

Comparing Aptima® BV with Traditional Evaluation Methods

Amsel's Criteria and Nugent Scoring Are Complex and Subjective

Nugent Scoring

- Intermediate scores are common and may require additional testing.¹
- Nugent Scoring requires consensus scoring to improve accuracy, which is not practical in clinical practice.¹
- Generally limited to research settings; evaluation of the smear is subjective and requires an experienced slide reader.²



65% Low sensitivity meaning BV may be missed or undercalled.³

Amsel's Criteria

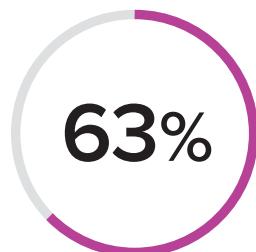
- Amsel's criteria results in poor sensitivity when multiple causes of vaginitis are present.⁴
- Use of the criteria requires a vaginal swab of discharge, microscope and slide/wet prep, and potassium hydroxide solution.²



60% Sensitivity in the presence of TV and/or *Candida* spp.⁴

Traditional Evaluation Methods Can Result in Misdiagnosis and Incorrect Treatment

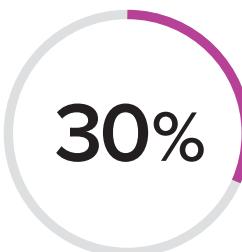
Certain criteria are more sensitive than others, leading to inconsistent results:



of women with BV are **incorrectly diagnosed** with Amsel's criteria.⁵



of women receive an **inconclusive outcome** with Nugent Scoring.⁶



of symptomatic women **remained undiagnosed** after clinical evaluation.^{7,8}

NAAT Delivers Objective, Comprehensive, and Accurate Results

3X

NAAT molecular tests detect 3x more mixed-infection cases than clinical diagnosis with Amsel's Criteria.⁹



Aptima® BV assay provides a single objective result targeting:

- ▶ *Lactobacillus spp.*
- ▶ *G. vaginalis*
- ▶ *A. vaginae*

NAAT for detection of BV, CV, and TV improves accuracy and leads to better patient management.⁶

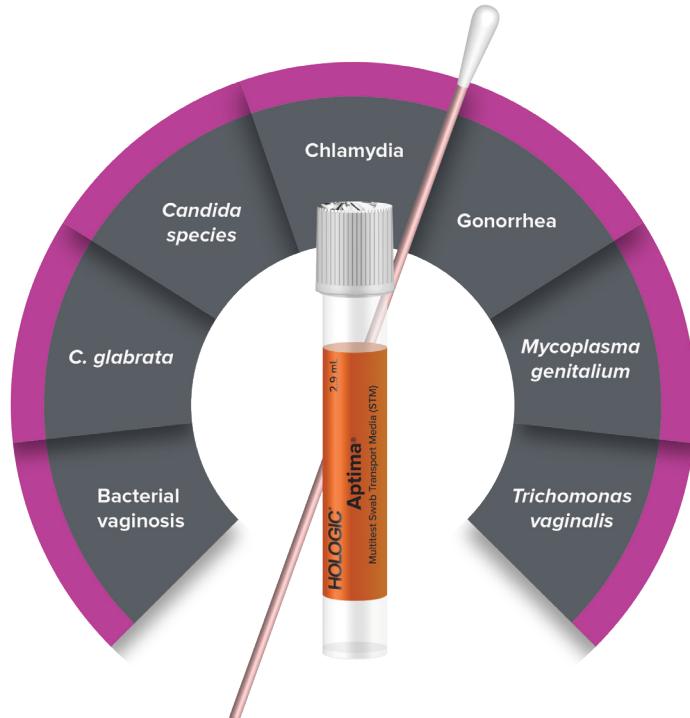
Excellent Sensitivity + Excellent Specificity = Clinical Efficacy

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
- ▶ *Candida species*
- ▶ *Candida glabrata*
- ▶ *Trichomonas vaginalis*
- ▶ Chlamydia
- ▶ Gonorrhea
- ▶ *Mycoplasma genitalium*



Visit HologicWomensHealth.com for more information.

**Aptima® BV
Assay**

References: 1. Schwebke JR, Taylor SN, Ackerman R, et al. Clinical validation of the Aptima bacterial vaginosis and Aptima Candida/Trichomonas vaginitis assays: results from a prospective multicenter clinical study. *J Clin Microbiol*. 2020;58(2):e01643-19. 2. Sha BE, Chen HY, Wang QJ, et al. Utility of Amsel criteria, Nugent score, and quantitative PCR for *Gardnerella vaginalis*, *Mycoplasma hominis*, and *Lactobacillus spp.* for diagnosis of bacterial vaginosis in human immunodeficiency virus-infected women. *J Clin Microbiol*. 2005;43(9):4607-12. 3. Chaijareepong K, Sirimal K, Boriboonhirunsarn D, Kiriwat O. Accuracy of Nugent's score and each Amsel's criteria in the diagnosis of bacterial vaginosis. *J Med Assoc Thai*. 2004;87(11):1270-4. 4. Belley-Montfort L, Lebed J, Smith B, et al. Sensitivity of the Amsel's Criteria Compared to the Nugent Score in Absence and in Presence of Trichomonas vaginalis (TV) and/or Candida spp. among Women with Symptomatic Vaginitis/Vaginosis. *Sex Transm Infect*. 2015;91(Suppl 1):A1-A104. 5. Schwertz A, Taras D, Rusch K, Rusch V. Throwing the dice for the diagnosis of vaginal complaints? *Ann Clin Microbiol Antimicrob*. 2006;5:4. 6. Kawa D, Yu JH, LeJeune M. Elevating the standard of care for women's health: The BD MAX® Vaginal Panel and management of vaginal infections. BD Life Sciences-Diagnostic Systems <https://moleculardiagnostics.bd.com/wp-content/uploads/2017/08/MAX-Vaginal-Panel-Whitepaper.pdf>. Accessed May 1, 2021. 7. Hainer BL, Gibson MV. Vaginitis. *Am Fam Physician*. 2011;83(7):807-815. 8. Anderson MR, Klink K, Cohnsen A. Evaluation of vaginal complaints. *JAMA*. 2004;291(11):1368-1379. 9. Schwebke JR, Gaydos CA, Nyirjesy P, Paradiis S, Kotsi S, Cooper CK. Diagnostic performance of a molecular test versus clinician assessment of vaginitis. *J Clin Microbiol*. 2018;56. doi:10.1128/JCM.00252-18.

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