

MYPERIOPATH®
FINAL REPORT



Sample, Report

Date Of Birth: 09/20/1980(37 yrs)
Gender: Female
Patient Id: 951750
Patient Location: Test Site A

Ordering Provider

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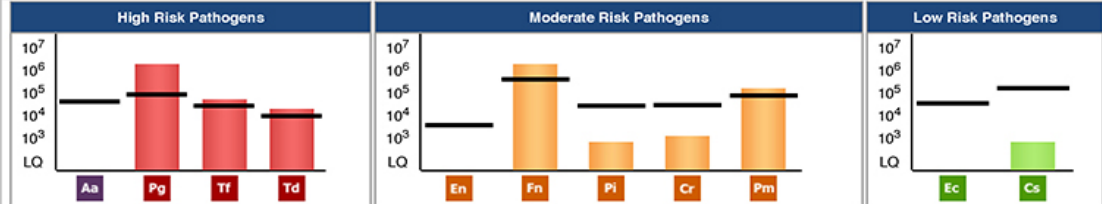
Sample Information

Specimen#: 5033050001
Accession#: 201807-12468
Specimen: Oral Rinse(P)

Collected: 07/08/2018
Received: 07/09/2018 09:57
Reported: 07/10/2018 11:12

MYPERIOPATH MOLECULAR ANALYSIS OF PERIODONTAL AND SYSTEMIC PATHOGENS

Results



Legend: The result graphic (above) shows the bacterial level for each of the assayed species. The vertical axis displays bacterial genome copies/milliliter in log10. The limit of quantification (LQ) is the lowest bacteria level that can be repeatedly measured. The black lines across each colored bar are the Therapeutic Threshold.

Interpretation of Results

- This result shows 3 high risk (**Aa**, **Tf**, **Td**) and 2 moderate risk (**En**, **Fn**) pathogens above the therapeutic threshold.
- The bacterial species **Td** and/or **Tf** are strongly associated with chronic periodontitis, are transmissible and tissue invasive even at low amounts of these organisms. Moreover, **Pg** is an anaerobic pathogen that often colonizes dental plaque, often along with other red complex bacteria. Note: the bacterial species **Fn** is commonly resistant to various treatments, and may be a reservoir of antibiotic resistance.
- The detected pathogens are also risk factors for various systemic diseases, including atherosclerosis, type 2 diabetes, arthritis, dementia and several types of cancer. The American Heart Association supports a causal relationship between periodontal disease and atherosclerosis. Specifically, **Td** has been shown to accelerate vascular disease of the aorta.

Treatment Considerations: to be determined by the healthcare professional

- **Mechanical/Debridement:** Scaling and root planing (SRP) is a mainstay of therapy to disrupt biofilm, remove plaque and debride compromised tissue. This patient harbors a series of pathogens (**Aa**, **Tf**, **Pg**, **Fn**) that may be refractory to this treatment.
- **Systemic Antibiotics:** This patient has indicated no allergies.

1 **Clindamycin 150 or 300 mg tid for 8-10 days**
As always, use antibiotics with care



**If your patient has a history of intolerance to the first choice consider:

- 2 Ciprofloxacin 500 mg bid for 8-10 days
- 3 Clarithromycin 500 mg bid for 8-10 days

- **Local Antibiotics and Chemical Hygiene:** As an adjunct to SRP, sub-antimicrobial doses of doxycycline hyclate lower collagenase activity and reduce periodontal pocket depth. Alternatively, locally delivered antimicrobial agents (LDA) including minocycline microspheres, doxycycline hyclate in an absorbable polymer, or chlorhexidine in a gelatin matrix have been shown to decrease pocket depth modestly.
- **Pocket or Field Decontamination:** Laser decontamination as an adjunct therapy to SRP may be beneficial in reducing probing depth and bacterial loads. The consideration of using lasers as an adjunct to SRP is dependent on type of laser used and the particular protocol.
- **Chemical and Gaseous antiseptics:** Chlorhexidine or Povidone iodine rinses can reduce periodontal pocket depth. Prescription tray application of peroxide gel, as an adjunct to frequent periodontal maintenance appointments for refractory patients, demonstrated significant reductions in bleeding on probing. Ozone is a volatile antiseptic that can disrupt microbial membranes.
- **Probiotics and Prebiotics:** Probiotics are live, beneficial bacteria, typically administered as a food or dietary supplement. Prebiotics are non-digestible ingredients that promote growth of commensal bacteria. Research shows that prebiotics and probiotics control the growth of pathogens and reverse tissue destruction caused by periodontitis.
- **Periodontal Surgery:** For severe and/or refractory periodontitis - surgical approaches such as gum flap repairs, procedures to reduce pocket depth, or other restorative procedures may be indicated.

Follow up Recommendations

- ✓ Good periodontal health depends on compliance of a home care regimen as detailed by your healthcare provider. Daily brushing, flossing, as well as attention to nutrition, proper rest and cessation of smoking are essential.
- ✓ Follow-up testing between 6-12 weeks with MyPerioPath is recommended. Persistence of bleeding on probing is often indicative of unresolved infection. Retesting will identify residual or refractory bacteria. Currently there is not a cure for periodontal disease, only periods of remission.
- ✓ Assessment of a patient's level of inflammation with Celsus One is valuable in deciding the frequency of patient recall and treatment.

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CLIA#: 24D1033809 CAP#: 7190878

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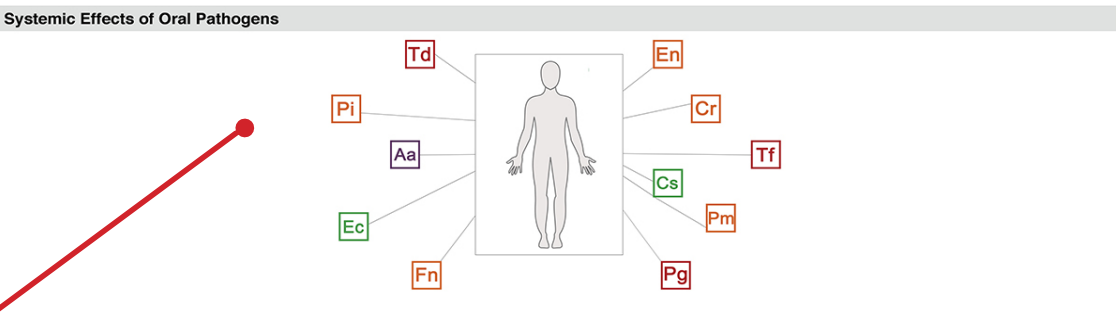
1 Result - type and concentration of disease-causing bacteria

2 Interpretation of Results - risk of disease progression based on specific bacteria

3 Treatment Considerations & Follow Up Recommendations - reduce bacterial load & evaluate effectiveness of treatment and/or monitor pathogenic risk

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Clinical Considerations			
Reason for Testing	Clinical	Diagnostic	Medical History
<input checked="" type="checkbox"/> Active Periodontal Disease	<input checked="" type="checkbox"/> Redness/Discoloration <input checked="" type="checkbox"/> Inflammation/Redness <input checked="" type="checkbox"/> Bleeding on Probing	<input checked="" type="checkbox"/> Type III Moderate Periodontitis <input checked="" type="checkbox"/> Tooth Numbers: 3 9 14 19 24 30 Pocket Depths(mm): 4 4 5 4 4 3	<input checked="" type="checkbox"/> Past History of Smoking <input checked="" type="checkbox"/> Arthritis/Auto Immune Disease



Cancer	Cardiovascular Health	Joint and Musculoskeletal Health	Dementia and Brain Health	Metabolic Health	Healthy Pregnancy
Chronic gum disease, involving Aa , Pg , Td , Tf , & Fn is a risk factor for the development of certain cancers including ones involving the pancreas, esophagus, colon, lungs, and the head and neck. Additionally, untreated gum disease is a cause of ongoing inflammation, which may promote the advancing growth of tumors.	Select bacteria such as Aa , Td , Tf , Pg , Pi , & Fn can leak from blood vessels in the gums and travel to the heart, where cholesterol and other lipids deposit. These bacteria can incite inflammation in arteries, and if occluded, cause a heart attack. A goal of treatment is to minimize the levels of these bacteria as much and as long as possible.	The periodontal bacteria Pg , Fn , & Ec are a cause of arthritis. The oral inflammation caused by these bacteria also leads to total body inflammation which, combined with changes in a person's immunity, may result in chronic joint diseases like rheumatoid arthritis.	Recent medical studies point to poor oral health, and high levels of the bacteria Pg , Cr , Ec in our gums, increasing the risk of developing dementias such as Alzheimer's.	Obesity, lack of exercise and chronic gum disease involving the bacteria Aa , Td , Tf , Pg , & Fn cause chronic inflammation. Inflammation can damage the pancreas where insulin is produced, possibly leading to diabetes. Also, diabetes worsens oral health by increasing the level of harmful bacteria in the gums.	Bacteria associated with gum disease, especially Aa , Tf , Pg , Fn , and Ec , are known to put a pregnancy at risk for pre-term birth, decreased birth weight and even blood infection in the placenta or newborn. Every pregnant woman should be tested for these harmful bacteria.

Methodology: Genomic DNA is extracted from the submitted sample and tested for 10 species-specific bacteria [Aa: Aggregatibacter actinomycetemcomitans, Pg: Porphyromonas gingivalis, Tf: Tannerella forsythia, Td: Treponema denticola, En: Eubacterium nodatum, Fn: Fusobacterium nucleatum/periodontium, Pi: Prevotella intermedia, Cr: Campylobacter rectus, Fm: Peptostreptococcus (Micromonas) micros, Ec: Eikenella corrodens] and 1 genus of bacteria [Cs: Capnocytophaga species (gingivalis, ochracea, sputigena)] known to cause periodontal disease. The bacteria are assayed by real-time quantitative polymerase chain reaction (qPCR). Bacterial levels are reported in log 10 copies per mL of sample (e.g. 1x10³ = 1000 bacteria copies per mL of collection). Cross-reactivity is possible with Leptotrichia buccalis, Fusobacterium hwasoeki, Capnocytophaga granulosa and Capnocytophaga leadbetteri. This test was developed, and its performance characteristics determined by OralDNA Labs pursuant to CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

Ronald C. McGlennen
Ronald McGlennen MD, FCAP, FACMG, ABMG
Medical Director

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- 4 Clinical Considerations - as indicated on the test order form by ordering provider
- 5 Systemic Effects of Oral Pathogens - summary of how oral bacteria can impact overall health
- 6 Methodology - method by which test is performed and complete list of bacteria tested