

**Sample, Report**

Date Of Birth: 09/20/1980 (40 yrs)  
 Gender: Female  
 Patient Id: 920  
 Patient Location: Test Location A

**Previous Test**

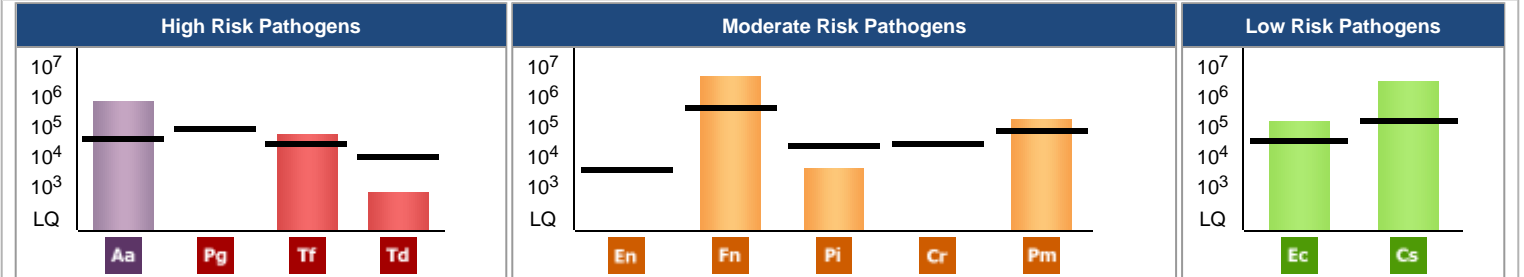
Specimen#: 5033032170  
 Accession#: 201807-12481  
 Specimen: Oral Rinse(P)  
 Collected: 05/17/2018

**Current Test**

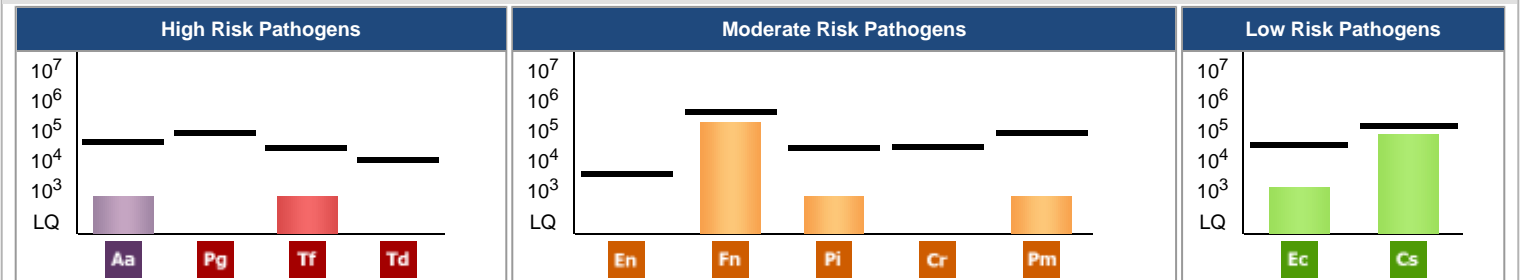
Specimen#: 5110000014  
 Accession#: 201807-12514  
 Specimen: Oral Rinse(P)  
 Collected: 07/25/2018

**COMPARISON OF TEST RESULTS**

**MyPerioPath - Previous Result**



**MyPerioPath - Current Result**



**Summary of Results**

**Total Bacterial Load**

Since patient's last test on 05/17/2018:

**46%  
Reduction**

- Congratulations, since the last test submitted 2 months 8 days ago, the clinical management of this patient has achieved a 46% reduction in periodontal pathogen (burden) load.
- The results show a reduction of the red (Aa, Tf, Td), orange (Fn, Pi, Pm) and green (Ec, Cs) complex pathogens.
- These current results are likely associated with a decrease in both oral and systemic inflammation. Consequences of high pathogenic bacteria present for years and decades add significantly to the risk of life threatening diseases beyond the mouth.
- For most treatment protocols, the maximal reduction in pathogen (burden) load is observed when follow-up testing is performed between 6-12 weeks. This sample was collected at 9 weeks 6 days from the previous test.

Clinical Comparison	Previous 05/17/2018	Current 07/25/2018
Total # Bacteria Present	8	7
Total # Bacteria Above Threshold	6	0
Deepest Pocket	5	5
Tooth Loss	--	--
Localized Infection	<input type="checkbox"/>	<input type="checkbox"/>
Generalized Infection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inflammation/Redness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bleeding on Probing	<input type="checkbox"/>	<input type="checkbox"/>
Bone Loss	<input type="checkbox"/>	<input type="checkbox"/>
Discharge	<input type="checkbox"/>	<input type="checkbox"/>
Halitosis/Malodor	<input type="checkbox"/>	<input type="checkbox"/>

**A follow-up test is recommended to monitor the effectiveness of current treatments and to determine the type and frequency of future care.**

**Discover the Facts...**

what you may not know about oral bacteria and how it relates to overall health

**Aa** Lowering and eliminating **Aa** from gingival plaque reduces the effect of its two major toxins, Leucotoxin (LTxA) and cytolethal distending toxin (CDT), both a cause of the marked inflammation typical of **Aa** infections.

**Sample, Report**

Date Of Birth: 09/20/1980 (37 yrs)  
 Gender: Female  
 Patient Id: 920  
 Patient Location: Test Location A

**Ordering Provider**

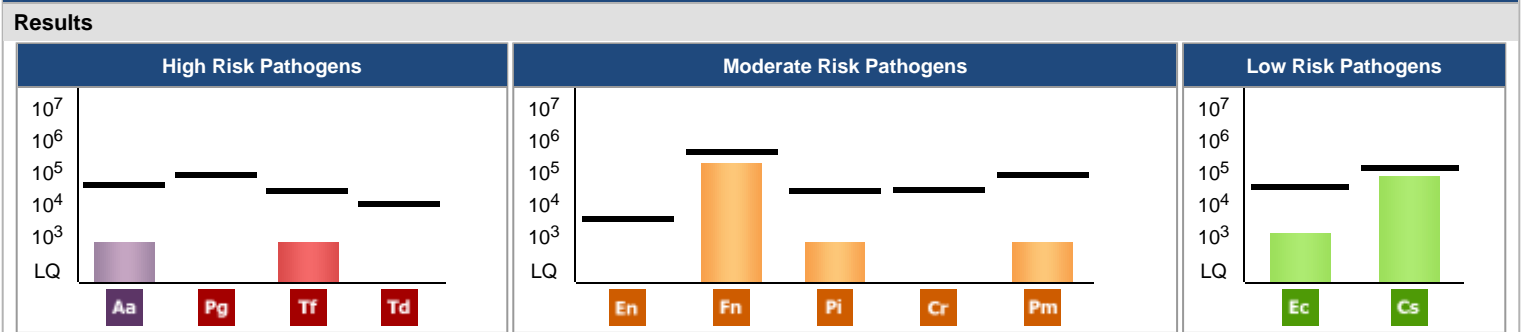
Ronald McGlennen MD  
 7400 Flying Cloud Drive  
 Eden Prairie, MN 55344  
 855-672-5362

**Sample Information**

Specimen#: 5110000014  
 Accession#: 201807-12514  
 Specimen: Oral Rinse(P)

Collected: 07/25/2018  
 Received: 07/26/2018 10:07  
 Reported: 07/27/2018 14:48

**MYPERIOPATH MOLECULAR ANALYSIS OF PERIODONTAL AND SYSTEMIC PATHOGENS**



**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 a combination of 2 high risk (Aa, Tf) and 3 moderate risk (Fn, Pi, Pm) pathogens and low risk (Ec, Cs) each below the therapeutic threshold.
- The bacterial species Tf and/or Aa are strongly associated with chronic periodontitis, are transmissible and tissue invasive even at low amounts of these organisms. Moreover, Tf is present in 20-25% of cases of periodontitis and is often symbiotic with other pathogens such as Pg and Fn.
- The detected pathogens are also risk factors for various systemic diseases, including atherosclerosis, type 2 diabetes, arthritis, dementia and several types of cancer. Importantly, Fn is associated with a specific type of colon cancer, where the bacteria can affect how aggressive that disease is, and its response to treatment.

**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 that may be refractory to this treatment.
- **Systemic Antibiotics:** A recommendation of systemic antibiotics is not provided for this bacterial profile. For an antibiotic treatment guide, reference - [MyPerioPath Antibiotic Options](#).
- **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 Povidine 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:** When clinical signs & symptoms of a periodontal infection persist, or periodontal anatomy is not conducive to health, periodontal surgical evaluation and/or intervention may be indicated.

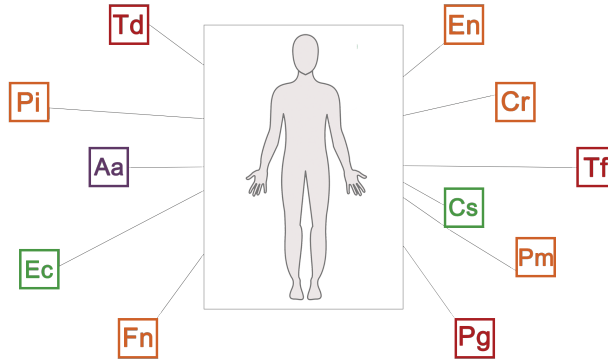
**Follow up Recommendations**

- ✓ 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.

**Clinical Considerations**

Reason for Testing	Clinical	Diagnostic	Medical History
<input checked="" type="checkbox"/> Treatment Follow-up	<input checked="" type="checkbox"/> Generalized Infection	<input checked="" type="checkbox"/> Type III Moderate Periodontitis	<input checked="" type="checkbox"/> Neurologic/Memory Loss
		<input checked="" type="checkbox"/> Tooth Numbers	<input checked="" type="checkbox"/> Arthritis/Auto Immune Disease
		Pocket Depths(mm)	
		3   9   14   19   24   30	
		4   4   5   4   4   3	

**Systemic Effects of Oral Pathogens**



**Cancer**

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.

**Cardiovascular Health**

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.

**Joint and Musculoskeletal Health**

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.

**Dementia and Brain Health**

Recent medical studies point to poor oral health, and high levels of the bacteria **Pg**, **Cr**, **Cs** in our gums, increasing the risk of developing dementias such as Alzheimer's.

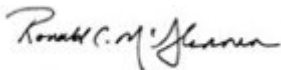
**Metabolic Health**

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.

**Healthy Pregnancy**

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, Pm: 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. 1x10<sup>3</sup> = 1000 bacteria copies per mL of collection). Cross-reactivity is possible with Leptotrichia buccalis, Fusobacterium hwasooki, and Capnocytophaga granulosa. 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 McGlennen MD, FCAP, FACMG, ABMG  
Medical Director