

Vasamed to Participate in Black Barbershop Health Outreach Program
Community Barbershop Healthcare Initiative Focuses on Connection of
Peripheral Arterial Disease, Diabetes, Hypertension and Obesity in Effort to
Reduce Health Complications in African American Men

MINNEAPOLIS, MN October 22, 2009 — On Saturday, November 7, 2009 Vasamed Inc., provider of diagnostic technologies that detect peripheral arterial disease in patients with diabetes, will partner with the Black Barbershop Health Outreach Program (BBHOP) in its mission to help African Americans identify the connection between peripheral arterial disease (PAD), diabetes, obesity and hypertension through early detection and referral to appropriate medical resources. Vasamed will supply the program with its SensiLase® System to conduct peripheral arterial tests for its upcoming one-day clinics that will offer free screening to African American men at black owned barbershops throughout the Los Angeles region. African American men are at a higher risk for peripheral arterial disease, diabetes and hypertension. Providing health screening at a point-of-gathering and friendship – the black barbershop – is the brain child of Dr. Bill Releford.

“It is estimated that one in three of the 20 million Americans with diabetes also have peripheral arterial disease. Half of the 8-12 million Americans have undiagnosed PAD with rates much higher within underserved populations throughout the US -- especially African Americans,” said Paulita LaPlante, President and Chief Executive Officer of Vasamed Inc. “We are very pleased to support Dr. Bill Releford and the Black Barbershop Health Outreach Program to extend lower leg vascular assessments through these outreach initiatives. The SensiLase technology can detect diminished blood flow to the legs that is common in diabetics and that can often lead to ulcers and amputations. Early identification of PAD can significantly improve a patient’s ability to understand their disease and take personal steps to increase exercise, alter diet and stop smoking in order to reduce the complications of this illness. Together with Dr. Releford, we can make a real difference in the lives of the men at high risk of PAD and diabetes via coordinated testing, simple exam and basic history taking.”

Founded in 2007 by Dr. Bill J. Releford, D.P.M. of Inglewood, California, the BBHOP addresses health care disparities among African Americans. Dr. Bill Releford is a podiatric surgeon who specializes in Diabetic Amputation Prevention to help reduce the high number of diabetes-related amputations in high-risk populations. The mission of the BBHOP is to empower African American men to better understand PAD, diabetes and hypertension and how it is related to obesity and smoking so that they can take a greater role in preventing disease and complications. For the first time ever, BBHOP, Vasamed and glucose monitoring and service company Entra Health Systems (EHS) will prospectively collect information about these diseases, lifestyle and health information in a significant population of African American men and electronically upload all the data into one searchable database via EHS’ telehealth platform.

Vasamed will support the testing sites by providing the SensiLase System, the only perfusion assessment product of its kind to also work in combination with a real-time online data collection network to securely upload and manage diabetic foot and vascular information using the SensiLase PC at the point of care in the physician’s office, lab or clinic. The SensiLase System data can be easily accessed by all the physicians involved in the care of the epidemic numbers of patients with combined diabetes and peripheral arterial disease thus improving healthcare communication and disease management.

About Vasamed, Inc.

Vasamed, Inc. specializes in noninvasive diagnostic tools for identifying critical circulatory conditions. Their technologically advanced products can help improve patient outcomes by quickly, cost-effectively and noninvasively measuring hemodynamic parameters in a clinic or office-based setting.

Media Contact: John Campbell
 VP Sales and Marketing
 Vasamed, Inc.
 800-695-2737 x 518
 jcampbell@vasamed.com
 www.vasamed.com



~ Disease Facts ~

Diabetes, peripheral arterial disease (PAD), hypertension, and lifestyle choices are contributing to an epidemic event that is disproportionately hitting African American men as these disease conditions almost always occur together. Detection and progression of PAD is often obscured in patients with diabetic complications.

About Diabetes Mellitus (DM)

- According to The Centers of Disease Control and Prevention (CDC) in 2007, 23.6 million Americans had diabetes, with nearly a third undiagnosed. Another 57 million have pre-diabetes, and are likely to have the disease if they do not alter their living habits. The 23.6 million represents a 13.5% increase from the 20.8 million in 2005. Many factors contribute to this rise, including higher prevalence of overweight and obesity, changes in diagnostic criteria, improved or enhanced detection, decreasing mortality, a growing elderly population, and growth in minority populations in whom the prevalence and incidence of diabetes are increasing). *Source: ADA 2009 Diabetes Facts.*
- Type II Diabetes accounts for 90-95% of all diagnosed cases of diabetes. *Source: diabetes.niddk.nih.gov/dm/pubs/statistics/index.htm*
- **... and its economic impact:** The total economic cost of diabetes is \$174B according to a 2007 ADA study. *Source: ADA 2009 Diabetes Facts.*

About Peripheral Arterial Disease (PAD)

- 8 to 12 MM Americans have PAD; this includes 12 to 20% of U.S. senior citizen population. *Sources: AHA Heart Disease and Stroke Statistics 2009; AJPM 32(4): 328-333, 2007; JAMA 2001; 286:1317-1324.*
- About half of all people with PAD are asymptomatic.
- Among this population, 5 to 10% develop symptomatic PAD over 5 years.
- Symptomatic PAD patients have a high rate of mortality (25% to 30% within 5 years).
- Untreated PAD can result in critical limb ischemia (CLI); this serious next stage of the disease typically results in amputation. The number of amputations performed yearly in the U.S. is estimated to be 160,000-180,000, with an estimated 10% yearly increase. *Source: J Invasive Cardiol 2009;21:418-422*
- Diabetes and cigarette smoking are particularly strong risk factors for PAD. The odds ratio of PAD for current smokers was 4.13 compared to people who had never smoked. *Source: Circulation. 2006 Mar 21;113[11];e463-654. Circulation. 2004;109:3196-3201*
- **... and its economic impact:** The total economic cost of PAD, CLI and amputation are significant. In the later stages of PAD (critical limb ischemia or CLI) blood flow is so inadequate that ulcerations and gangrene occur. Once PAD has progressed to CLI, the risks of limb loss and mortality increase. At six months approximately 20% of those with CLI will die; another 35% will experience amputation. Once the patient has CLI, many therapeutic options are available that can slow or even prevent disease progression to the critical stage. Initial treatment includes cessation of smoking, dietary changes and drug

therapies to reduce cholesterol and high blood pressure, and if the patient has diabetes, glucose control. Once at the ischemic stages, several minimally invasive therapies are available, as well as surgical bypass. Clinical understanding of the atherosclerotic process in the lower limbs and an improved understanding of peripheral disease are fueling a wave of diagnostic and therapeutic technological innovation. According to The Sage Group, a 25% reduction in the number of amputations could save an estimated \$2.9 billion in health care expenditures. *Source: The Sage Group www.thesagegroup.us*

About Hypertension (HTN)

- High blood pressure affects about 73 million adults (age 20 and older) in the U.S. and is often called the "silent killer," with African Americans being more likely to develop the condition than any other racial or ethnic group. The prevalence of high blood pressure in African Americans (44%) is among the highest in the world, and it is increasing. *Sources: American Heart Association. High Blood Pressure. Available at <http://www.americanheart.org>; American Heart Association: High Blood Pressure Statistics. Available at: <http://www.americanheart.org>; U.S. Department of Health and Human Services: What Every African American Should Know. http://hp2010.nhlbi.nih.gov/mission/partner/african_american.pdf*
- One in three patients with Diabetes has Peripheral Arterial Disease. *Source: JAMA 2001; 286: 1317-1324.*
- **... and its economic impact:** The total cost of hypertension is so significant that adherence to evidence-based prescribing guidelines for hypertension could result in substantial savings in prescription costs for elderly patients with hypertension that would amount to savings of about \$1.2 billion nationally. *Source: JAMA. 2004;291:1850-1856.*

About Obesity and other Lifestyle Choices

- One in three Americans over the age of 20 is obese (>74MM people). 74% of African American males in 2006 were considered overweight – 36.8% were considered obese. *Source: Heart Disease and Stroke Statistics, 2009 Update AHA.*
- Overall prevalence of the healthy lifestyle indicator [having all 4 Healthy Lifestyle Characteristics (HLC)] was only 3% with little variation among populations. These 4 HLCs are: non-smoking; healthy weight; five fruits and vegetables per day; and routine physical activity. *Source: (Arch. Intern Med. 2005; 165:854-857.)*
- African Americans had the lowest prevalence rate (22.9%) in 2007 for routine physical activity.
- **... and its economic impact:** According to a study of national costs attributed to both overweight (BMI 25–29.9) and obesity (BMI greater than 30), medical expenses accounted for 9.1 percent of total U.S. medical expenditures in 1998 and may have reached as high as \$78.5 billion (\$92.6 billion in 2002 dollars) (Finkelstein, Fiebelkorn, and Wang, 2003). Approximately half of these costs were paid by Medicaid and Medicare. The primary data sets used to develop the spending estimates for this study included the 1998 Medical Expenditure Panel Survey (MEPS) and the 1996 and 1997 National Health Interview Surveys (NHIS). In 1998 aggregate adult medical expenditures attributable to overweight and obesity is estimated to be \$51.5 billion using MEPS data and \$78.5 billion using 1998 National Health Accounts (NHA) data. For obesity alone, the estimated costs are \$26.8 billion and \$47.5 billion, respectively. The inclusion of nursing home expenditures in the NHA estimates causes most of the difference between the MEPS and NHA results. *Source: CDC 2009. www.cdc.gov/obesity/causes/economics.html.*