GlycoMark®

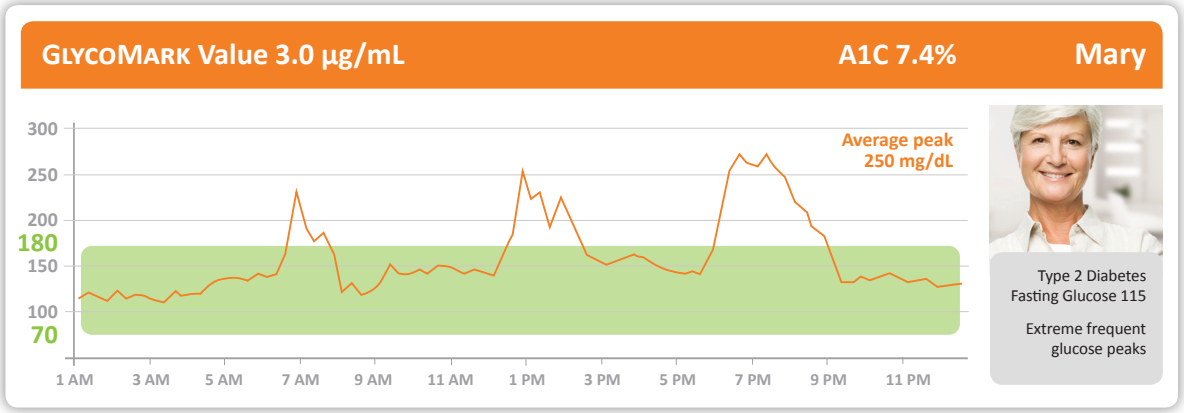
# Diabetes treatment targets hyperglycemia… So does GlycoMark

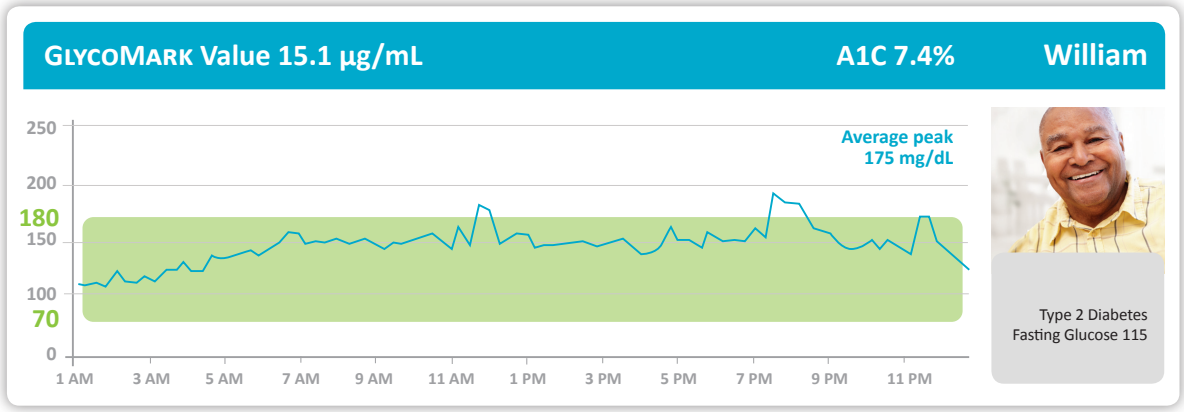
## The Facts: Hyperglycemia and Glycemic variability lead to more health problems.

- Diabetes is characterized as poorly controlled hyperglycemia.
- Hyperglycemia and glycemic variability lead to worse outcomes.
- Clinical practice guidelines provide direction on how to achieve glycemic control by reducing hyperglycemia and glycemic variability.[1,2]

## What is GlycoMark? The GlycoMark test measures 1,5-AG, a specific indicator of hyperglycemic episodes and glycemic variability within the past 1-2 weeks.

- The GlycoMark test is a nonfasting, FDA-cleared, serum or plasma blood chemistry test.
- May be run monthly to monitor hyperglycemic episodes and glycemic control.




## Why is GlycoMark Important? The GlycoMark test is useful for more informed diabetes treatment, providing unique information not obtainable with other tests.

- Faster than A1C at assessing changes in glycemic control to changes in treatment program or patient non-adherence.
- Identify hyperglycemic excursions that may not be evident from A1C or glucose measurements.
- Reflective of average peak glucose levels above the renal threshold (~180 mg/dL).[3]
- Nearly 40% of diabetes patients in **"good control"** have significant glucose variability.[4]

> *"As a diabetologist, I routinely use GlycoMark to provide both the patient and me information we can't get from HbA1C alone. Patients appreciate the ability to better understand the 'quality' of their HbA1C."*
>
> — Irl B. Hirsch, M.D. | Professor of Medicine | University of Washington Medical Center

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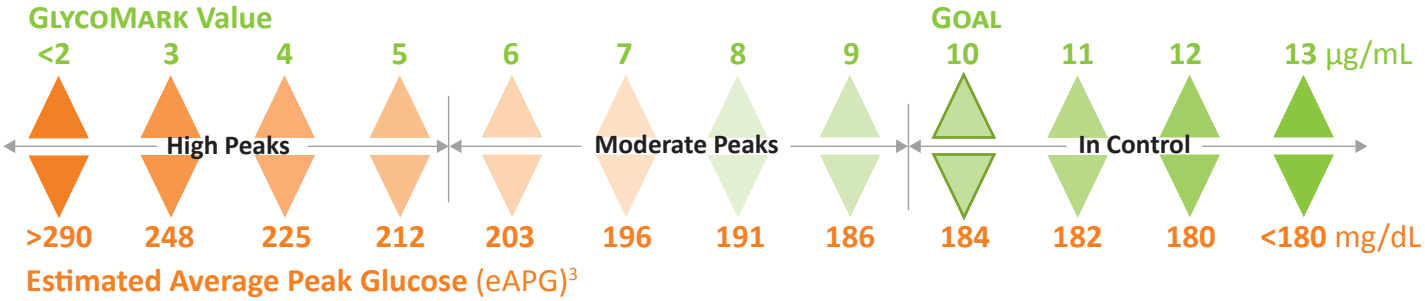
## Interpretation of the GlycoMark test results:

- Abnormal 1,5-AG levels are an indicator of hyperglycemic episodes within the last 1-2 weeks, which may have occurred in the fasting state, post-meal state, or both.[5]
- Changes in 1,5-AG levels reflect progression towards (increasing 1,5-AG) or away from (decreasing 1,5-AG) glycemic control.[5]

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| **Fingerstick Glucose** | Measures current glucose levels.<br>Does not indicate historic glucose levels.<br>Identification of hyperglycemic episodes and glycemic variability depends on test timing. |
| **A1C** | Related to average glucose levels over the past 2-3 months.<br>Does not provide information about recent glycemic control (in the last 1-2 weeks).<br>Only reflects average glucose levels and cannot specifically detect hyperglycemic excursions or glycemic variability. |
| **GlycoMark** | Only available test that is a specific indicator of recent (in the last 1-2 weeks) hyperglycemic excursions.<br>Does not depend on measurement timing (e.g. fasting or non-fasting).<br>Faster than A1C at assessing changes in glycemic control. |

## Order the GlycoMark test today:

- GlycoMark and A1C together (1 SST and 1 Lavender tube).
- A1C with reflex to GlycoMark (1 SST and 1 Lavender tube).
- GlycoMark test individually (1 SST tube); Especially when collecting a baseline for newly diagnosed diabetes or monitoring between A1C measurements.

Reimbursed by Medicare, Medicaid, and most private payers.
**CPT code: 84378**

GlycoMark®

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www.glycomark.com

Scan to watch our brief video

**Watch** the GlycoMark 3-minute movie at www.glycomark.com/movie

> *"I use GlycoMark regularly in my practice to help evaluate short-term glucose control as well as glycemic variability that I can't get using A1C."*
>
> **— Michael Shanik | M.D., F.A.C.P., F.A.C.E.**
> **St. Catherine of Siena, Stony Brook University Hospital**

The GlycoMark test is a professional-use test that is FDA cleared for the intermediate term monitoring of glycemic control in people with diabetes. 1,5-AG levels may be reduced with advanced liver or kidney disease, pregnancy, and use of SGLT2 inhibitors. Please refer to the test package insert or go to glycomark.com for full details and limitations.

References:
1. ADA, Diabetes Care 2014;37(Suppl1):S14-80. 2. Garber et al; Endocr Pract 2013;19:327-36, 3. US Patent No. 8,178,312 B2 Issued May 15, 2012, 4. Bonora et al, Diabetologia 2006;49:846-54
5. Yamanouchi et al, The Lancet 1996;347:1514-8.

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