



# The GI Effects & NutrEval: Making Clinical Connections

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July 25, 2018





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Clinical Science Liaison

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# Stephen L. Goldman, DC

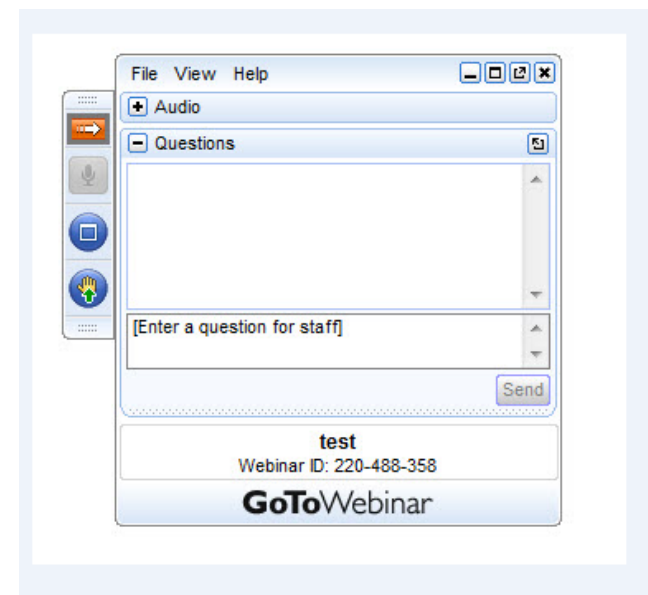
Medical Education Specialist

**Presenter**



# Technical Issues & Clinical Questions

- Please type any technical issue or clinical question into either the “Chat” or “Questions” boxes, making sure to send them to “Organizer” at any time during the webinar
- We will be compiling your clinical questions and answering as many as we can the final 15 minutes of the webinar



DISCLAIMER: Please note that any and all emails provided may be used for follow up correspondence and/or for further communication.

# Need More Resources?

The screenshot shows the Genova Diagnostics website. At the top, there is a navigation bar with social media icons (Twitter, LinkedIn, YouTube, Facebook) and links for International, About Us, Contact Us, Search, myGDX, and LIS. The main header includes the Genova Diagnostics logo and navigation links for HOME, CLINICIANS, and PATIENTS. The primary advertisement is for the "Adrenocortex Stress Profile" test, which includes a cortisol awakening response. It features a woman in a white blazer talking on a phone while standing by a computer monitor. The text describes it as "A Comprehensive Tool to Assess the HPA Axis" and includes a "LEARN MORE" button. Below this are three resource cards, each circled in red: "Getting Started" (with a hand icon and a "NEW USERS" button), "Test Menu" (with a computer icon and a "SEARCH TESTS" button), and "MyGDX Login" (with a lock icon and a "LOG IN" button). At the bottom, there is an "Online Education" section, also circled in red, which offers access to webinars, educational modules, and conferences, with a "LEARN NOW" button.



# The GI Effects & NutrEval: Making Clinical Connections

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## Objectives for This Presentation

- Identify concepts that connect nutritional assessments and stool testing results
- Provide interpretation and application of laboratory results
- Discuss strategies helpful for treatment plan creation

OBJECTIVE





Format: Abstract ▾

Send to ▾

[Front Genet.](#) 2018 Jun 13;9:212. doi: 10.3389/fgene.2018.00212. eCollection 2018.

## Microbiome Research Is Becoming the Key to Better Understanding Health and Nutrition.

[Hadrich D](#)<sup>1</sup>.

[⊕ Author information](#)

### Abstract

The human microbiome has emerged as the crucial moderator in the interactions between food and our body. It is increasingly recognised that the microbiome can change our mind and health status, or switch on a wide range of diseases including cancer, cardio-metabolic diseases, allergies, and obesity. The causes of diseases are often only partially understood. However, nutrients, metabolites, and microbes are increasingly regarded as key players, even where the complete disease mechanisms remain unclear.

the next level. The EU has already funded 216 projects under the 7th Framework Programme and Horizon 2020 programmes to promote metagenomics and to advance our knowledge of microbes. This support started with the catalysing MetaHIT project that has produced a catalogue of gut microbes, and has arrived now at the very multi-disciplinary SYSCID action looking at how the microbiome is driving its resilience potential and our health. Together, these projects involve an investment of more than €498 M. However, in Horizon 2020, the new EU Health and Food Work Programmes for 2018-2020 go even further by setting new goals to find applications and to generate more knowledge on the microbiome, nutrition, various hosts of microbes, and their relation to health and disease. The big vision is to modulate health and diseases via the microbiome and nutrition, while at the same time other factors such as omics, molecular signatures, and lifestyle are constant. In this way, microbiome and nutrition research is moving from an isolated and despised offside position to a beacon of hope with a lot of potential and possibilities.



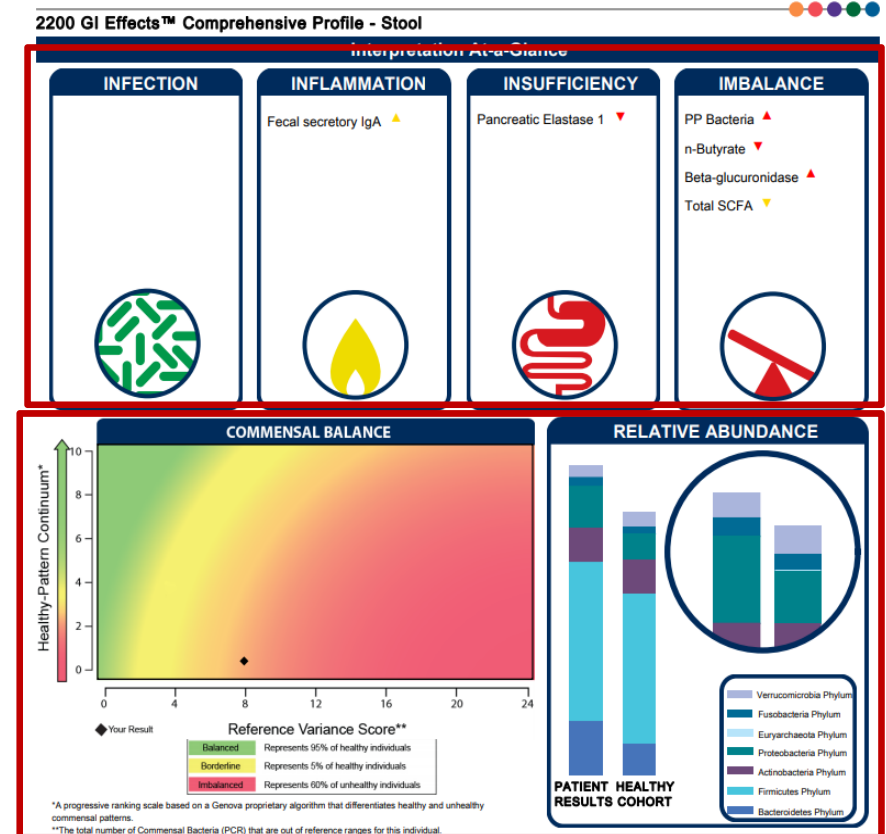
## Case Example #1

- 42 y/o female
- Loose stools x 18 months
- Endoscopy and colonoscopy were unremarkable
- Rapid transit time
- Dry skin with brittle nails
- Stress is moderate-to-high
- Standard American Diet, craves sweets
- Medications: occasional loperamide for diarrhea



# Interpretation-at-a-Glance: Developed using Evidence-based Rules and Weighted Algorithms

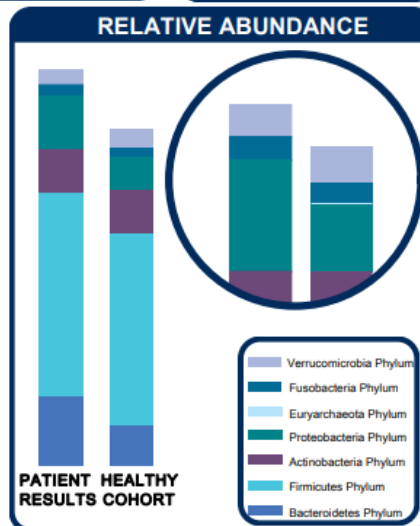
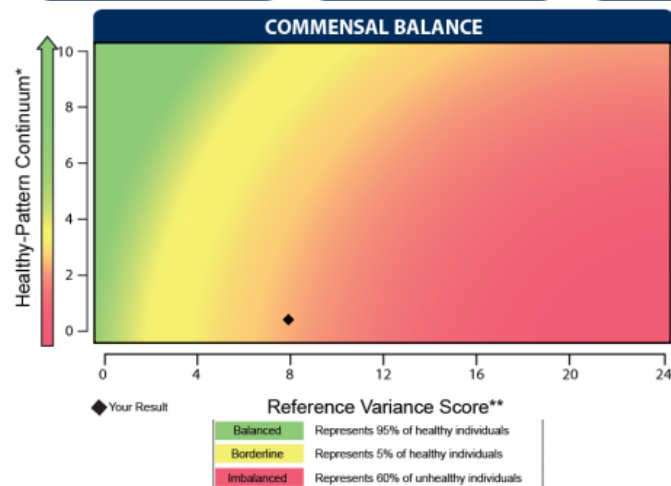
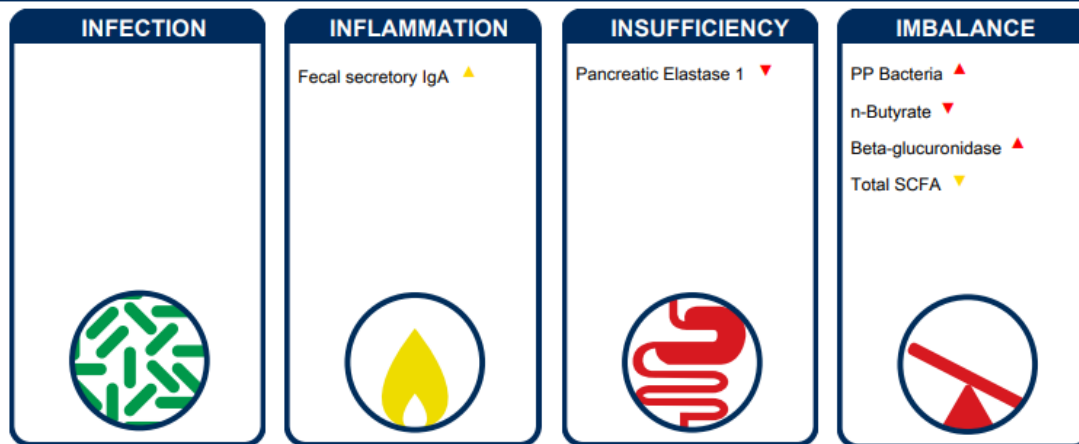
- **Functional Pillars of Health**
  - Infection
  - Inflammation
  - Insufficiency (Digestive)
  - Imbalance (Metabolic)
- **Global Gut Health Markers**
  - Based on DNA Commensal findings
  - Commensal Balance
  - Relative Abundance





## 2200 GI Effects™ Comprehensive Profile - Stool

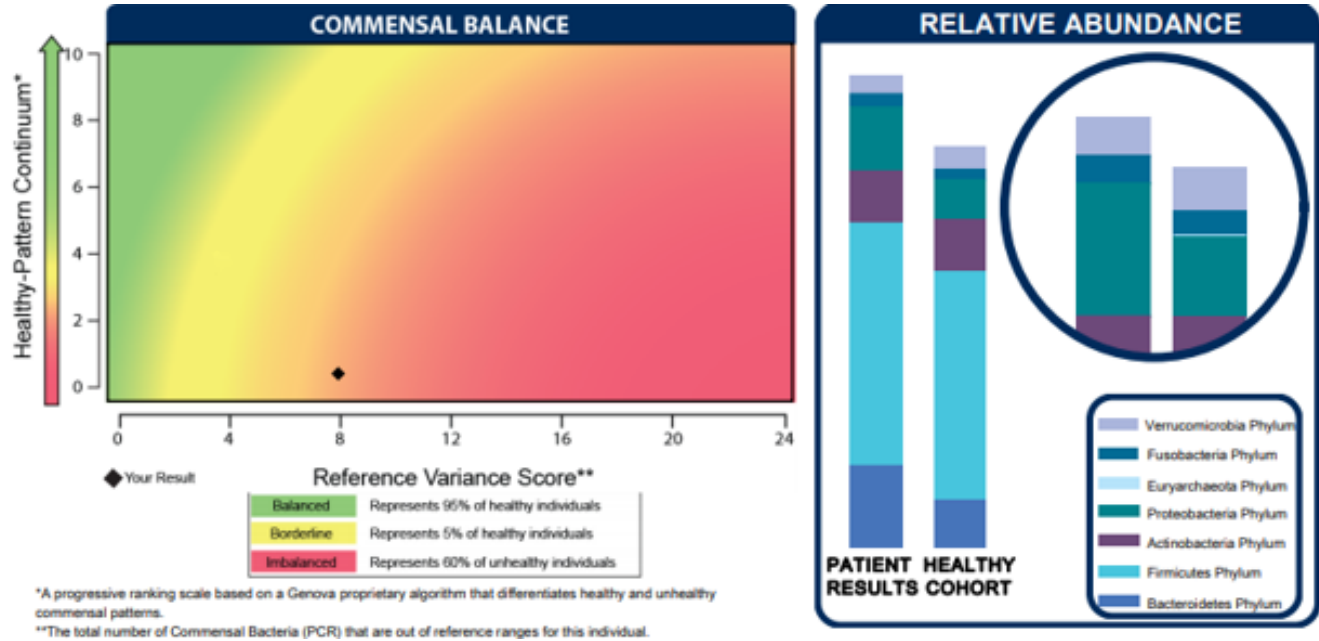
### Interpretation At-a-Glance



\*A progressive ranking scale based on a Genova proprietary algorithm that differentiates healthy and unhealthy commensal patterns.  
 \*\*The total number of Commensal Bacteria (PCR) that are out of reference ranges for this individual.



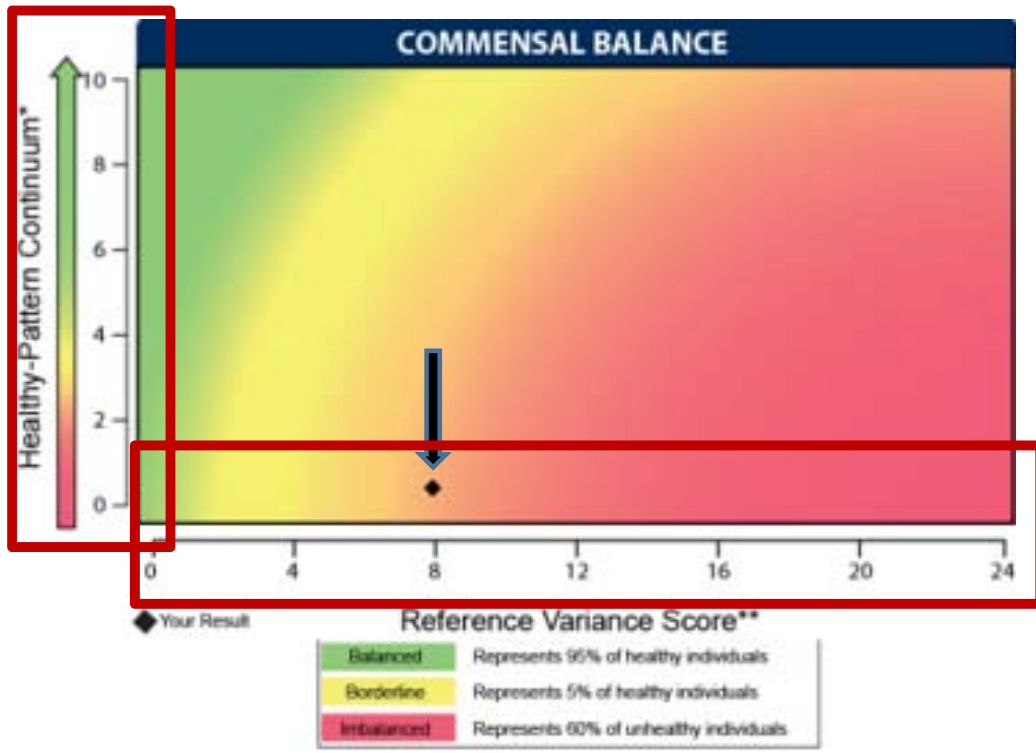
# Commensal Balance and Relative Abundance Graphics Serve as General Markers of Gut Health



**Commensal Balance (CB):** Healthy-Pattern Continuum & Reference Variance Score  
**Relative Abundance (RA):** Identifies the level of growth of select bacterial phyla



- The **Commensal Balance** is a composite of two measures:
  - ‘X-axis’: The **Reference Variance Score** reflects the total number of an individual patient’s commensal bacteria (PCR) results that are out of reference range
  - ‘Y-axis’: The **Healthy-Pattern Continuum** (formerly known as the *Diversity Association Index*) is a progressive ranking scale which differentiates healthy and unhealthy commensal patterns





# Biomarker Clinical Association Chart

Interpretation At-a-Glance								
Commensal Bacteria	Patient Results Out of Reference Range	Genova Diagnostics Commensal Bacteria Clinical Associations*						
		IBS	IBD	Metabolic Syndrome	Chronic Fatigue	Auto-immune	Type 2 Diabetes	High Blood Pressure
<b>Bacteroidetes Phylum</b>								
<i>Bacteroides-Prevotella</i> group	H	↑	↑	↑	↑	↑	↑	↑
<i>Bacteroides vulgatus</i>	H	↑			↑	↑	↑	↑
<i>Barnesiella</i> spp.								
<i>Odoribacter</i> spp.	H							
<i>Prevotella</i> spp.	H	↑		↑	↑	↑	↑	↑
<b>Firmicutes Phylum</b>								
<i>Anaerotruncus colihominis</i>		↑	↑	↑	↑	↑	↑	↑
<i>Butyrivibrio crossotus</i>								
<i>Clostridium</i> spp.								
<i>Coprococcus eufactus</i>		↑			↑	↑	↑	↑
<i>Faecalibacterium prausnitzii</i>		↑				↑		↑
<i>Lactobacillus</i> spp.								
<i>Pseudoflavonifactor</i> spp.	H	↑	↑	↑	↑	↑	↑	↑
<i>Roseburia</i> spp.			↓					
<i>Ruminococcus</i> spp.		↑↑	↓	↓	↓	↑↑	↑↑	↑↑
<i>Veillonella</i> spp.	H	↑	↑	↑	↑	↑	↑	↑
<b>Actinobacteria Phylum</b>								
<i>Bifidobacterium</i> spp.								
<i>Bifidobacterium longum</i>								
<i>Collinsella aerofaciens</i>		↑↑	↑	↓	↑↑	↑↑	↑↑	↑↑
<b>Proteobacteria Phylum</b>								
<i>Desulfovibrio piger</i>								↑
<i>Escherichia coli</i>	H	↑	↑	↑	↑	↑	↑	↑
<i>Oxalobacter formigenes</i>	H	↑		↑	↑			↑
<b>Euryarchaeota Phylum</b>								
<i>Methanobrevibacter smithii</i>		↑				↑		↑
<b>Fusobacteria Phylum</b>								
<i>Fusobacterium</i> spp.		↑	↑	↑	↑	↑	↑	↑
<b>Verrucomicrobia Phylum</b>								
<i>Akkermansia muciniphila</i>		↓	↓	↓	↓	↓	↓	↓

- Biomarkers found to have relevant associations with clinical conditions are displayed, along with the patient's results for these biomarkers
- These associations are:
  - Part of an ongoing research program
  - Will most likely evolve over time as data accrues and is refined
  - Reported for informational and clinical interest purposes only

Interpretation At-a-Glance						
Commensal Bacteria	Patient Results Out of Reference Range	Genova Diagnostics Commensal Bacteria Clinical Associations*				
		IBS	IBD	Metabolic Syndrome	Chronic Fatigue	Auto-Immune
<b>Bacteroidetes Phylum</b>						
<i>Bacteroides-Prevotella</i> group	H	↑	↑	↑	↑	↑
<i>Bacteroides vulgatus</i>	H	↑			↑	↑
<i>Barnesiella</i> spp.						
<i>Odoribacter</i> spp.	H					
<i>Prevotella</i> spp.	H	↑		↑	↑	↑
<b>Firmicutes Phylum</b>						
<i>Anaerotruncus colihominis</i>		↑	↑	↑	↑	↑
<i>Butyrivibrio crossotus</i>						
<i>Clostridium</i> spp.						
<i>Coprococcus eutactus</i>		↑		↑	↑	↑
<i>Faecalibacterium prausnitzii</i>		↑				↑
<i>Lactobacillus</i> spp.						
<i>Pseudoflavonifractor</i> spp.	H	↑	↑	↑	↑	↑
<i>Roseburia</i> spp.			↓			
<i>Ruminococcus</i> spp.		↕	↓	↓	↕	↕
<i>Veillonella</i> spp.	H	↑	↑	↑	↑	↑
<b>Actinobacteria Phylum</b>						
<i>Bifidobacterium</i> spp.						
<i>Bifidobacterium longum</i>						
<i>Collinsella aerofaciens</i>		↕	↕	↓	↕	↕
<b>Proteobacteria Phylum</b>						
<i>Desulfovibrio piger</i>						
<i>Escherichia coli</i>	H	↑	↑	↑	↑	↑
<i>Oxalobacter formigenes</i>	H	↑		↑	↑	
<b>Euryarchaeota Phylum</b>						
<i>Methanobrevibacter smithii</i>		↑				↑
<b>Fusobacteria Phylum</b>						
<i>Fusobacterium</i> spp.		↑	↑	↑	↑	↑
<b>Verrucomicrobia Phylum</b>						
<i>Akkermansia muciniphila</i>		↓	↓	↓	↓	↓

Interpretation At-a-Glance									
Biomarker	Patient Results Out of Reference Range	Genova Diagnostics Biomarker Clinical Associations*							
		IBS	IBD	Metabolic Syndrome	Chronic Fatigue	Auto-Immune	Type 2 Diabetes	High Blood Pressure	Mood Disorders
Pancreatic Elastase	L	↓	↓	↓	↓	↓	↓	↓	↓
Products of Protein Breakdown (Total)							↕		
Fecal Fat (Total*)		↑		↑	↑	↑	↕	↑	↑
Triglycerides	H	↑			↑	↑	↑	↑	↑
Long-Chain Fatty Acids		↑			↑	↑	↕	↑	↑
Cholesterol	H						↕	↑	
Phospholipids		↑	↑	↑	↑	↑	↑	↑	↑
Calprotectin			↑					↑	
Eosinophil Protein X (EPX)			↑						
Fecal secretory IgA	H	↑	↑	↑	↑	↑	↑	↑	↑
Short-Chain Fatty Acids (SCFA) (Total)					↓	↓			
n-Butyrate Concentration	L			↓					
n-Butyrate %	L								
Acetate %					↕		↕		
Propionate %				↑			↑	↑	
Beta-glucuronidase	H					↕			↕

\*Information derived from GDx results data comparing a healthy cohort to various clinical condition cohorts. The chart above showing a comparison of patient results to clinical conditions is meant for informational purposes only; it is not diagnostic, nor does it imply that the patient has a specific clinical diagnosis or condition.



## GI Effects™ Comprehensive Profile - Stool

Methodology: GC/MS, Automated Chemistry, EIA

	Results	QUINTILE DISTRIBUTION					Reference Range
		1st	2nd	3rd	4th	5th	
<b>Digestion and Absorption</b>							
Pancreatic Elastase 1 †	98 L						>200 mcg/g
Products of Protein Breakdown (Total*) (Valerate, Isobutyrate, Isovalerate)	2.5						1.8-9.9 micromol/g
Fecal Fat (Total*)	26.7						3.2-38.6 mg/g
Triglycerides	4.6 H						0.3-2.8 mg/g
Long-Chain Fatty Acids	11.8						1.2-29.1 mg/g
Cholesterol	5.8 H						0.4-4.8 mg/g
Phospholipids	4.5						0.2-6.9 mg/g
<b>Inflammation and Immunology</b>							
Calprotectin †	<17						<=50 mcg/g
Eosinophil Protein X (EPX) †	<DL						<=4.6 mcg/g
Fecal secretory IgA	941 H						<=885 mcg/g
<b>Gastrointestinal Microbiome</b>							
<b>Metabolite</b>							
Short-Chain Fatty Acids (SCFA) (Total*) (Acetate, n-Butyrate, Propionate)	28.5						>=23.3 micromol/g
n-Butyrate Concentration	3.1 L						>=3.6 micromol/g
n-Butyrate %	10.9 L						11.8-33.3 %
Acetate %	60.8						48.1-69.2 %
Propionate %	28.3						<=29.3 %
Beta-glucuronidase	15,727 H						368-6,266 U/g



# Beta-glucuronidase

Beta-glucuronidase

15,727 H



368-6,266 U/g

- Beta-glucuronidase is an enzyme induced by anaerobic bacteria
  - Many toxins, hormones, and drugs are excreted from the body after conjugation to a glucuronide molecule. Beta-glucuronidase can uncouple these conjugates, freeing these potential carcinogens in the bowel and promoting recirculation of these compounds through enterohepatic pathways
- A moderate level of Beta-glucuronidase activity is preferred as activity appears to be important for normal enterohepatic recirculation of endogenous compounds and vitamins
- Limited human studies show a relationship to colon cancer and hormone-related cancers
  - Calcium D-glucarate inhibits action of enzyme

# DNA: Quantitative

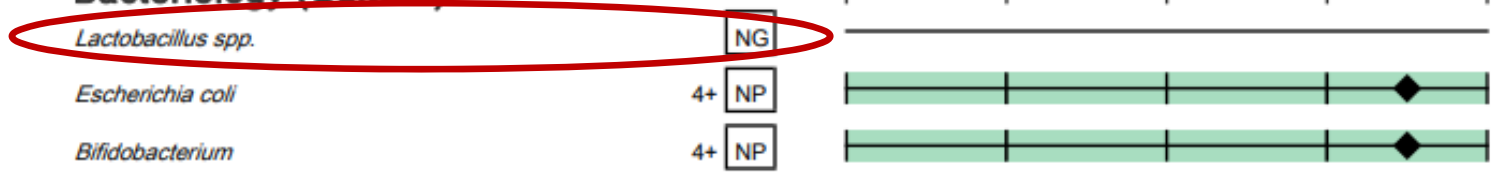
Organism	CFU/g stool	1st	2nd	3rd	4th	5th	Reference range
<b>Commensal Bacteria (PCR)</b>							
<b>Bacteroidetes Phylum</b>							
<i>Bacteroides-Prevotella</i> group	1.1E10 H						3.4E6-1.5E9
<i>Bacteroides vulgatus</i>	4.0E10 H						<=2.2E9
<i>Barnesiella</i> spp.	9.4E7						<=1.6E8
<i>Odoribacter</i> spp.	2.5E9 H						<=8.0E7
<i>Prevotella</i> spp.	7.1E7 H						1.4E5-1.6E7
<b>Firmicutes Phylum</b>							
<i>Anaerotruncus colihominis</i>	8.4E6						<=3.2E7
<i>Butyrivibrio crossotus</i>	1.5E5						5.5E3-5.9E5
<i>Clostridium</i> spp.	3.5E9						1.7E8-1.5E10
<i>Coprococcus eutactus</i>	1.3E7						<=1.2E8
<i>Faecalibacterium prausnitzii</i>	3.1E9						5.8E7-4.7E9
<i>Lactobacillus</i> spp.	1.2E9						8.3E6-5.2E9
<i>Pseudoflavonifractor</i> spp.	8.5E8 H						4.2E5-1.3E8
<i>Roseburia</i> spp.	2.1E9						1.3E8-1.2E10
<i>Ruminococcus</i> spp.	4.4E8						9.5E7-1.6E9
<i>Veillonella</i> spp.	1.5E8 H						1.2E5-5.5E7
<b>Actinobacteria Phylum</b>							
<i>Bifidobacterium</i> spp.	1.0E9						<=6.4E9
<i>Bifidobacterium longum</i>	4.1E7						<=7.2E8
<i>Collinsella aerofaciens</i>	2.4E8						1.4E7-1.9E9
<b>Proteobacteria Phylum</b>							
<i>Desulfovibrio piger</i>	1.2E6						<=1.8E7
<i>Escherichia coli</i>	2.5E8 H						9.0E4-4.6E7
<i>Oxalobacter formigenes</i>	2.0E7 H						<=1.5E7
<b>Euryarchaeota Phylum</b>							
<i>Methanobrevibacter smithii</i>	<DL						<=8.6E7
<b>Fusobacteria Phylum</b>							
<i>Fusobacterium</i> spp.	3.4E4						<=2.4E5
<b>Verrucomicrobia Phylum</b>							
<i>Akkermansia muciniphila</i>	2.1E6						>=1.2E6
<b>Firmicutes/Bacteroidetes Ratio</b>							
<i>Firmicutes/Bacteroidetes</i> (F/B Ratio)	1 L						12-620



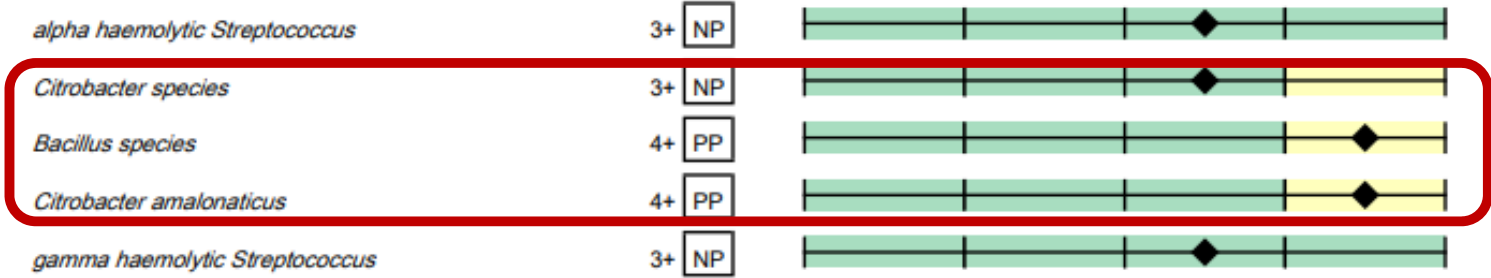
# Culture: Viability

## Gastrointestinal Microbiome

### Bacteriology (Culture)



### Additional Bacteria



### Mycology (Culture)





# Parasitology

## Parasitology

### Microscopic Exam Results\*\*

No Ova or Parasites seen

### Parasitology

Parasite Recovery: Literature suggests that >90% of enteric parasitic infections may be detected in a sample from a single stool collection. Increased sensitivity results from the collection of additional specimens on separate days.

### Parasitology EIA Tests:

#### In Range

#### Out of Range

*Cryptosporidium*♦

Negative

*Giardia lamblia*♦

Negative

*Entamoeba histolytica*♦

Negative

# Add-On Results

Methodology: EIA, Fecal Immunochemical Testing (FIT)

Additional Results		
	Result	Expected Value
Fecal Occult Blood♦	Negative	Negative
Color††	Brown	
Consistency††	Formed/Normal	
HpSA - <i>H. pylori</i>	Negative	Negative
<i>Campylobacter</i> spp♦	Negative	Negative
<i>Clostridium difficile</i> ♦**	Negative	Negative

Lab Comments (if applicable)



# NutrEval

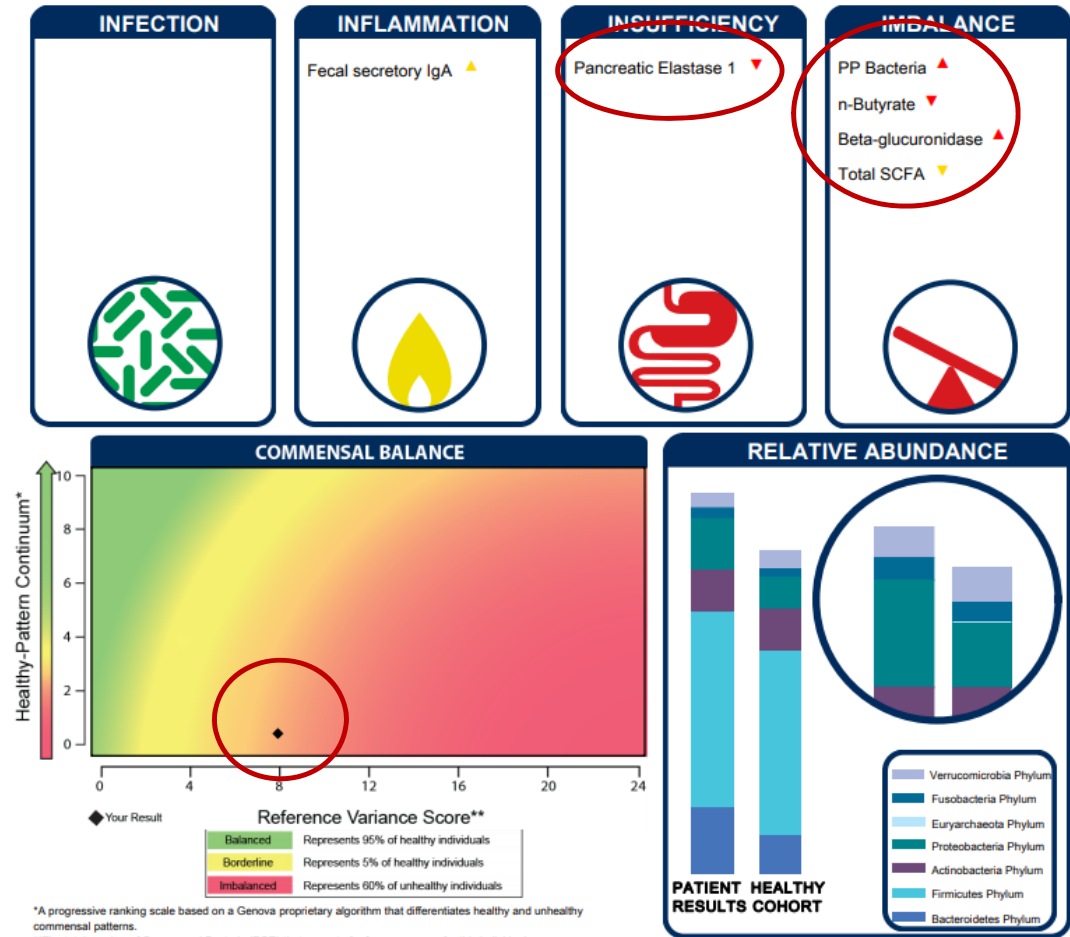
NutrEval Results Overview			
Normal	Borderline	High Need	Supplementation for High Need
<b>Antioxidants</b>			
CoQ10	Vitamin A / Carotenoids Vitamin E / Tocopherols	Vitamin C α-Lipoic Acid	Vitamin C - Dose = 1,000 mg α-Lipoic Acid - Dose = 200 mg
<b>B-Vitamins</b>			
	Thiamin - B1 Niacin - B3 Biotin - B7 Folic Acid - B9 Cobalamin - B12	Riboflavin - B2 Pyridoxine - B6	Riboflavin - B2 - Dose = 50 mg Pyridoxine - B6 - Dose = 50 mg
<b>Minerals</b>			
Manganese Molybdenum	Magnesium Zinc		

## SUGGESTED SUPPLEMENT SCHEDULE

Supplements	Daily Recommended Intake (DRI)	Patient's Daily Recommendations	Provider Daily Recommendations
<b>Antioxidants</b>			
Vitamin A / Carotenoids	2,333 IU	5,000 IU	
Vitamin C	75 mg	1,000 mg	
Vitamin E / Tocopherols	22 IU	200 IU	
α-Lipoic Acid		200 mg	
CoQ10		30 mg	
<b>B-Vitamins</b>			
Thiamin - B1	1.1 mg	25 mg	
Riboflavin - B2	1.1 mg	50 mg	
Niacin - B3	14 mg	30 mg	
Pyridoxine - B6	1.3 mg	50 mg	
Biotin - B7	30 mcg	200 mcg	
Folic Acid - B9	400 mcg	800 mcg	
Cobalamin - B12	2.4 mcg	500 mcg	
<b>Minerals</b>			
Magnesium	320 mg	600 mg	
Manganese	1.8 mg	3.0 mg	
Molybdenum	45 mcg	75 mcg	
Zinc	8 mg	20 mg	
<b>Essential Fatty Acids</b>			
Omega-3 Oils	500 mg	1,000 mg	
<b>Digestive Support</b>			
Probiotics		50 billion CFU	
Pancreatic Enzymes		10,000 IU	
<b>Other Vitamins</b>			
Vitamin D	600 IU		
<b>Amino Acid</b>			
Arginine	0	Methionine	0
Asparagine	0	Phenylalanine	0
Cysteine	0	Serine	0
Glutamine	0	Taurine	0
Glycine	0	Threonine	0
Histidine	0	Tryptophan	0
Isoleucine	0	Tyrosine	0
Leucine	0	Valine	0
Lysine	0		

## 2200 GI Effects™ Comprehensive Profile - Stool

### Interpretation At-a-Glance



\*A progressive ranking scale based on a Genova proprietary algorithm that differentiates healthy and unhealthy commensal patterns.

\*\*The total number of Commensal Bacteria (PCR) that are out of reference ranges for this individual.

# Organic Acids

## Malabsorption and Dysbiosis Markers

### Malabsorption Markers

Malabsorption Markers	Value	Reference Range
Indoleacetic Acid (IAA)	0.9	≤ 4.2
Phenylacetic Acid (PAA)	0.16	≤ 0.12

### Bacterial Dysbiosis Markers

Dihydroxyphenylpropionic Acid (DHPPA)	10.2	≤ 5.3
3-Hydroxyphenylacetic Acid	3.7	≤ 8.1
4-Hydroxyphenylacetic Acid	17	≤ 29
Benzoic Acid	0.49	≤ 0.05
Hippuric Acid	367	≤ 603

### Yeast / Fungal Dysbiosis Markers

Arabinose	90	≤ 96
Citramalic Acid	3.8	≤ 5.8
Tartaric Acid	<dl	≤ 15

Creatinine • 6.6 3.1-19.5 mmol/L

Metabolic Analysis Reference Ranges are Age Specific



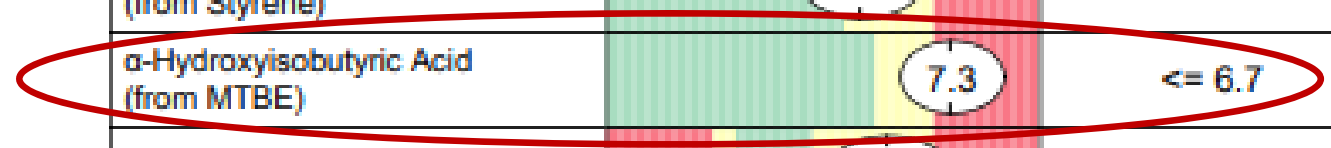
# Organic Acids

## Vitamin Markers

	Reference Range
$\alpha$ -Ketoadipic Acid	$\leq 1.7$

## Toxin & Detoxification Markers

	Reference Range
$\alpha$ -Ketophenylacetic Acid (from Styrene)	$\leq 0.46$
$\alpha$ -Hydroxyisobutyric Acid (from MTBE)	$\leq 6.7$
Orotic Acid	0.33-1.01
Pyroglutamic Acid	16-34
Xanthurenic Acid	$\leq 0.96$
3-Hydroxypropionic Acid	5-22
3-Hydroxyisovaleric Acid	$\leq 29$



# Amino Acids (FMV)

All biomarkers reported in micromol/g creatinine unless otherwise noted.

## Nutritionally Essential Amino Acids

Amino Acid	Reference Range
Arginine	29 (3-43)
Histidine	556 (124-894)
Isoleucine	16 (3-28)
Leucine	34 (4-46)
Lysine	221 (11-175)
Methionine	15 (2-18)
Phenylalanine	49 (8-71)
Taurine	959 (21-424)
Threonine	180 (17-135)
Tryptophan	38 (5-53)
Valine	42 (7-49)

## Nonessential Protein Amino Acids

Amino Acid	Reference Range
Alanine	341 (63-356)
Asparagine	118 (25-166)
Aspartic Acid	11 (<= 14)
Cysteine (FMV urine)	38 (8-74)
Cystine (FMV Urine)	56 (10-104)
γ-Aminobutyric Acid	4 (<= 5)
Glutamic Acid	13 (4-27)
Glutamine	483 (110-632)
Proline	10 (1-13)
Tyrosine	91 (11-135)

## Creatinine Concentration

Reference Range
Creatinine • 6.3 (3.1-19.5 mmol/L)

## Amino Acids (Urine FMV)

### Intermediary Metabolites

B Vitamin Markers	Reference Range
α-Aminoadipic	32 (2-47)
α-Amino-N-butyric Acid	23 (2-25)
β-Aminoisobutyric Acid	125 (11-160)
Cystathionine	44 (2-68)
3-Methylhistidine	216 (44-281)

### Urea Cycle Markers

Citrulline	4.7 (0.6-3.9)
Ornithine	19 (2-21)
Urea •	404 (168-465 mmol/g creatinine)

### Glycine/Serine Metabolites

Glycine	281 (95-683)
Serine	166 (40-163)
Ethanolamine	179 (50-235)
Phosphoethanolamine	4 (1-13)
Phosphoserine	8 (3-13)
Sarcosine	0.5 (<= 1.1)

### Dietary Peptide Related Markers

Reference Range
Anserine (dipeptide) 9.2 (0.4-105.1)
Carnosine (dipeptide) 7 (1-28)
1-Methylhistidine 1,825 (38-988)
β-Alanine 17 (<= 22)

## Essential and Metabolic Fatty Acids Markers (RBCs)



Omega 3 Fatty Acids		
Analyte	(cold water fish, flax, walnuts)	Reference Range
α-Linolenic (ALA) 18:3 n3	0.15	≥ 0.09 wt %
Eicosapentaenoic (EPA) 20:5 n3	0.33	≥ 0.16 wt %
Docosapentaenoic (DPA) 22:5 n3	1.37	≥ 1.14 wt %
Docosahexaenoic (DHA) 22:6 n3	3.1	≥ 2.1 wt %
<b>% Omega 3s</b>	<b>4.9</b>	<b>≥ 3.8</b>

Omega 9 Fatty Acids		
Analyte	(olive oil)	Reference Range
Oleic 18:1 n9	12	10-13 wt %
Nervonic 24:1 n9	4.3	2.1-3.5 wt %
<b>% Omega 9s</b>	<b>16.6</b>	<b>13.3-16.6</b>

Saturated Fatty Acids		
Analyte	(meat, dairy, coconuts, palm oils)	Reference Range
Palmitic C16:0	19	18-23 wt %
Stearic C18:0	17	14-17 wt %
Arachidic C20:0	0.32	0.22-0.35 wt %
Behenic C22:0	0.98	0.92-1.68 wt %
Tricosanoic C23:0	0.22	0.12-0.18 wt %
Lignoceric C24:0	2.9	2.1-3.8 wt %
Pentadecanoic C15:0	0.06	0.07-0.15 wt %
Margaric C17:0	0.26	0.22-0.37 wt %
<b>% Saturated Fats</b>	<b>40.2</b>	<b>39.8-43.6</b>

Omega 6 Fatty Acids		
Analyte	(vegetable oil, grains, most meats, dairy)	Reference Range
Linoleic (LA) 18:2 n6	13.7	10.5-16.9 wt %
γ-Linolenic (GLA) 18:3 n6	0.08	0.03-0.13 wt %
Dihomo-γ-linolenic (DGLA) 20:3 n6	1.28	≥ 1.19 wt %
Arachidonic (AA) 20:4 n6	19	15-21 wt %
Docosatetraenoic (DTA) 22:4 n6	2.65	1.50-4.20 wt %
Eicosadienoic 20:2 n6	0.29	≤ 0.26 wt %
<b>% Omega 6s</b>	<b>36.9</b>	<b>30.5-39.7</b>

Monounsaturated Fats		
Omega 7 Fats		
Analyte		Reference Range
Palmitoleic 16:1 n7	0.16	≤ 0.64 wt %
Vaccenic 18:1 n7	1.04	≤ 1.13 wt %
Trans Fat		
Elaidic 18:1 n7t	0.20	≤ 0.59 wt %

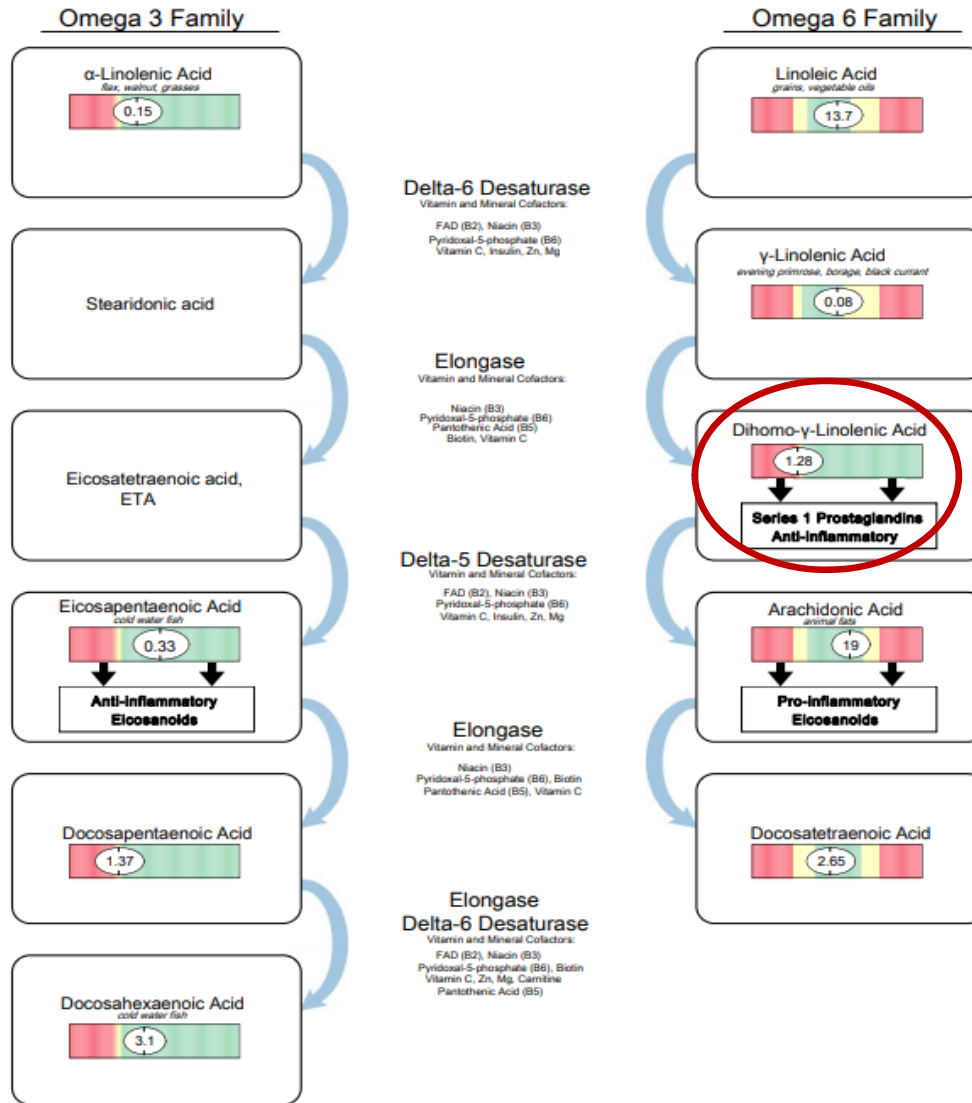
Delta - 6 Desaturase Activity		
Analyte	Upreregulated Functional Impaired	Reference Range
Linoleic / DGLA 18:2 n6 / 20:3 n6	10.7	6.0-12.3

Cardiovascular Risk		
Analyte		Reference Range
Omega 6s / Omega 3s	7.5	3.4-10.7
AA / EPA 20:4 n6 / 20:5 n3	57	12-125
<b>Omega 3 Index</b>	<b>3.4</b>	<b>≥ 4.0</b>

The Essential Fatty Acid reference ranges are based on an adult population.



# EMFAs





## Oxidative Stress Markers

Oxidative Stress Markers		Reference Range
Glutathione (whole blood)	578	>=660 micromol/L
Lipid Peroxides (urine)	12.5	<=18.4 micromol/g Creat.
8-OHdG (urine)	10	<=16 mcg/g Creat.
Coenzyme Q10, Ubiquinone (serum)	1.30	0.43-1.49 mcg/mL

The Oxidative Stress reference ranges are based on an adult population.  
 The performance characteristics of the Oxidative Stress Markers have been verified by Genova Diagnostics, Inc. They have not been cleared by the U.S. Food and Drug Administration.

## Elemental Markers

Nutrient Elements		
Element	Reference Range	Reference Range
Copper (plasma)	90.4	75.3-192.0 mcg/dL
Magnesium (RBC)	36.5	30.1-56.5 mcg/g
Manganese (whole blood)	10.0	3.0-16.5 mcg/L
Potassium (RBC)	2,982	2,220-3,626 mcg/g
Selenium (whole blood)	134	109-330 mcg/L
Zinc (plasma)	82.4	64.3-159.4 mcg/L

Toxic Elements*		
Element	Reference Range	Reference Range
Lead	0.51	<= 2.81 mcg/dL
Mercury	1.28	<= 4.35 mcg/L
Arsenic	<DL	<= 13.7 mcg/L
Cadmium	0.23	<= 1.22 mcg/L
Tin	0.28	<= 0.39 mcg/L

\* All toxic Elements are measured in whole blood.

The Elemental reference ranges are based on an adult population.  
 The performance characteristics of the Elemental Markers have been verified by Genova Diagnostics, Inc. They have not been cleared by the U.S. Food and Drug Administration.

Elemental testing performed by Genova Diagnostics, Inc. 3425 Corporate Way, Duluth, GA 30096 - Robert M. David, PhD, Lab Director - CLIA Lic. #11D0255349 - Medicare Lic. #34-8475





## Case Example #1

- 42 y/o female
- Loose stools x 18 months
- Endoscopy and colonoscopy were unremarkable
- Rapid transit time
- Dry skin with brittle nails
- Stress is moderate-to-high
- Standard American Diet, craves sweets
- Medications: occasional loperamide for diarrhea





## Treatment Considerations

- Continue to monitor thyroid
- Balance gut with pre and probiotic therapy, consider fiber if SIBO dx eliminated
- Pancreatic enzyme support
- Evening primrose, borage for low DGLA
- Omega 3 supplementation
- Consider liver detox protocol
- Anti-oxidant support-Vitamin E, Vitamin C, Lipoic acid
- Follow-up with Adrenocortex Stress Profile with Cortisol Awakening Response
- SIBO testing
- Adjust to a more balanced diet



## Case Example #2

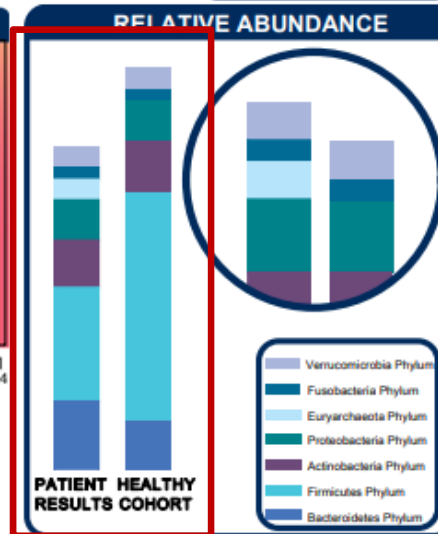
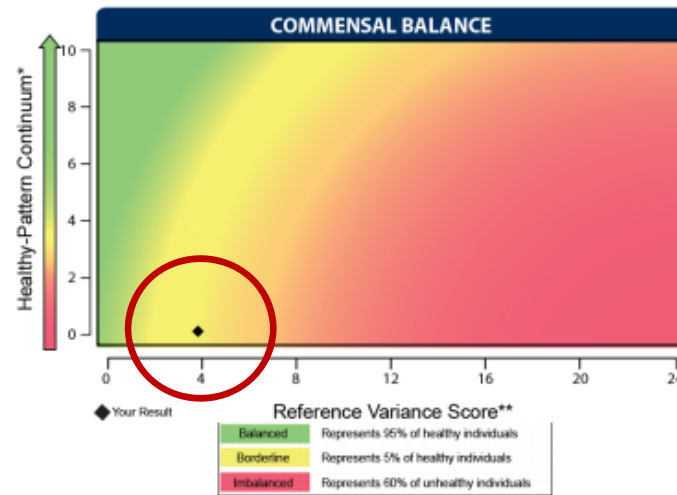
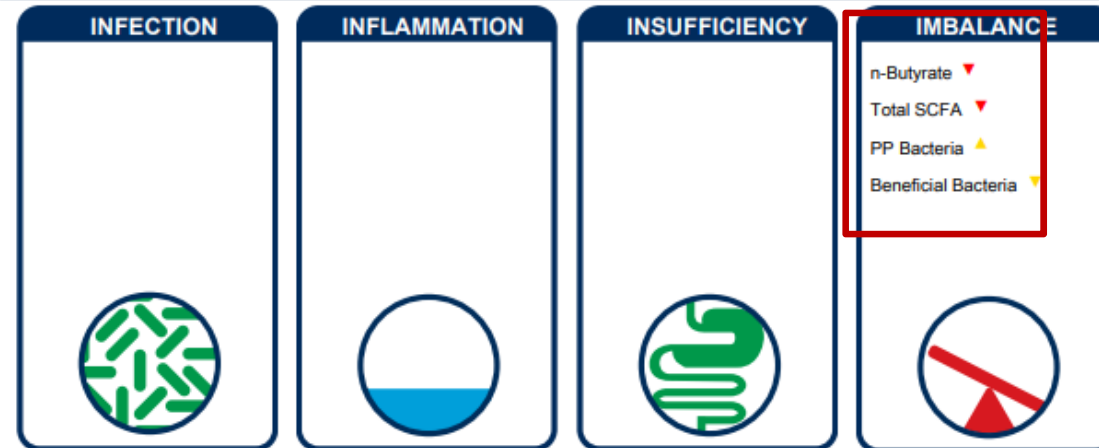
- 35 y/o female
- Fatigue x 1 year
- Hashimoto's, treated to optimal TSH, FT4, FT3, etc.
- Occasional non-specific abdominal pain with loose stool
- 32-day cycle, occasionally irregular
- Endoscopy and colonoscopy were unremarkable
- High stress
- Lots of grains in diet (low protein intake)
- Medications: levothyroxine, selenium, omega-3 fish oil, once daily multi-vitamin



# GI Effects

## 2200 GI Effects™ Comprehensive Profile - Stool

### Interpretation At-a-Glance



\*A progressive ranking scale based on a Genova proprietary algorithm that differentiates healthy and unhealthy commensal patterns.  
 \*\*The total number of Commensal Bacteria (PCR) that are out of reference ranges for this individual.



Interpretation At-a-Glance									
Commensal Bacteria	Patient Results Out of Reference Range	Genova Diagnostics Commensal Bacteria Clinical Associations*							
		IBS	IBD	Metabolic Syndrome	Chronic Fatigue	Auto-Immune	Type 2 Diabetes	High Blood Pressure	Mood Disorders
<b>Bacteroidetes Phylum</b>									
<i>Bacteroides-Prevotella</i> group		↑	↑	↑	↑	↑	↑	↑	↑
<i>Bacteroides vulgatus</i>		↑			↑	↑		↑	↑
<i>Barnesiella</i> spp.									
<i>Odoribacter</i> spp.									
<i>Prevotella</i> spp.		↑		↑	↑	↑		↑	↑
<b>Firmicutes Phylum</b>									
<i>Anaerotruncus colihominis</i>		↑	↑	↑	↑	↑	↑	↑	↑
<i>Butyrivibrio crossotus</i>	L								
<i>Clostridium</i> spp.	L								
<i>Coprococcus eutactus</i>		↑			↑	↑		↑	↑
<i>Faecalibacterium prausnitzii</i>		↑				↑			↑
<i>Lactobacillus</i> spp.									
<i>Pseudoflavonifractor</i> spp.		↑	↑	↑	↑	↑	↑	↑	↑
<i>Roseburia</i> spp.			↓						
<i>Ruminococcus</i> spp.	L	↑↑	↓	↓	↓	↑↑	↑↑	↑↑	↑↑
<i>Veillonella</i> spp.	L	↑	↑	↑	↑	↑	↑	↑	↑
<b>Actinobacteria Phylum</b>									
<i>Bifidobacterium</i> spp.									
<i>Bifidobacterium longum</i>									
<i>Collinsella aerofaciens</i>		↑↑	↑↑	↓	↑↑	↑↑	↑↑	↑↑	↑↑
<b>Proteobacteria Phylum</b>									
<i>Desulfovibrio piger</i>									↑
<i>Escherichia coli</i>		↑	↑	↑	↑	↑	↑	↑	↑
<i>Oxalobacter formigenes</i>		↑		↑	↑				↑
<b>Euryarchaeota Phylum</b>									
<i>Methanobrevibacter smithii</i>		↑				↑			↑
<b>Fusobacteria Phylum</b>									
<i>Fusobacterium</i> spp.		↑	↑	↑	↑	↑	↑	↑	↑
<b>Verrucomicrobia Phylum</b>									
<i>Akkermansia muciniphila</i>		↓	↓	↓	↓	↓	↓	↓	↓

\*Information derived from GDx results data comparing a healthy cohort to various clinical condition cohorts. The chart above showing a comparison of patient results to clinical conditions is meant for informational purposes only; it is not diagnostic, nor does it imply that the patient has a specific clinical diagnosis or condition.

The arrows indicate Genova's clinical condition cohort test results falling below ↓ or above ↑ the reference range that is greater than that of Genova's healthy cohort.

↑↓ Indicates Genova's clinical condition cohort test results falling below and above the reference range that are greater than that of Genova's healthy cohort.

Cells with bolded arrows indicate Genova's clinical condition cohort had more test results falling above versus below ↑↑ or more below versus above ↓↓ the reference range compared to that of Genova's healthy cohort.

## GI Effects™ Comprehensive Profile - Stool

Methodology: GC/MS, Automated Chemistry, EIA

	Results	QUINTILE DISTRIBUTION					Reference Range
		1st	2nd	3rd	4th	5th	
<b>Digestion and Absorption</b>							
Pancreatic Elastase 1 †	227						>200 mcg/g
Products of Protein Breakdown (Total*) (Valerate, Isobutyrate, Isovalerate)	2.8						1.8-9.9 micromol/g
Fecal Fat (Total*)	16.8						3.2-38.6 mg/g
Triglycerides	0.9						0.3-2.8 mg/g
Long-Chain Fatty Acids	10.1						1.2-29.1 mg/g
Cholesterol	0.8						0.4-4.8 mg/g
Phospholipids	5.0						0.2-6.9 mg/g
<b>Inflammation and Immunology</b>							
Calprotectin †	<17						<=50 mcg/g
Eosinophil Protein X (EPX) †	0.4						<=4.6 mcg/g
Fecal secretory IgA	119						<=885 mcg/g
<b>Gastrointestinal Microbiome</b>							
<b>Metabolic</b>							
Short-Chain Fatty Acids (SCFA) (Total*) (Acetate, n-Butyrate, Propionate)	19.7 L						>=23.3 micromol/g
n-Butyrate Concentration	3.5 L						>=3.6 micromol/g
n-Butyrate %	17.8						11.8-33.3 %
Acetate %	63.6						48.1-69.2 %
Propionate %	18.8						<=29.3 %
Beta-glucuronidase	2,182						368-6,266 U/g

# Commensal Bacteria

Gastrointestinal Microbiome							
Commensal Bacteria (PCR)	Result CFU/g stool	QUINTILE DISTRIBUTION					Reference Range CFU/g stool
		1st	2nd	3rd	4th	5th	
<b>Bacteroidetes Phylum</b>							
<i>Bacteroides-Prevotella</i> group	2.9E7						3.4E6-1.5E9
<i>Bacteroides vulgatus</i>	4.4E8						<=2.2E9
<i>Barnesiella</i> spp.	4.8E7						<=1.6E8
<i>Odoribacter</i> spp.	6.7E7						<=8.0E7
<i>Prevotella</i> spp.	3.3E6						1.4E5-1.6E7
<b>Firmicutes Phylum</b>							
<i>Anaerotruncus colihominis</i>	6.6E5						<=3.2E7
<i>Butyrivibrio crossotus</i>	<DL L						5.5E3-5.9E5
<i>Clostridium</i> spp.	<DL L						1.7E8-1.5E10
<i>Coprococcus eutactus</i>	<DL						<=1.2E8
<i>Faecalibacterium prausnitzii</i>	3.1E8						5.8E7-4.7E9
<i>Lactobacillus</i> spp.	3.0E8						8.3E6-5.2E9
<i>Pseudoflavonifractor</i> spp.	3.8E7						4.2E5-1.3E8
<i>Roseburia</i> spp.	1.4E8						1.3E8-1.2E10
<i>Ruminococcus</i> spp.	<DL L						9.5E7-1.6E9
<i>Veillonella</i> spp.	<DL L						1.2E5-5.5E7
<b>Actinobacteria Phylum</b>							
<i>Bifidobacterium</i> spp.	1.0E8						<=6.4E9
<i>Bifidobacterium longum</i>	<DL						<=7.2E8
<i>Collinsella aerofaciens</i>	8.8E7						1.4E7-1.9E9
<b>Proteobacteria Phylum</b>							
<i>Desulfotomaculum</i>	<DL						<=1.8E7
<i>Escherichia coli</i>	1.8E7						9.0E4-4.6E7
<i>Oxalobacter formigenes</i>	2.6E6						<=1.5E7
<b>Euryarchaeota Phylum</b>							
<i>Methanobrevibacter smithii</i>	8.7E6						<=8.6E7
<b>Fusobacteria Phylum</b>							
<i>Fusobacterium</i> spp.	1.2E4						<=2.4E5
<b>Verrucomicrobia Phylum</b>							
<i>Akkermansia muciniphila</i>	7.7E6						>=1.2E6
<b>Firmicutes/Bacteroidetes Ratio</b>							
<i>Firmicutes/Bacteroidetes (F/B Ratio)</i>	6 L						12-620



## Gastrointestinal Microbiome

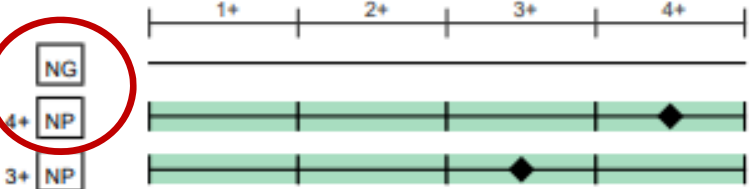
### Bacteriology (Culture)

*Lactobacillus spp.*

NG  
4+ NP

*Escherichia coli*

*Bifidobacterium*



### Additional Bacteria

*alpha haemolytic Streptococcus*

3+ NP

*Klebsiella oxytoca*

4+ PP

*Haemolytic Escherichia coli*

4+ NP

*Streptococcus agalactiae gp B*

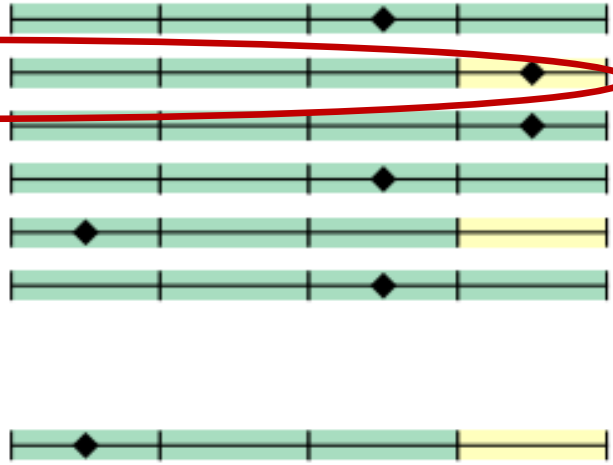
3+ NP

*Bacillus species*

1+ NP

*gamma haemolytic Streptococcus*

3+ NP



### Mycology (Culture)

*Yeast, not Candida albicans*

1+ NP





## Parasitology

### Microscopic Exam Results\*\*

No Ova or Parasites seen

### Parasitology

Parasite Recovery: Literature suggests that >90% of enteric parasitic infections may be detected in a sample from a single stool collection. Increased sensitivity results from the collection of additional specimens on separate days.

### Parasitology EIA Tests:

#### In Range

#### Out of Range

*Cryptosporidium* ♦

Negative

*Giardia lamblia* ♦

Negative

*Entamoeba histolytica* ♦

Negative



## Bacteria Sensitivity

### Prescriptive Agents

<i>Klebsiella oxytoca</i>	<b>R</b>	<b>I</b>	<b>S-DD</b>	<b>S</b>	<b>NI</b>
Ampicillin	R				
Amox./Clavulanic Acid				S	
Cephalothin				S	
Ciprofloxacin				S	
Tetracycline				S	
Trimethoprim/Sulfa				S	

### Natural Agents

<i>Klebsiella oxytoca</i>	<b>LOW INHIBITION</b>	<b>HIGH INHIBITION</b>
Berberine	[Progressive bar from left to ~75%]	
Oregano	[Progressive bar from left to ~50%]	
Plant Tannins	[Progressive bar from left to ~75%]	
Uva-Ursi	[Progressive bar from left to ~75%]	



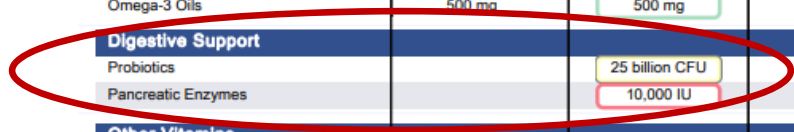
## NutrEval Results Overview

	Normal	Borderline	High Need	
<b>Antioxidants</b>	Vitamin C	Vitamin A / Carotenoids Vitamin E / Tocopherols CoQ10	α-Lipoic Acid	Supplementation for High Need  α-Lipoic Acid - Dose = 200 mg
<b>B-Vitamins</b>	Thiamin - B1  Biotin - B7 Folic Acid - B9	Pyridoxine - B6  Cobalamin - B12	Riboflavin - B2 Niacin - B3	Riboflavin - B2 - Dose = 50 mg Niacin - B3 - Dose = 50 mg
<b>Minerals</b>	Manganese Molybdenum Zinc	Magnesium		

SUGGESTED SUPPLEMENT SCHEDULE

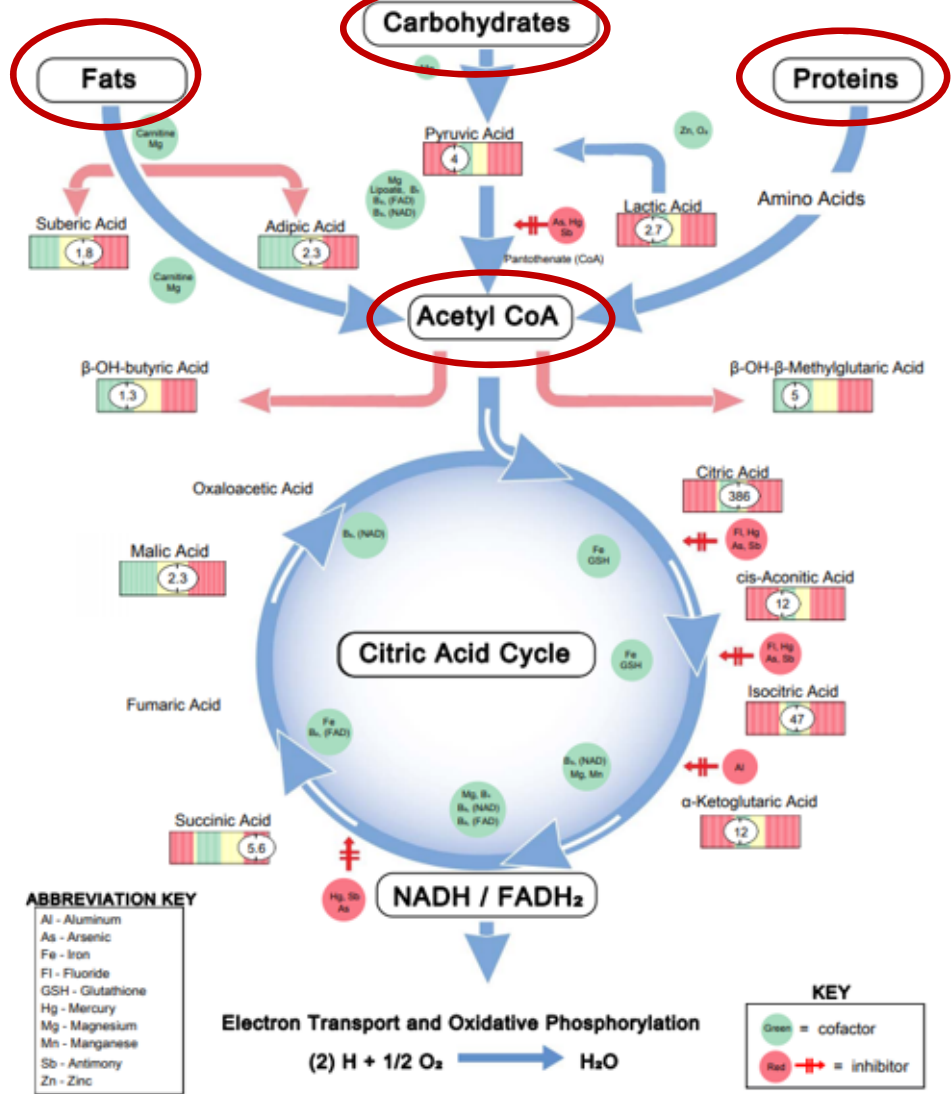


Supplements	Daily Recommended Intake (DRI)	Patient's Daily Recommendations	Provider Daily Recommendations
<b>Antioxidants</b>			
Vitamin A / Carotenoids	2,333 IU	5,000 IU	
Vitamin C	75 mg	250 mg	
Vitamin E / Tocopherols	22 IU	200 IU	
α-Lipoic Acid		200 mg	
CoQ10		60 mg	
<b>B-Vitamins</b>			
Thiamin - B1	1.1 mg	10 mg	
Riboflavin - B2	1.1 mg	50 mg	
Niacin - B3	14 mg	50 mg	
Pyridoxine - B6	1.3 mg	25 mg	
Biotin - B7	30 mcg	100 mcg	
Folic Acid - B9	400 mcg	400 mcg	
Cobalamin - B12	2.4 mcg	500 mcg	
<b>Minerals</b>			
Magnesium	320 mg	600 mg	
Manganese	1.8 mg	3.0 mg	
Molybdenum	45 mcg	75 mcg	
Zinc	8 mg	10 mg	
<b>Essential Fatty Acids</b>			
Omega-3 Oils	500 mg	500 mg	
<b>Digestive Support</b>			
Probiotics		25 billion CFU	
Pancreatic Enzymes		10,000 IU	
<b>Other Vitamins</b>			
Vitamin D	600 IU		



Amino Acid	mg/day	Amino Acid	mg/day
Arginine	195	Methionine	404
Asparagine	287	Phenylalanine	4
Cysteine	0	Serine	0
Glutamine	1,165	Taurine	0
Glycine	2,553	Threonine	292
Histidine	990	Tryptophan	0
Isoleucine	150	Tyrosine	547
Leucine	0	Valine	0
Lysine	14		

Krebs Cycle At-A-Glance



**ABBREVIATION KEY**

Al	- Aluminum
As	- Arsenic
Fe	- Iron
Fl	- Fluoride
GSH	- Glutathione
Hg	- Mercury
Mg	- Magnesium
Mn	- Manganese
Sb	- Antimony
Zn	- Zinc

**KEY**

Green	= cofactor
Red -+	= inhibitor



## Metabolic Analysis Markers (Urine)

### Malabsorption and Dysbiosis Markers

Malabsorption Markers	Reference Range
Indoleacetic Acid (IAA)	0.9 (Reference: <= 4.2)
Phenylacetic Acid (PAA)	0.13 (Reference: <= 0.12)

### Bacterial Dysbiosis Markers

Dihydroxyphenylpropionic Acid (DHPPA)	4.1 (Reference: <= 5.3)
3-Hydroxyphenylacetic Acid	7.9 (Reference: <= 8.1)
4-Hydroxyphenylacetic Acid	15 (Reference: <= 29)
Benzoic Acid	0.08 (Reference: <= 0.05)
Hippuric Acid	283 (Reference: <= 603)

### Yeast / Fungal Dysbiosis Markers

Arabinose	83 (Reference: <= 96)
Citramalic Acid	19.4 (Reference: <= 5.8)
Tartaric Acid	<dl (Reference: <= 15)

All biomarkers reported in mmol/mol creatinine unless otherwise noted.

### Malabsorption and Dysbiosis Markers

Malabsorption Markers	Reference Range
Indoleacetic Acid (IAA)	0.9 (Reference: <= 4.2)
Phenylacetic Acid (PAA)	0.13 (Reference: <= 0.12)

### Bacterial Dysbiosis Markers

Dihydroxyphenylpropionic Acid (DHPPA)	4.1 (Reference: <= 5.3)
3-Hydroxyphenylacetic Acid	7.9 (Reference: <= 8.1)
4-Hydroxyphenylacetic Acid	15 (Reference: <= 29)
Benzoic Acid	0.08 (Reference: <= 0.05)
Hippuric Acid	283 (Reference: <= 603)

### Yeast / Fungal Dysbiosis Markers

Arabinose	83 (Reference: <= 96)
Citramalic Acid	19.4 (Reference: <= 5.8)
Tartaric Acid	<dl (Reference: <= 15)

### Cellular Energy & Mitochondrial Metabolites

#### Carbohydrate Metabolism

Carbohydrate Metabolism	Reference Range
Lactic Acid	2.7 (Reference: 1.9-19.8)
Pyruvic Acid	4 (Reference: 7-32)
β-OH-Butyric Acid (BHBA)	1.3 (Reference: <= 2.8)

#### Energy Metabolism

Citric Acid	386 (Reference: 40-520)
Cis-Aconitic Acid	12 (Reference: 10-36)
Isocitric Acid	47 (Reference: 22-65)
α-Ketoglutaric Acid (AKG)	12 (Reference: 4-52)
Succinic Acid	5.6 (Reference: 0.4-4.6)
Malic Acid	
β-OH-β-Methylglutaric Acid (HMG)	5 (Reference: <= 15)

#### Fatty Acid Metabolism

Adipic Acid	2.3 (Reference: <= 2.8)
Suberic Acid	1.8 (Reference: <= 2.1)

### Creatinine Concentration

Creatinine Concentration	Reference Range
Creatinine •	10.0 (Reference: 3.1-19.5 mmol/L)

### Neurotransmitter Metabolites

Neurotransmitter Metabolites	Reference Range
Vanilmandelic Acid	1.4 (Reference: 0.4-3.6)
Homovanillic Acid	4.3 (Reference: 1.2-5.3)
5-OH-indoleacetic Acid	8.9 (Reference: 3.8-12.1)
3-Methyl-4-OH-phenylglycol	0.04 (Reference: 0.02-0.22)
Kynurenic Acid	7.2 (Reference: <= 7.1)
Quinolinic Acid	2.8 (Reference: <= 9.1)
Kynurenic / Quinolinic Ratio	2.57 (Reference: >= 0.44)

### Vitamin Markers

Vitamin Markers	Reference Range
α-Ketoadipic Acid	0.6 (Reference: <= 1.7)
α-Ketoisovaleric Acid	0.13 (Reference: <= 0.97)
α-Ketoisocaproic Acid	0.17 (Reference: <= 0.89)
α-Keto-β-Methylvaleric Acid	0.5 (Reference: <= 2.1)
Formiminoglutamic Acid (FIGlu)	0.6 (Reference: <= 1.5)
Glutaric Acid	0.52 (Reference: <= 0.51)
Isovalerylglycine	1.8 (Reference: <= 3.7)
Methylmalonic Acid	0.9 (Reference: <= 1.9)
Xanthurenic Acid	0.51 (Reference: <= 0.96)
3-Hydroxypropionic Acid	10 (Reference: 5-22)
3-Hydroxyisovaleric Acid	15 (Reference: <= 29)

### Toxin & Detoxification Markers

Toxin & Detoxification Markers	Reference Range
α-Ketophenylacetic Acid (from Styrene)	0.27 (Reference: <= 0.46)
α-Hydroxyisobutyric Acid (from MTBE)	4.7 (Reference: <= 6.7)
Orotic Acid	0.77 (Reference: 0.33-1.01)
Pyroglutamic Acid	31 (Reference: 16-34)

### Tyrosine Metabolism

Tyrosine Metabolism	Reference Range
Homogentisic Acid	18 (Reference: <= 19)
2-Hydroxyphenylacetic Acid	0.47 (Reference: <= 0.76)

Metabolic Analysis Reference Ranges are Age Specific

All biomarkers reported in micromol/g creatinine unless otherwise noted.

### Nutritionally Essential Amino Acids

Amino Acid	Reference Range
Arginine	3-43
Histidine	124-894
Isoleucine	3-28
Leucine	4-46
Lysine	11-175
Methionine	2-18
Phenylalanine	8-71
Taurine	21-424
Threonine	17-135
Tryptophan	5-53
Valine	7-49

### Nonessential Protein Amino Acids

Amino Acid	Reference Range
Alanine	63-356
Asparagine	25-166
Aspartic Acid	<= 14
Cysteine (FMV urine)	8-74
Cystine (FMV Urine)	10-104
γ-Aminobutyric Acid	<= 5
Glutamic Acid	4-27
Glutamine	110-632
Proline	1-13
Tyrosine	11-135

## Amino Acids (Urine FMV)

### Intermediary Metabolites

B Vitamin Markers	Reference Range
α-Aminoadipic	2-47
α-Amino-N-butyric Acid	2-25
β-Aminoisobutyric Acid	11-160
Cystathionine	2-68
3-Methylhistidine	44-281

### Urea Cycle Markers

Citrulline	0.6-3.9
Ornithine	2-21
Urea *	168-465 mmol/g creatinine

### Glycine/Serine Metabolites

Glycine	95-683
Serine	40-163
Ethanolamine	50-235
Phosphoethanolamine	1-13
Phosphoserine	3-13
Sarcosine	<= 1.1

### Dietary Peptide Related Markers

Reference Range	
Anserine (dipeptide)	0.4-105.1
Carnosine (dipeptide)	1-28
1-Methylhistidine	38-988
β-Alanine	<= 22

## Essential and Metabolic Fatty Acids Markers (RBCs)



Omega 3 Fatty Acids		
Analyte	(cold water fish, flax, walnut)	Reference Range
$\alpha$ -Linolenic (ALA) 18:3 n3	0.13	$\geq 0.09$ wt %
Eicosapentaenoic (EPA) 20:5 n3	2.44	$\geq 0.16$ wt %
Docosapentaenoic (DPA) 22:5 n3	2.71	$\geq 1.14$ wt %
Docosahexaenoic (DHA) 22:6 n3	4.9	$\geq 2.1$ wt %
<b>% Omega 3s</b>	10.2	$\geq 3.8$

Omega 9 Fatty Acids		
Analyte	(olive oil)	Reference Range
Oleic 18:1 n9	11	10-13 wt %
Nervonic 24:1 n9	3.0	2.1-3.5 wt %
<b>% Omega 9s</b>	14.5	13.3-16.6

Saturated Fatty Acids		
Analyte	(meat, dairy, coconuts, palm oils)	Reference Range
Palmitic C16:0	20	18-23 wt %
Stearic C18:0	19	14-17 wt %
Arachidic C20:0	0.35	0.22-0.35 wt %
Behenic C22:0	1.07	0.92-1.68 wt %
Tricosanoic C23:0	0.19	0.12-0.18 wt %
Lignoceric C24:0	2.8	2.1-3.8 wt %
Pentadecanoic C15:0	0.07	0.07-0.15 wt %
Margaric C17:0	0.29	0.22-0.37 wt %
<b>% Saturated Fats</b>	43.6	39.8-43.6

Methodology: GCMS

Omega 6 Fatty Acids		
Analyte	(vegetable oil, grains, most meats, dairy)	Reference Range
Linoleic (LA) 18:2 n6	10.5	10.5-16.9 wt %
$\gamma$ -Linolenic (GLA) 18:3 n6	0.09	0.03-0.13 wt %
Dihomo- $\gamma$ -linolenic (DGLA) 20:3 n6	1.12	$\geq 1.19$ wt %
Arachidonic (AA) 20:4 n6	17	15-21 wt %
Docosatetraenoic (DTA) 22:4 n6	2.03	1.50-4.20 wt %
Eicosadienoic 20:2 n6	0.26	$\leq 0.26$ wt %
<b>% Omega 6s</b>	30.5	30.5-39.7

Monounsaturated Fats		
Omega 7 Fats	Reference Range	
Palmitoleic 16:1 n7	0.21	$\leq 0.64$ wt %
Vaccenic 18:1 n7	0.71	$\leq 1.13$ wt %
<b>Trans Fat</b>		
Elaidic 18:1 n8t	0.26	$\leq 0.59$ wt %

Delta - 6 Desaturase Activity			
	Upregulated	Functional	Impaired
Linoleic / DGLA 18:2 n6 / 20:3 n6	9.3		
			6.0-12.3

Cardiovascular Risk		
Analyte	Reference Range	
Omega 6s / Omega 3s	3.0	3.4-10.7
AA / EPA 20:4 n6 / 20:5 n3	7	12-125
Omega 3 Index	7.3	$\geq 4.0$

The Essential Fatty Acid reference ranges are based on an adult population.

## Oxidative Stress Markers

### Oxidative Stress Markers

#### Reference Range

Methodology: Colorimetric, thiobarbituric acid reactive substances (TBARS), Alkaline Picrate, Hexokinase/G-6-PDH, LC/MS/MS, HPLC

Glutathione (whole blood)	1,141	>=669 micromol/L
Lipid Peroxides (urine)	10.0	<=10.0 micromol/g Creat.
8-OHdG (urine)	7	<=15 mcg/g Creat.
Coenzyme Q10, Ubiquinone (serum)	1.09	0.43-1.49 mcg/mL

The Oxidative Stress reference ranges are based on an adult population. The performance characteristics of the Oxidative Stress Markers have been verified by Genova Diagnostics, Inc. They have not been cleared by the U.S. Food and Drug Administration.

## Elemental Markers

### Nutrient Elements

Element	Reference Range	Reference Range
Copper (plasma)	91.3	75.3-192.0 mcg/dL
Magnesium (RBC)	37.7	30.1-56.5 mcg/g
Manganese (whole blood)	5.5	3.0-16.5 mcg/L
Potassium (RBC)	2,527	2,220-3,626 mcg/g
Selenium (whole blood)	341	109-330 mcg/L
Zinc (plasma)	122.4	64.3-159.4 mcg/dL

### Toxic Elements\*

Element	Reference Range	Reference Range
Lead	0.98	<= 2.81 mcg/dL
Mercury	1.69	<= 4.35 mcg/L
Arsenic	1.1	<= 13.7 mcg/L
Cadmium	0.20	<= 1.22 mcg/L
Tin	<DL	<= 0.39 mcg/L

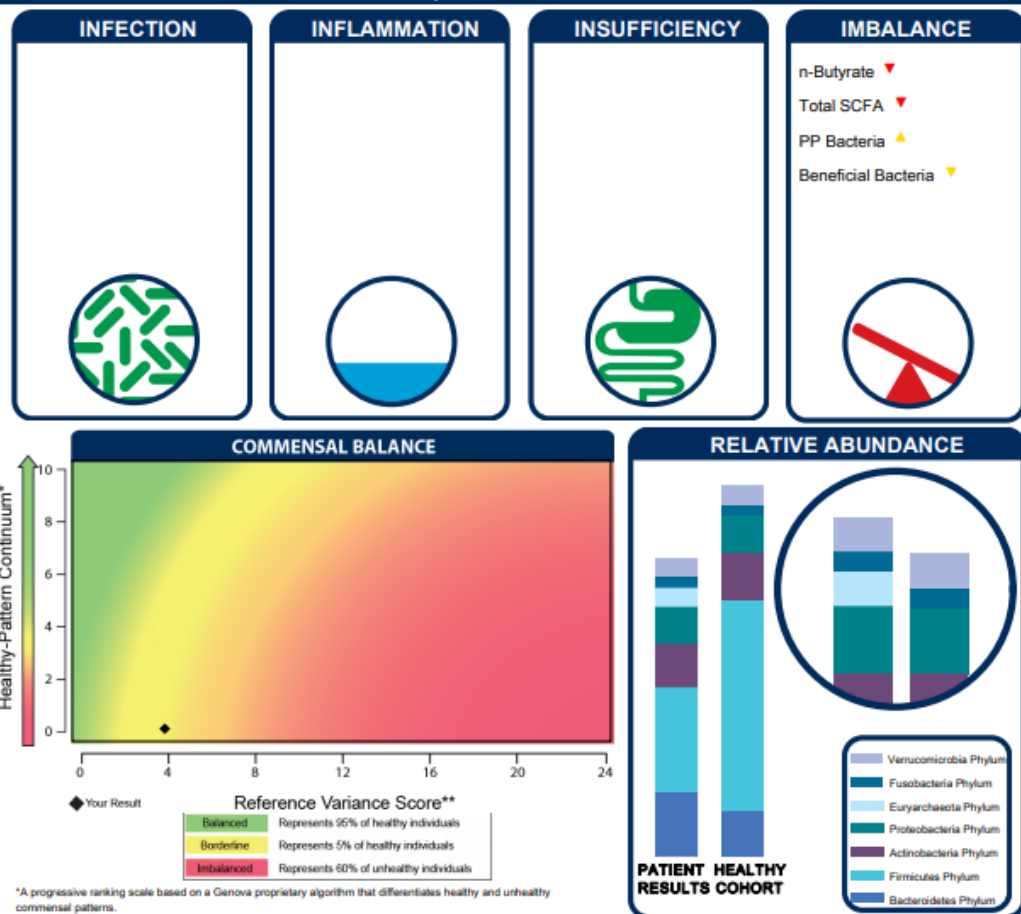
\* All toxic Elements are measured in whole blood.  
Methodology: ICP-MS

## SUGGESTED SUPPLEMENT SCHEDULE

Supplements	Daily Recommended Intake (DRI)	Patient's Daily Recommendations	Provider Daily Recommendations
<b>Antioxidants</b>			
Vitamin A / Carotenoids	2,333 IU	5,000 IU	
Vitamin C	75 mg	250 mg	
Vitamin E / Tocopherols	22 IU	200 IU	
α-Lipoic Acid		200 mg	
CoQ10		60 mg	
<b>B-Vitamins</b>			
Thiamin - B1	1.1 mg	10 mg	
Riboflavin - B2	1.1 mg	50 mg	
Niacin - B3	14 mg	50 mg	
Pyridoxine - B6	1.3 mg	25 mg	
Biotin - B7	30 mcg	100 mcg	
Folic Acid - B9	400 mcg	400 mcg	
Cobalamin - B12	2.4 mcg	500 mcg	
<b>Minerals</b>			
Magnesium	320 mg	600 mg	
Manganese	1.8 mg	3.0 mg	
Molybdenum	45 mcg	75 mcg	
Zinc	8 mg	10 mg	
<b>Essential Fatty Acids</b>			
Omega-3 Oils	500 mg	500 mg	
<b>Digestive Support</b>			
Probiotics		25 billion CFU	
Pancreatic Enzymes		10,000 IU	
<b>Other Vitamins</b>			
Vitamin D	600 IU		
<b>Amino Acid</b>			
Arginine	195 mg/day	Methionine	404 mg/day
Asparagine	287	Phenylalanine	4
Cysteine	0	Serine	0
Glutamine	1,165	Taurine	0
Glycine	2,553	Threonine	292
Histidine	990	Tryptophan	0
Isoleucine	150	Tyrosine	547
Leucine	0	Valine	0
Lysine	14		

## 2200 GI Effects™ Comprehensive Profile - Stool

### Interpretation At-a-Glance



\*A progressive ranking scale based on a Genova proprietary algorithm that differentiates healthy and unhealthy commensal patterns.  
 \*\*The total number of Commensal Bacteria (PCR) that are out of reference ranges for this individual.



## Treatment Considerations

- Antimicrobial natural agents, then rebuild with prebiotics, probiotics, and fermented foods
- Diet: increase protein and incorporate more whole, unprocessed foods
  - Emphasize brightly colored veggies and fruits for antioxidant support
- Pancreatic enzymes with protein containing meals
- Continue omega-3 supplementation
- Switch to professional multi-vitamin to one with more magnesium and consider adding a B-complex
- Follow-up with Rhythm Plus profile with Cortisol Awakening Response for insight into cycling hormones and adrenal function



## Points to Remember:

- GI Effects stool testing is a more specific indicator of gut issues
- The meaning of a “functional recommendation” in the NutrEval
- DNA as a quantitative measure vs. culture as an insight to viability in the GI Effects profile
- Plasma amino acids vs first morning void urine
- The new Interpretation At-a-Glance and Commensal Balance are not diagnostic -- they allow for pattern analysis based on patients who have run the GI Effects in the past
- Consider the recommendations provided, but always feel free to adjust any recommendations to the clinical presentation



## Objectives for This Presentation

- Identify concepts that connect nutritional assessments and stool testing results
- Provide interpretation and application of laboratory results
- Discuss strategies helpful for treatment plan creation

OBJECTIVE





**Warren Brown, ND**  
Moderator



**Stephen L. Goldman, DC**  
Presenter

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# Questions?



## Additional Questions?

US Client Services: 800.522.4762

UK Client Services: 020.8336.7750

**Please schedule a complimentary appointment with one of our Medical Education Specialists for questions related to:**

- Diagnostic profiles featured in this webinar
- How Genova's profiles might support patients in your clinical practice
- Review a profile that has already been completed on one of your patients

***We look forward to hearing from you!***



# Upcoming <sup>LIVE</sup> GDX Webinar Topics

**August 22, 2018**

## **NutrEval & ION: Case-Based Interpretation for the Athletic Patient**

Warren Brown, ND

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# The GI Effects & NutrEval: Making Clinical Connections

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July 25, 2018

