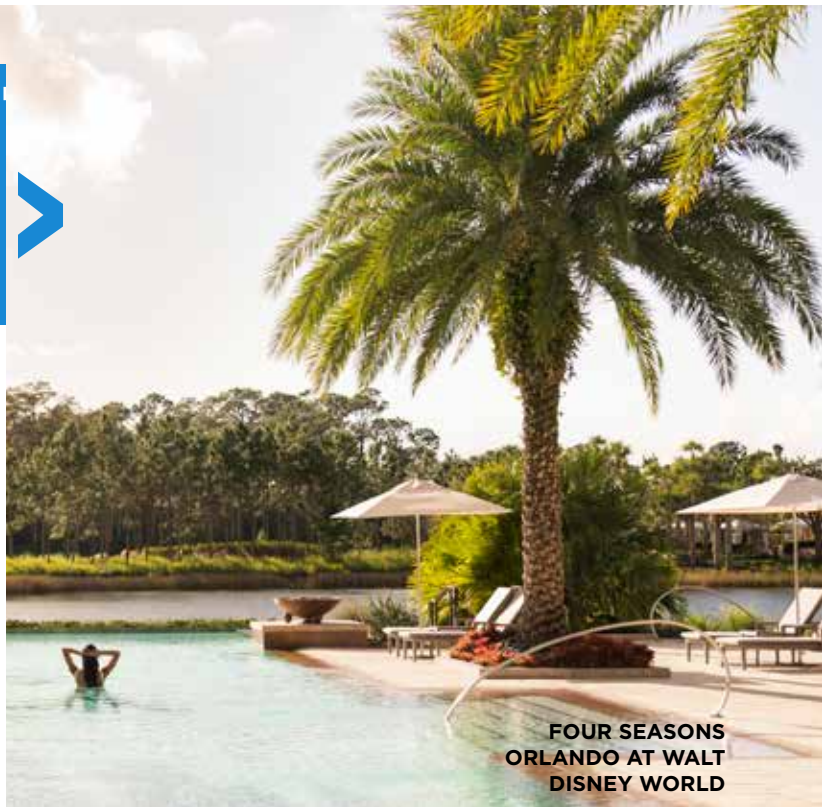
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Discover an elevated escape with the perfect balance of fun and relaxation at our AAA Five Diamond, luxury Orlando Resort. Splash around with the family at Explorer Island water park, or unwind beneath swaying palms at Oasis adult-only pool while we 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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MDescapes

BALBOA BAY RESORT

NEWPORT BEACH , CALIFORNIA

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.

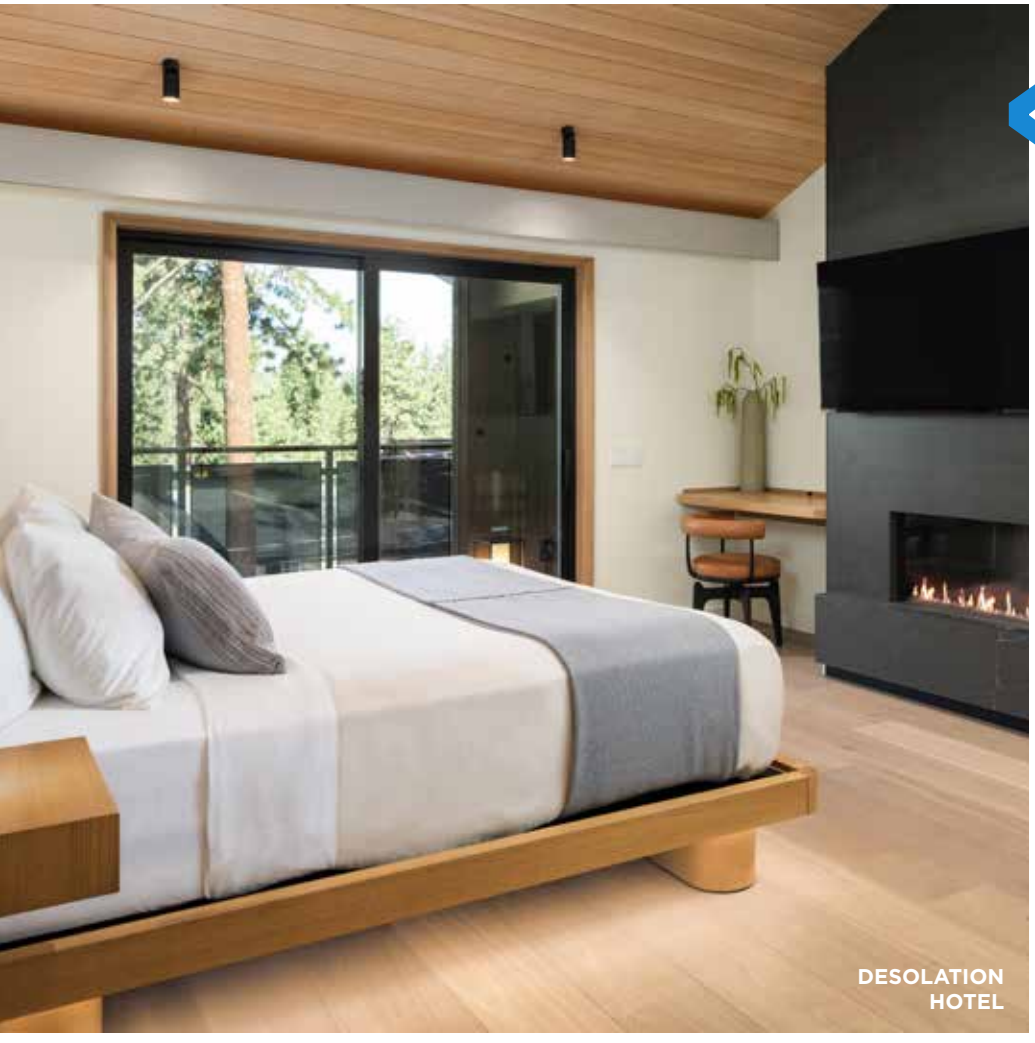
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TURTLE BAY RESORT

DESOLATION HOTEL

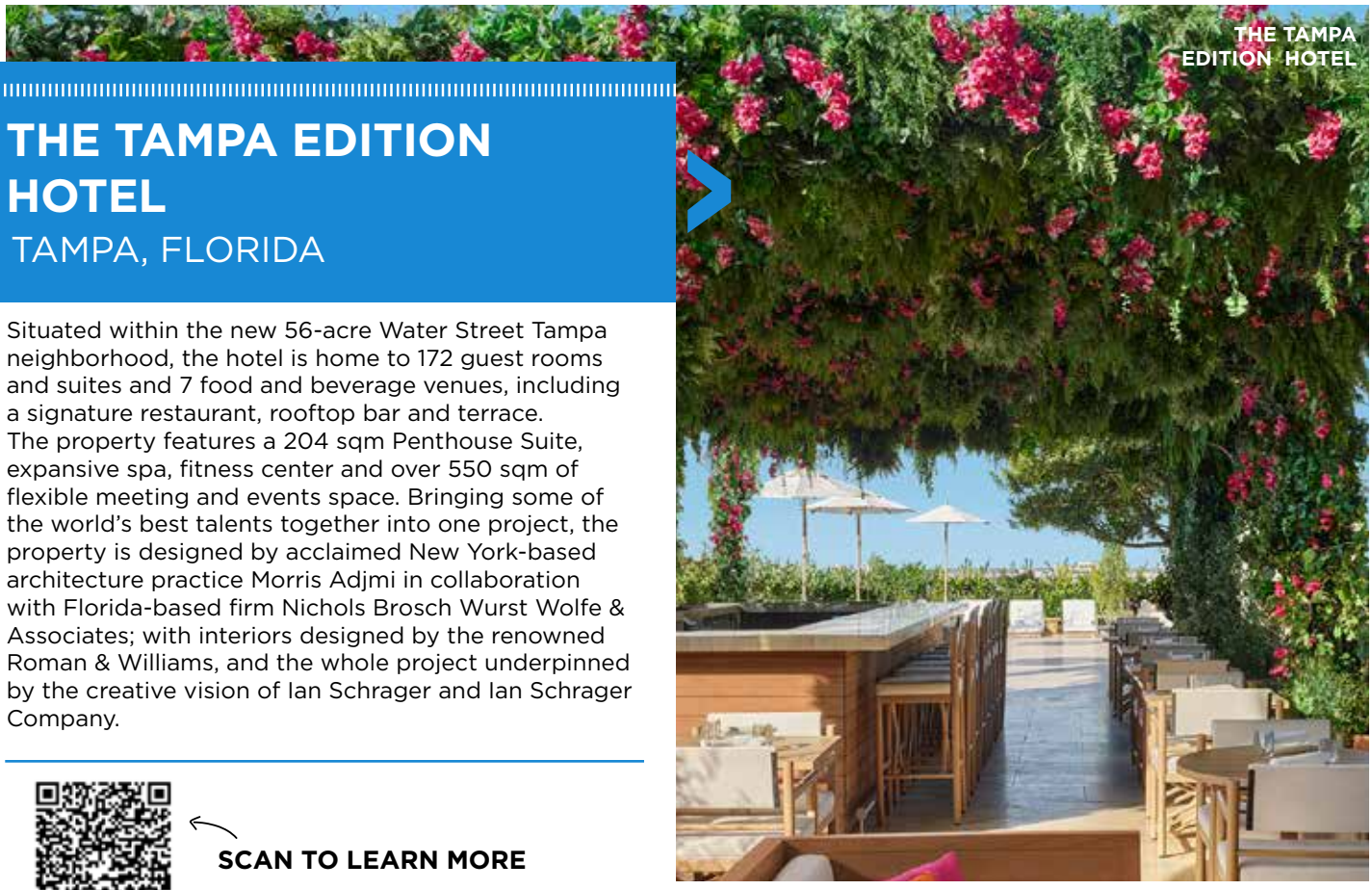
LAKE TAHOE, CALIFONIA



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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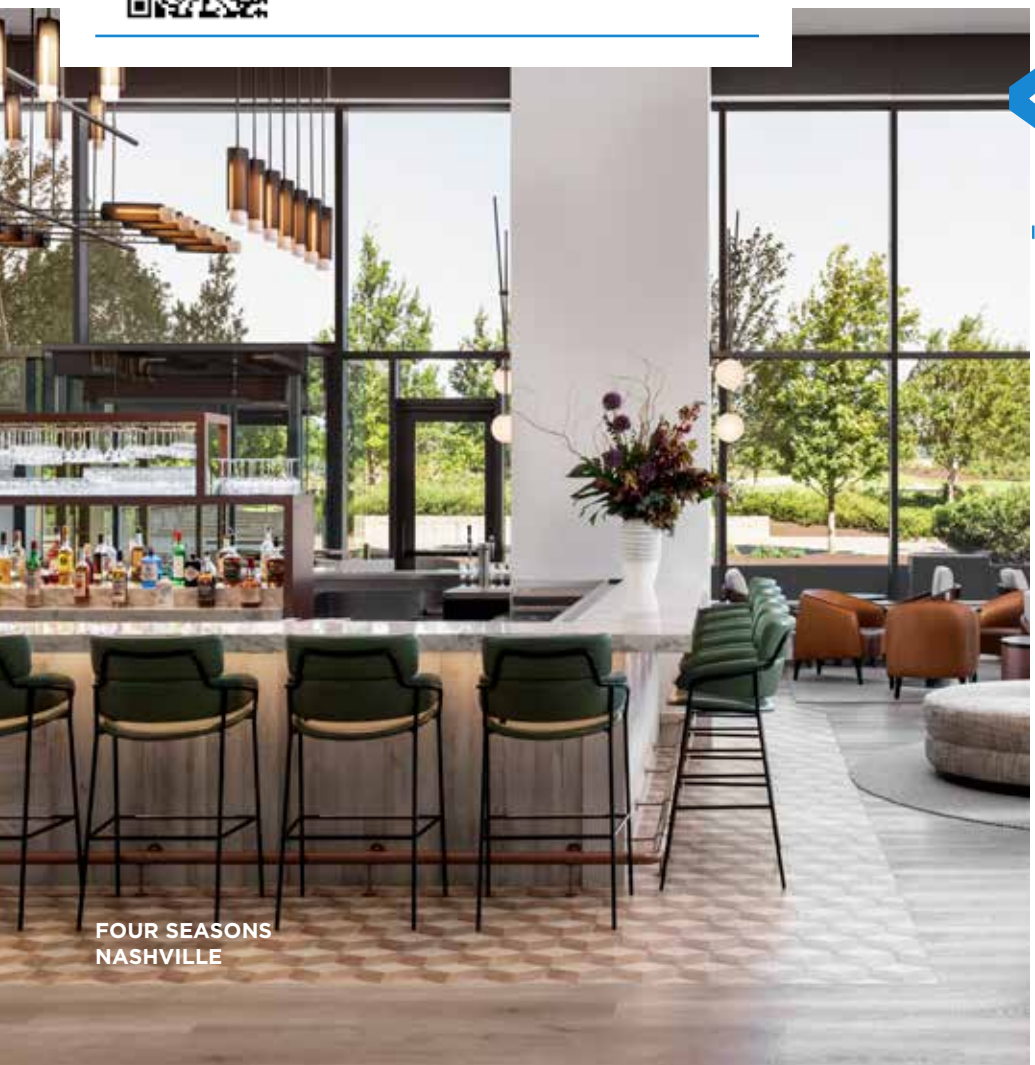
THE TAMPA EDITION HOTEL

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 NASHVILLE

FOUR SEASONS

NASHVILLE, TENNESSEE

Welcome to Four Seasons Hotel Nashville, a luxury hotel located in the heart of downtown's vibrant SoBro neighborhood. This new social hub is just steps away from the city's iconic music, sports, and entertainment venues. Experience the rhythm of our lively restaurants and event spaces, the tranquility of our Spa, and the stunning views from our rooftop pool overlooking the Cumberland River and Riverfront Park. With the unmatched service of Four Seasons and warm Southern hospitality, we'll inspire an authentic experience of Music City.

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FOUR SEASONS
LAS VEGAS, NEVADA

As one of the only non-gaming and non-smoking hotels on The Strip, Four Seasons Hotel Las Vegas is a unique oasis in the heart of the action-packed sports and entertainment capital of the world. Offering Five Diamond luxury accommodations, acclaimed dining and a Forbes Five-Star spa, Four Seasons offers the best of both worlds: a resort retreat amid the famous energy of Las Vegas.

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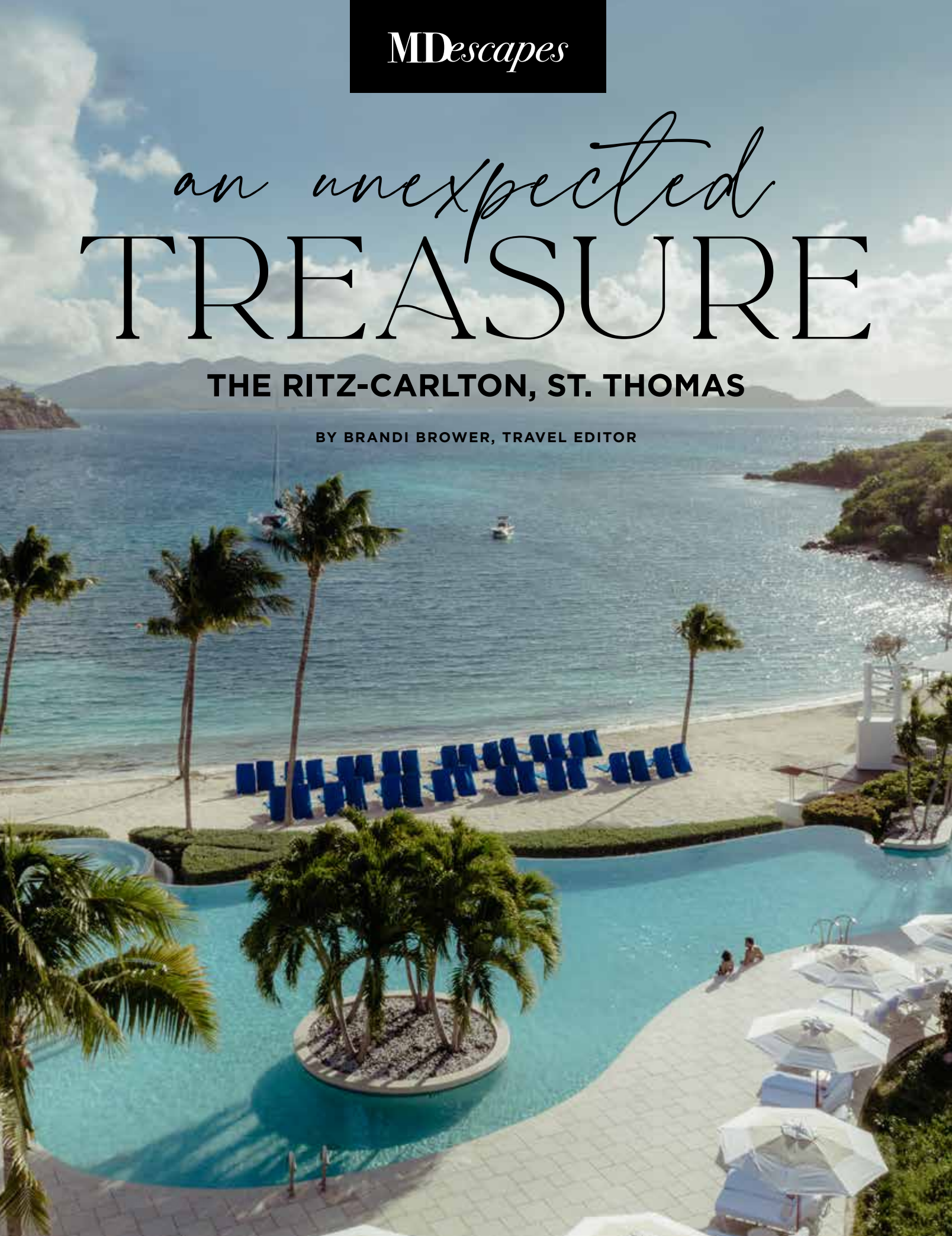
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an unexpected TREASURE

THE RITZ-CARLTON, ST. THOMAS

BY BRANDI BROWER, TRAVEL EDITOR

Some like the aisle, but I prefer the window. The flight attendant announced we needed to prepare for landing. Once you've "ensured that your seat is in the upright and locked position," you open up the sash on the airplane's oval window, and there it is -the blue. This gorgeous blue water has beckoned you from your snowbound reality. You can't help yourself; you grab your phone to capture the moment, a bird's eye view of the Virgin Islands archipelago. Upon approaching Lindberg Bay, about to touch down on the runway 10/28, the island watercolors become even more crystalized and vibrant. It's a significant change from Winter white. Landing at Cyril E. King Airport, I'm officially in the Virgin Islands. It's my first time here; I was a virgin to visiting the Virgin Islands. They say you never forget your first time... well, let's see.

St. Thomas is called the gateway to the Leeward Islands. The capital of the U.S.V.I. territory, Charlotte Amalie, is located here, and the capital's harbor is in the crater of the long-dormant volcano that formed the island. St. Thomas has the largest population, although St. Croix is geographically larger. The U.S. Virgin Islands consist of St. Thomas, St. John, and St. Croix, with neighboring British Virgin Islands 20-30 miles away. We board a taxi van with other tourists for the 45-minute drive to the Red Hook area to the far eastern side of the island. The nickname for St. Thomas is "Rock City" for a good reason. It's rugged and hilly terrain, which we discovered along our adventurous ride along the steep, winding, two-lane route. The residents drive on the left side of the road, which adds an extra thrill to the journey. We arrive to drop off half of our riders at the popular ferry terminal before our stop, our destination, The Ritz-Carlton, St. Thomas.

The architecture strikes me as we pull up to the circular drive. The classic Italian features are surprising in the heart of the Caribbean, with the grand columns, arched walkways, and terracotta accents. The hotel originally opened in 1991 as the Grand Palazzo Hotel, which fits with the aesthetic upon arrival. The Ritz-Carlton took over the property in 1996, transforming most of the resort but keeping the Grand Palazzo Building as the main lobby focal point, a timeless signature structure. Greeted with cold towels, a welcoming rum punch, and the breezes from the Great Bay through the open-air vestibule, we are quickly checked in and then escorted via golf cart by Prince, a team member with an abundance of personality, who showed us the lay of the land before helping us get situated into our room.

After the devastating wrath of Hurricane Irma in 2017, the 180-room property, underwent a $100-million-dollar renovation before reopening in 2020. Using the region's natural beauty as inspiration, the design team created an elegant yet relaxed escape for those seeking a peaceful retreat on the quiet side of the island. Our King room was on the top floor of one of the six four-story buildings on the resort side of the property. All buildings are distinguished in floral names alphabetically; we were in Camellia. Six additional buildings are on the residence side of the 15-acre property, and the main lobby palazzo and amenities are centrally located, delineating the two. All accommodations enjoy ocean views and relaxing balconies to appreciate the beautiful secluded Bay. Notable features: double sinks, stand-alone soaking tub, generous walk-in shower, white oak wall treatment surrounding room, comfortable couch, marble top dresser, table with chairs for in-room dining convenience, woven light fixture, and patio furniture, all come together with soothing warm earth tones, beachy neutrals coordinated throughout.





Our first stop, 32 Points Shoppe onsite, is the perfect place to pick up any items you left at home, or in our case, beach attire until the airport locates your husband's luggage. After selecting some attractive resort wear with Ritz-Carlton insignia, we venture to Sails for a late lunch/early dinner. Casual beach fare and breezes off the Bay are just what we needed to take our mind off of the missing luggage. Sails is an open-air eatery under the giant white "sails" canopy tenting and a full-service bar. We enjoy our catch-of-the-day fish tacos with pickled onions,





pineapple salsa, and chipotle aioli, and the service with a smile from Shaniqua. While guests slowly leave their beach chairs to go up to their rooms, we head down to stick our feet into the white sand and soak in the ebb and flow of the cerulean waters. The sun is setting behind us, and the purple and pink rose color hues, the cotton candy sky, is a special warm welcome courtesy of Mother Nature to this beautiful island.

On the first full day, we start our morning with a quick bite at the Southwind Trading Post, a small building with many grab-and-go offerings, fresh pastries, Virgin Island Coffee Roasters, juices, breakfast sandwiches, and smoothies. It has sandwiches and salads for lunch, and I take note of the frozen yogurt and refreshing shakes as an afternoon treat. We decided to spend our first full day on the water's edge, meeting team member Danley, the hardest-working guy on the beach. He sets us up with a perfect spot under the sea grape trees, a great place for two pasty white people who need protection from too much sun too early. The two large trees are the perfect shade; our beach loungers are between the tree trunks; visually, they act as a picture frame for our view of St. John and Cruz Bay in the distance. I read, relaxed, and enjoyed tropical drinks and lunch for the first few hours. We made friends with a big Iguana, we named Iggy, until we didn't give him any of our french fries, so he left. The tranquility of the Great Bay is calling us, so we make our way up the beach to the The Ritz-Carlton Aquatic Center. A setup for success for all things aquatic: stand-up paddle boards, floating rafts, Hobie cats, kayaks, and snorkel gear are all complimentary. Scuba diving can also be arranged for a fee. We take advantage of the kayaking to work off a few calories from our meals; we should have shared our fries with Iggy.

Despite our efforts to stay in the shade and apply the resort's complimentary sunscreen several times, our winter white bodies couldn't handle the Caribbean rays. So, after a beautiful beach day, we decided to enjoy our comfortable accommodations, choosing showers, cozy robes and slippers, and yummy choices from the resort's dine-in menu. When ordering, I was told precisely when our food would arrive, and it was a few minutes early. I loved the personalized service. When I mentioned that we were sunburned, they sent up some aloe vera as a bonus with our meals. That personal attention took the sting out of our uncomfortable situation.

Our late start leads to us enjoying our first meal of the day at Coconut Cove, which is open for lunch and dinner. This restaurant focuses on the Caribbean's distinct flavors: freshly caught fish, lobster, and local specialties. It has a full-service bar as well. The come-as-you-are atmosphere gives the island vibe we were hoping for. We share the Island Coconut Shrimp appetizer and the West Indies Chicken Wrap. Our waitress, Carrisa, was a delight, sharing information about the island where she spent most of her young life. The open-air eatery, located on the North side of the property, is adjacent to the residences of The Ritz-Carlton Club St. Thomas, where resort guests can access the three additional swimming pools and two jacuzzi hot tubs. As inviting as the amenities are, we choose to walk back to our side of the resort for our first pool day.

The grounds on the property are lush, with flowering plantings and beautiful palms blowing in the breeze. Unlike other tropical islands I've experienced, St. Thomas has more of an arid condition, with xeric scrub; unlike the naturally lush tropics of some Hawaiian islands, the terrain reminded me more of the Mexican coastline. However, The Ritz-Carlton St. Thomas has created a lovely landscaped oasis on the island's East side. The 125-foot infinity-edge pool, Jacuzzi, zero-entry pool, splash pad, and family pool with a waterslide are in the heart of the lush landscape. There were sounds of giggles and laughter of children with their parent/s as they splashed and played in this perfect, family-friendly location. Every time I walked on the path past the popular water features, I wished my grandchildren were with me to enjoy the fun. The two of us selected the relaxation of the main pool, where we floated over to the infinity edge, rested our arms on the pool coping, and



gazed out at the gorgeous vista of the beautiful secluded Bay, the cloudless blue sky and the verdant sister island of St. John not so far away. With many cabanas dotting the aquatic acre, we could have rented one that offered plenty of shade, fans, a mini-fridge, a large-screen TV, and a dedicated attendant for our every need, a tranquil hideaway. But we chose two comfy pool loungers with an umbrella and planted ourselves there for the rest of the day. Pool attendant Deshan passed by, offering yummy snacks; it was chocolate chip cookies today. *Note to self: Must bring grandchildren here next time.

The Ritz-Carlton, St. Thomas has many amenities that are fun for all ages. The water sports and pool are the main focal points; however, there are two onmi-synthetic tennis courts, with complimentary racquets and ball hoppers, a basketball hoop, a 24-hour gym with instructor-led fitness classes like Cardio Blast, Beach Boot Camp, and Mai Chi, to help you work off the poolside cookies they serve you, for the golf enthusiasts there is a Topgolf Swing Suite, which has a simulator bay to help you with your swing, with other virtual games as well. The Ritz Kids Club is located next to the cute Southwind Trading Post, steps away from the pool area; a great program with planned activities daily for kids, gaming consoles, crafts, puzzles, and games to entertain children—an excellent option for parents needing a respite from the high energy of their little ones.

U.S.V.I. has a rich history as a haven for pirates and privateers. Its strategic location, geography, proximity to important trade routes, and numerous harbors and coves for hiding plunder made the region attractive to ambushers, particularly in the "Golden Age of Piracy" 1690 - 1730. Long gone are the days of Blackbeard and Captain Kid striking fear in the hearts of sea merchants and sailors alike.

Today, the safe harbor of St. Thomas is a destination for 1-3 cruise ship dockings per day almost year-round, a very popular stop for the cruise ship industry, the most lively island of the three, known for its duty-free shopping and attractions. At the sprawling property of The Ritz-Carlton, we are removed from all the action on the island's west side, and the alabaster sandy beach of the resort's quiet cove is the safe harbor we are looking for. There's no walking the plank, just wading through crystal waters; instead of plundering, there's plenty of pampering by the friendly staff, no pillaging, just peace.

I signed up for specific pampering via the The Ritz-Carlton Spa, St. Thomas. The spa features 11 treatment rooms and a full-service salon. My treatment was scheduled to be a stress relief massage, but my masseur, Brian, discovered some extreme tension in my shoulder and worked to relieve the pain. The expertise and professionalism impressed me enough to encourage my husband to schedule a massage, which he did.

The elegant, Italian-inspired restaurant, Alloro, rests elevated above the beach, bistro lights strung in the courtyard upon



entering, the sun is setting, and this Sicilian-styled dining room is a compliment to the Grand Palazzo building that houses the lobby. We're escorted to a table that is open air to the emerging moonlight, the sound of the lapping water, and the smell of the Italian herbs and freshly baked bread, and I question why we have waited three days for this fine dining experience. We started with Salumi e Formaggi, then onto the Insalata, sharing the delicious Burrata, and finally, the Primi Piatti; my husband selected Tagliatelle with Scallops in Alfredo Sauce, and my dish of choice, Rigatoni with Green Peas and Braised Sicilian Pork Ragout. The excellent service and romantic atmosphere enhanced the culinary offerings, and we decided to come back the next night for our last meal of the trip.

On our last full day, we went to Bleuwater, open just for breakfast. You can order off the menu, ala carte, or savor the start of your day with the full buffet. Enticed by the latter: an omelet station, pastries, a selection of breakfast staples, charcuterie, and seasonal fruits; in the end, I ordered a delectable offering of House Made Croffle, a croissant waffle with Nutella and strawberries, which genuinely made me smile. My husband stayed in the healthy lane with Avocado Toast and two poached eggs on sourdough.

After the sumptuous fresh start, we go down to the beach, fueled for one more day of fun. Snorkeling is a priority; with the sweet service of a staff member, we stake out our perfect spot to reside beachside and then make our way to the Aquatic Center for snorkel and fins to explore the life beneath the sea. If you want an enhanced snorkeling experience, The Ritz-Carlton has the answer: The Lady Lynsey II. The 65-foot catamaran has become a visual staple, majestically moored in front of the resort. Daily sails and excursions are tailored experiences for guests to reserve. The luxury catamaran offers many choices in the length of tour and activities: sunset sail, dinner cruise, turtle snorkel sail, or eight-hour tours to Jost Van Dyke or the Baths of Virgin Gorda, to name a few. An adventure on the high seas that explores the breathtaking beauty of the Virgin Islands.

As we watch our last sunset, knowing that tomorrow brings another day and a plane ride home, I'm happy with my first visit to the U.S. Virgin Islands, confident it will not be my last. In the words of the popular fictional Pirate of the Caribbean, Jack Sparrow, "Not all treasure is silver and gold, mate." Wise words from a silver screen scalawag and a reminder that life itself is to be treasured. Tucked away in the safe harbor of Great Bay, The Ritz-Carlton, St. Thomas is an unexpected treasure.

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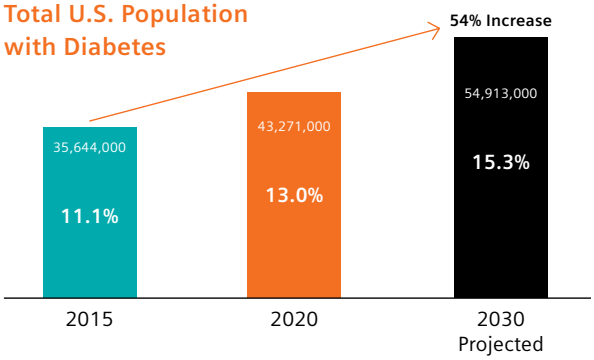
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1. Rowley, William R et al. "Diabetes 2030: Insights from Yesterday, Today, and Future Trends." Population health management vol. 20,1 (2017): 6-12. doi:10.1089/pop.2015.0181.

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