

Test together. Treat differently.

	BV	TV	Candidiasis
Treatment¹⁰	<ul style="list-style-type: none"> ▶ Metronidazole ▶ Clindamycin ▶ Secnidazole ▶ Tinidazole 	<ul style="list-style-type: none"> ▶ Metronidazole ▶ Tinidazole 	<ul style="list-style-type: none"> ▶ Clotrimazole ▶ Miconazole ▶ Tioconazole ▶ Butoconazole
Clinical Management¹⁰	<ul style="list-style-type: none"> ▶ Recommend additional STI testing 	<ul style="list-style-type: none"> ▶ Recommend additional STI testing, EPT, and retest at 3 months 	<ul style="list-style-type: none"> ▶ Consider azole resistance with <i>C. glabrata</i> call out

Aptima® Multitest Swab Collection Kit

One sample. Multiple results.
Maximum efficiency.

Detect up to **7 infections** and disease states with just one vaginal swab sample:

- ▶ Bacterial vaginosis
- ▶ Chlamydia
- ▶ C. species
- ▶ Gonorrhea
- ▶ *C. glabrata*
- ▶ *Mycoplasma genitalium*
- ▶ *Trichomonas vaginalis*



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Aptima® BV
Assay

Aptima® CV/TV
Assay

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Assay

Aptima® CV/TV
Assay

The right diagnosis. The first time.

Get her back to everyday life by accurately diagnosing vaginitis with an objective and comprehensive method.



Vaginitis is the Leading Reason for OBGYN Visits^{1,2}

Most women will experience an episode of vaginitis at least once in their lifetime.³



90% of vaginitis is caused by BV, *Candida* vaginitis (CV) and *Trichomonas vaginalis* (TV) infections, either individually or in combination.⁴

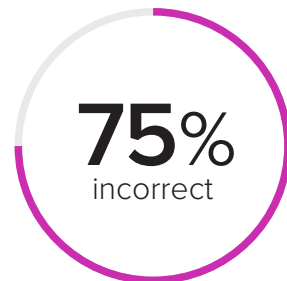


When symptomatic, many women resort to self-treating before visiting an HCP; however, self-diagnosis of common vaginitis is not recommended.

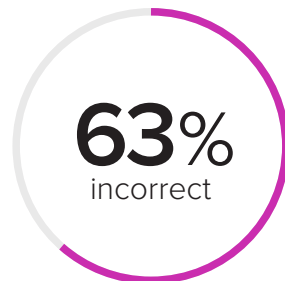
▶ Mixed infections and overlapping symptoms make clinical diagnosis a challenge.⁶

▶ 30% of symptomatic women will remain undiagnosed after clinical evaluation.^{5,6}

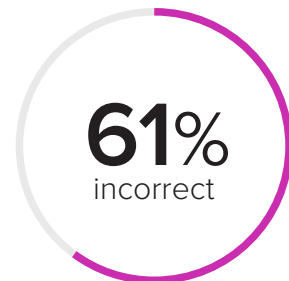
Correctness of Diagnosis in Recurrent Vaginitis⁷



Mixed Infection
(Microscopy)



Bacterial Vaginosis
(Amsel Criteria)



Bacterial Vaginosis
(Physical Exam)



- ▶ **37%** of women with BV are also infected with TV and/or *Candida* species.⁸
- ▶ **51%** of women diagnosed with BV experience recurrent symptoms within 12 months.⁹

The Risks of Delayed or Misdiagnosis

Untreated BV and TV infections can lead to increased risk for complications such as¹⁰:



Sexually transmitted infections (STIs) including chlamydia, gonorrhea, *Mycoplasma genitalium*, HPV and HIV.



Pelvic inflammatory disease (PID) and cervicitis.



Pregnancy-related concerns such as premature delivery and low birth weight.

The DNA Probe Method Is Less Comprehensive, Less Sensitive, and Lacks Specificity

	BV	TV	CV
DNA Probe Method	<ul style="list-style-type: none"> ▶ Lacks specificity resulting in overdiagnosis of BV.¹¹ ▶ The detection of only <i>G. vaginalis</i> is not a specific marker for BV thus it cannot be used to diagnose BV.¹² ▶ ACOG does not currently support DNA probe method for diagnosis of BV.¹³ 	<ul style="list-style-type: none"> ▶ TV sensitivity is 46% resulting in underdiagnosis of TV.¹¹ ▶ CDC and ACOG do not currently support DNA probe method for diagnosis of TV.^{10,13} 	<ul style="list-style-type: none"> ▶ Does not speciate <i>Candida</i>.¹³ ▶ <i>C. glabrata</i> is important to identify because it is azole resistant, thus requires alternative treatment.¹³ ▶ Only 58% specific for <i>Candida</i>.¹¹
Aptima [®] BV, CV/TV Assays	<ul style="list-style-type: none"> ▶ Aptima BV assay reports a single qualitative result for <i>Lactobacillus</i> spp., <i>G. vaginalis</i>, and <i>A. vaginae</i>.¹⁴ ▶ Aptima BV assay provides a clear diagnosis for BV. 	<ul style="list-style-type: none"> ▶ Aptima TV assay sensitivity is 100% and TV using CV/TV is 96-97%.^{15,16} ▶ CDC and ACOG recommend NAAT testing for diagnosis of TV.^{10,13} 	<ul style="list-style-type: none"> ▶ Aptima CV/TV assay speciates <i>Candida</i> spp.¹⁵ ▶ The Aptima CV/TV assay delivers a total of 3 positive or negative results for <i>Candida</i> species, <i>C. glabrata</i>, and TV.¹⁵

Aptima[®] NAAT Assays More Accurately Identify Vaginitis Pathogens than Traditional Diagnostic Methods

Detect Up to

5x

More Infections

- ▶ **Detects 3 times more mixed infection cases** than clinical diagnosis with wet mount, culture, and Amsel's criteria.¹⁷
- ▶ **Detects mixed infections more frequently** than either clinical evaluation or probe testing.¹⁷
- ▶ **Detects 3 to 5 times more TV infections** than wet-mount microscopy.¹⁰