

HOW CAN YOU ACHIEVE



“Tests that take hours as opposed to days ... will have a positive patient impact.”

Scientific Director of the
Esoteric Testing/R&D Department
Tampa General Hospital

IMPACT?

EXPAND YOUR LAB'S MOLECULAR TESTING POTENTIAL

- ▶ **Workflow efficiency** for timely patient management¹
- ▶ Diagnostic **speed and accuracy** to aid in fast, appropriate treatment¹
- ▶ Testing **versatility** for a wide range of patients¹

VISIT BD.COM/DS TO FIND OUT HOW



THE BD MAX™ SYSTEM

MAXIMIZE SUCCESS



ELEVATE THE STANDARD OF CARE

INTRODUCING THE NEW BD MAX™ VAGINAL PANEL

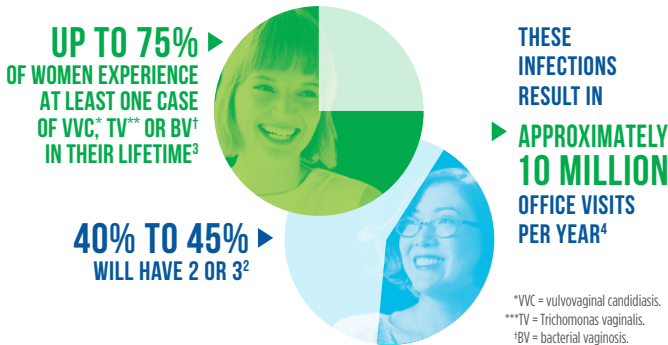
The first microbiome-based, polymerase chain reaction (PCR) assay that directly detects the 3 most common infectious causes of vaginitis¹

- Bacterial vaginosis, vulvovaginal candidiasis, and *Trichomonas vaginalis*¹
- Maximize efficiency with 1 collection, 1 test for the 3 most common infectious causes of vaginitis
- Supports antimicrobial resistance initiatives by reporting *Candida krusei* and *C. glabrata*

WHY CHANGE?

Traditional diagnostics leave up to 40% of women with vaginitis undiagnosed after an initial clinical visit.² The BD MAX™ Vaginal Panel provides more complete, accurate detection,¹ to help more patients.

SIGNIFICANT PREVALENCE. SEVERE COMPLICATIONS.



WHY NOW?

HEALTH RISKS INCLUDE

- Preterm or low birth-weight babies
- Late-term miscarriage
- Increased risk of sexually transmitted infections such as HIV and pelvic inflammatory disease¹

A NEED FOR IMPROVED TESTING

Clinical diagnosis and traditional diagnostic techniques tend to be subjective with variable sensitivity and specificity³

40% OF WOMEN WITH VAGINITIS LEAVE AN INITIAL MEDICAL VISIT UNDIAGNOSED²

This potentially leads to:

- Continued symptoms
- Repeat visits
- Inappropriate treatment
- Poor antimicrobial stewardship
- Unnecessary associated healthcare system costs^{2,3,5}

OVERALL PERFORMANCE COMPARED TO PATIENT INFECTION STATUS¹

	Clinician-Collected		Self-Collected		Contrived Samples ⁴	
	Sens*	Spec**	Sens	Spec	PPA ²	NPA ³
Bacterial Vaginosis	90.5%	85.7%	90.7%	84.5%		
Candida group ¹	90.9%	94.1%	92.2%	91.9%		
Candida glabrata ³	75.9%	99.7%	86.7%	99.6%	100%	100%
Candida krusei ³	No Data	99.8%	No Data	100%	100%	100%
Trichomonas vaginalis ⁴	93.1%	99.3%	93.2%	99.3%		

*Sensitivity **Specificity

¹Candida group includes *C. albicans*, *C. dubliniensis*, *C. parapsilosis* and/or *C. tropicalis*

²Positive Percent Agreement

³Negative Percent Agreement

⁴Out of 7 *C. glabrata* false negative results, 6 showed chromagar results consistent with low *C. glabrata* load (1+ to 2+ growth level) and 1 showed chromagar result consistent with high *C. glabrata* load (3+ growth level).

⁵No *C. krusei* positive specimens were identified in the study by the Reference Method.

⁶9 false-negative results were recorded. Of those, 7 were found negative with an FDA-cleared molecular method.

⁷For rare analytes, an evaluation of contrived specimens was performed to supplement data collected in the study. Half of the positive contrived specimens were at ≥ 1 and < 2 LoD.

WHY BD? Accurate treatment begins with an accurate diagnosis. BD MAX Vaginal Panel is the first FDA-authorized, microbiome-based assay that detects the 3 most common infectious causes of vaginitis,³ with the efficiency of 1 swab. Consistent, accurate results that surpass traditional methods for vaginitis detection.¹

References: 1. Package Insert/Clinical Trial Data. 2. Carr PL et al. "Shotgun" versus sequential testing. Cost-effectiveness of diagnostic strategies for vaginitis. *JGIM*. 2005;793-799. 3. Hainer BL et al. Vaginitis: diagnosis and treatment. *Am Fam Phys*. 2011;83:807-815. 4. Kent HL. Epidemiology of vaginitis. *Am J Obstet Gynecol*. 1991;165:1168-1176. 5. Powell K. Vaginal thrush: quality of life and treatments. *Br J Nurs*. 2010;19:1107-1111.

