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The image shows a Biegler Autopress device, a white rectangular unit with a digital display and control buttons, mounted on a stand. Two white fluid bags are connected to the device via tubes. The device is labeled 'autopress' and 'BIEGLER MEDIZIN ELEKTRONIK'. A red banner at the top left contains the text 'AUTOMATIC PRESSURE INFUSOR' and 'Delivers fluids under constant pressure with electronic control'.

**autopress**

## **AUTOMATIC PRESSURE INFUSOR**

**Delivers fluids  
under constant pressure  
with electronic control**

**BIEGLER**  
medizinelektronik

## **Automatic Pressure Infusor**

**BIEGLER GmbH develops and manufactures medical devices and disposables for over 40 years. Biegler serves their customers by offering them not only high quality products and services but comprehensive and personal support as well.**

The company based in Austria / Europe introduced the AUTOPRESS device as an important part of its fluid warming philosophy. Autopress works directly with Biegler blood and infusion warmers to deliver blood and fluids at high flow rates or as a stand-alone unit to deliver fluids at constant pressure up to 300 mmHg wherever needed.

Pressure infusing bags are mainly used for irrigation purposes during arthroscopy, laparoscopy and hysteroscopy. The adjusted pressure is constantly maintained and therefore does not require manual compensation.

When connected to an electrical outlet, Biegler Pressure Infusor automatically maintains pressure on blood and IV fluid bags. Pressure range is zero to 300 mmHg.

### **Features at a glance:**

- Pressure is adjustable and always maintained
- Precise pressure setting from zero to 300 mmHg with electronic control
- Accommodates pressure cuffs 2 x 500 or 2 x 1000 cc
- Small and lightweight
- Mains operated
- Pressure cuffs can be emptied rapidly and easily
- Significant reduction of set up time

**Biegler GmbH**  
**Allhangstrasse 18a**  
**3001 Mauerbach**  
**Austria**

**Tel.: +43 1 979 21 05**  
**email: [office@biegler.com](mailto:office@biegler.com)**

**CE 0123**



**Medica**

**World Forum for Medicine**  
**Hall 11 Stand A 22**  
**[www.biegler.com](http://www.biegler.com)**



## Editorial

### SOUND SLEEP, SOUND BUSINESS



You're eating a healthy diet (most of the time). You're exercising (some of the time). But are you sleeping well? Sleep is a necessity, not a luxury or an option. You must sleep well to perform well.

Why is healthy sleep important? It promotes physical health and mental well-being. It boosts performance and

reduces safety risks. Yet millions of people are failing to get the sleep that their body needs. Adults typically need about seven to nine hours of regular sleep. But 28 % of adults get six hours or less of daily sleep. Over time, ongoing sleep loss can have a dramatic impact on health and quality of life. Poor sleep is linked to problems such as obesity, high blood pressure and Type 2 diabetes. And it has a cumulative impact on nearly every key indicator of public health. Millions of people also have an untreated sleep disorder that prevents them from sleeping well. They may spend eight hours in bed but never get quality sleep. There are a host of sleep problems that can disrupt sleep such as chronic insomnia, restless leg syndrome, loud snoring and obstructive sleep apnea.

In this issue *Infomedix International* focuses on Sleep Medicine underlining the necessity of improving public health by promoting healthy sleep. Sleep is one of the three pillars of a healthy lifestyle and healthy sleep should be a national health priority. Be sure to make

**Our project is called "Living Magazine"... where the content of our Infomedix International Magazine is going "live" at the exhibition!**

healthy sleep one of your top priorities. You don't have to go through life feeling tired, exhausted and frustrated. A sound sleep will certainly help perform well at the upcoming MEDICA show in Duesseldorf where suppliers see themselves as being confronted with tougher competition and a stronger level of price pressure. Opening its doors from 14-17 November, almost 5,000 exhibitors will present a full range of new products, services and processes for use within the scope of outpatient and clinical care on over 116,000 square meters of booked floor space. **Infomedix at MEDICA** is presenting an innovative project that might support your search of distributors and manufacturers among the 130,000 visitors. Our project is called "Living Magazine"... where the content of our Infomedix International Magazine is going "live" at the exhibition! How? We invite you all to visit our booth **Hall 16 - Stand E51** to see, touch and evaluate the products showcased at the booth and published in the magazine through our highlights. Furthermore a "Distributors' Wall" will be set up at the booth with announcements of dealers and manufacturers looking for new business and contacts.

Remember: a successful show is also the result of a good sleep. Sleep is not optional. "Sleep Well, Perform Well": It's our motto for a healthier lifestyle and a successful show!

**Baldo Pipitone**

CEO Infodent S.r.l.

[baldo.pipitone@infodent.com](mailto:baldo.pipitone@infodent.com)

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# NEW IN PHYSIOTHERAPY PULSED ELECTROMAGNETIC FIELDS

1 ANTI  
INFLAMMATORY

2 CICATRIZATION

3 HAEMATOMA

4 RELAXATION

5 PAIN RELIEF

6 ARTHROSIS

7 SPRAIN

8 ŒDEMA

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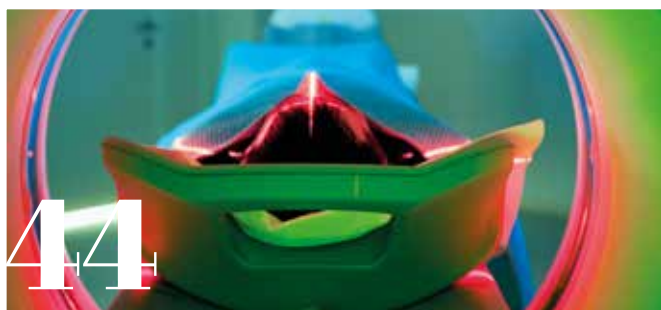


**3-2016**  
October / December



**FOCUS - SLEEP MEDICINE - LIVING WITH SLEEP APNEA AND SNORING**

"Obstructive sleep apnea is the most common type of sleep apnea and by far the single most common disorder seen at sleep centers, responsible for more mortality and morbidity than any other sleep disorder..."



**HOT TOPIC RADIOLOGY - MORE ON MAGNETIC RESONANCE IMAGING**

"A new technology harnesses imperfections that typically compromise MRI exams to create images resolved enough to enable consistent diagnoses across populations for the first time..."

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## EXHIBITION FOCUS - MEDICA AND COMPAMED

"What medical breakthroughs will the future bring? Possibly one of the most exciting questions there is. Year by year, the annual conjunction of the world's leading medical trade fair, MEDICA, and COMPAMED..."

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“

The more  
that you **read**,  
the more things you  
**will know.**

The more  
that you **learn**,  
the more **places**  
you'll **go.**

”

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*Sometimes all you need is just change  
your point of view.*

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## Calze Olona Top Quality Italian Company Production

Calze Olona Srl, established in 1964, is located in Locate Varesino, in the province of Como, where it manufactures a large and qualified range of graduated compression elastic hosiery for the care and prevention of varicose veins, with graduated compression from 7 mm Hg to 30 mm Hg, in different models that include woman hosiery, man socks, anti-thrombosis and medical hosiery.

Calze Olona Srl facility is more than 3000 sqm, with over than 100 computerized circular looms with electronic controls and 40 machineries for a production of more than 3,000,000 pairs a year, with the use of high quality yarns.

The first step of the production and all the following ones, from the sewing of the toes to the pantyhose assembling, from the application of the thigh-high bands to the waist band ones, from the application of the personalized labels to the packaging, are completely done inside the two facilities of the company in order to be able to submit the whole production to constant internal controls of the quality and of the graduated compression levels. The only external operations are the fixing and the dyeing because, for ecological reasons, they are done by another company in northern Italy, highly specialized and with suitable environmentally certifications for the health protection.

Therefore we can say that Calze Olona produces elastic hosiery of high quality, long duration and elegance Made in Italy, in a wide range of colors, in order to meet the market request and for the customer satisfaction.

Despite the high quality of the Italian production, the dynamic and simple organization of Calze Olona is able to guarantee very competitive prices.

Calze Olona company is an Italian company appreciated all over the world, that offers its own production in private label to the Italian and foreign companies which deal with orthopedics, pharmacies, parapharmacies, rest homes, rehabilitation centers and hospitals. The wide range of our articles allows customers to customize their own products according to the needs of their own final markets. Calze Olona is always looking for new partners with whom starting important business cooperation.

Contact us: **[www.calzeolona.it](http://www.calzeolona.it)** and require the video of the Calze Olona production.



*Calze Olona: main facility located 31 km from Milan, Italy*

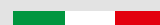
### CALZE OLONA IS SPECIALIZED IN THE PRODUCTION OF A LARGE RANGE OF GRADUATED STOCKINGS, COMPRESSIONS FROM 7 to 30 mm Hg ACCORDING TO THE MODEL, THAT INCLUDES:

- Women hosiery: pantyhose, stay-up, stocking and knee-high, net knitting and smooth knitting;
- Man socks and unisex models;
- Anti-thrombosis hosiery;
- Medical hosiery, open and closed toe;



**CALZE OLONA ELASTIC STOCKINGS, COMPLETELY MANUFACTURED IN ITALY, ARE SOLD WORLDWIDE IN PRIVATE LABEL**

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## An Italian Example in the Elastic Stockings and Orthopedic Products Field

We turn to doctor Natale Molinari, founder of Luropas company, leader in the elastic stockings and orthopedic field with the Scudotex brand, to know this typical Italian working activity.

**Q:** Dr. Molinari when did you decide to start your company activities?

**A:** In 1977 when my wife and me decided to found Luropas company in order to sell our production line and to register it under the Scudotex brand.

**Q:** Which is the main Luropas production?

**A:** The main fields we deal with are the ones of the graduated compression hosiery, with the complete range of Scudotex elastic stocking that includes different compressions, from the preventive ones (7 mm Hg) to the therapeutics ones (30 mm Hg), besides the knee-highs for man and the anti-thrombosis models. We also offer a complete line of post-surgical belts, orthopedic corsets and medium-strong corsetry.

**Q:** Which new markets are you interested in?

**A:** Scudotex is leader in the Italian market and it is present in more than 40 Countries all over the world, from Europe, to America, to Asia. Our main foreign customers are important companies that mainly deal with pharmacies, orthopedic and sanitary shops or that provide hospitals. Our company mainly sells its products under the Scudotex brand, even if in particular occasions we can offer private label supplies. Being producers, we are also able to provide elastic fabrics for the production of elastic belts and corsets.

**Q:** Why the buyer should prefer Scudotex products?

**A:** First of all for the quality and the handcraft care we put in the manufacture of our products, specifying that our Scudotex items are completely manufactured in Italy.

**Q:** If everything is manufactured in Italy, can your Scudotex products have competitive prices with the competitors?

**A:** Sure, because thanks to our managing family-run business, simple and flexible, we can manufacture high quality articles, Made in Italy, with competitive prices and this is the key of our success.

For further information about Scudotex products, visit **www.scudotex.it**.

**Visit us at Medica 2016, Hall 5 Booth P39**

highlights



Luropas – Scudotex: main facility located 30 km from Milan, Italy

# ScudoTex®

### COMPRESSION STOCKINGS & ORTHOPEDIC ITEMS

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 We supply both with Scudotex brand and in private label

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Since 1972 ALVI devotes its know-how in the production of aluminium trolleys and cupboards to solve logistics problems inside hospital, laundries and hotels. Anodized aluminium is the ideal material in terms of hygiene, ergonomics and reliability, as it is light, resistant to corrosion, stiff and suitable for washing and disinfection.

4000 CR trolley has been developed for the distribution of linen inside wards when high capacity is requested. It is very light-weight (only 26 kg!) but at the same it can feed with clean linen more than 10 beds.

It can be equipped with drawer, brakes, yale lock and can be hooked to sack holders for the collection of dirty linen.

For more information visit our website [www.alvi-italia.com](http://www.alvi-italia.com)

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## • Autopsy Saw HB 740 - No Need for a Cumbersome Power Cable!



There is not always electricity when working with an autopsy saw. For that reason, we would like to introduce to you an oscillating autopsy saw, which is perfect for mobile use as it does not require a supply cord: our HB-740-Accu-250. This autopsy saw can be up to 60 minutes in permanent use before the accu needs to be changed or charged! A speed controller facilitates exact setting so that the

oscillation of the saw blade can be adjusted precisely to meet the respective requirements. Since the health and safety of employees are our top priority, a compact vacuum cleaner with eco flat folding filter technique is also available at additional charge for our HB-740. This vacuum cleaner is particularly designed for vacuuming toxic dust, finely divided silica and other hazardous airborne particles that are larger than 0.5 µm.

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The parent company of BAILIDA is Machan International Co., Ltd. founded in 1976 and certified by ISO9001:2000. BAILIDA specialized in manufacturing professional storage units with wild ranges of medical and hospital equipment, such as medical carts, medication carts, emergency/crash carts, utility trolleys, accessories etc.

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## • Puro – more than just a bed



The hospital bed Puro offers great solutions for hygiene, operation and comfort. Stiegmeyer has incorporated over 40 years of experience with the machine washability of hospital beds in the Puro's design and development.

The bed's clean and elegant components are large-format and thus reduce gaps. In addition, the majority of cables are integrated into the bed frame. A special cavity sealing and heat-resistant surfaces make the bed particularly suitable for automated reprocessing.

The Puro can be operated intuitively with the innovative LCD handset – with only 3 buttons. The handset offers operating levels for patients, care staff and technicians to ensure a safe and effective handling of the bed. Furthermore, the MultiFlex+ safety sides can be lowered softly with only one hand and provide quick access to the patient. They also include an integrated mobilisation support which can help the patient get out of bed.

[www.stiegmeyer.com](http://www.stiegmeyer.com) // [info@stiegmeyer.com](mailto:info@stiegmeyer.com)

Visit us at Medica 2016, Hall 14, Booth D05



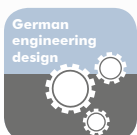
highlights

Reliable  
Hygiene

## Puro – simply washable

The hospital bed Puro is setting new standards in terms of hygiene. A special cavity seal for the frame structure and an exclusive impermeability of the drive components' enclosure meet the exacting demands of automated decontamination. The robust product quality ensures surface-preserving and impeccably hygienic reprocessing.

Infectious agents on the bed are invisible threats. A reliable reprocessing can, however, minimise follow-up costs.



[www.stiegmeyer.com](http://www.stiegmeyer.com)





## • Adhezion Biomedical - Advancing the Science of Healing



Adhezion Biomedical's vision is to redefine the way cyanoacrylate-based surgical adhesives and sealants are used in medicine by developing exciting new wound closure, wound care, and infection prevention products. We explore new materials, formulations, and technologies to produce medical products that provide superior modalities to close wounds and prevent infection. Our SurgiSeal

Product Family consists of 3 SKU's of topical skin adhesive for wound closure that provide the optimal balance between strength and flexibility. SURGISEAL adhesive can replace sutures for incision or laceration repair and is designed to save time during wound repair, provide a flexible, water-resistant & antimicrobial protective coating, and eliminate the need for suture removal. FloraSeal® Microbial Sealant is designed to be applied prior to an incision and stays on the skin, eliminating bacteria migration long after surgical procedures are complete. To learn more about these products and see our entire product portfolio, please visit our website.



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Calze G.T. srl is proposing new socks with graduated compression in Cotton and Milk fiber for Men and Women. Article 820B it is a new Cotton Socks with graduated compression 18-22 mmHg with pattern colored design to give more nicer look and exclusive sensation, and a special foot sole to gently massage the foot at each step. Article 820M it is a Milk/Viscose Unisex Socks with graduated compression 18-22 mmHg, the most SOFT and comfortable

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Visit us at Medica 2016, Hall 16, Booth F65

## • Biegler Medizinelektronik - more than 40 years of experience in the medical field



"Biegler Medizinelektronik, based in Austria/Europe, has to its credit more than 40 years of research, development and production in the service of medicine. Customers are served by offering them not only high quality products and services but comprehensive and personal support as well."

The quality management system was introduced in 1994 with EN ISO 9001 / EN 46001 and developed further in accordance with EN ISO 13485:20012. It covers all processes from development through to after-sales service and provides the guarantee for consistently high quality. Together with the customer from the start: Research and development is one of the core competencies at Biegler Medizinelektronik.

The company offers not just the technical but all the regulatory prerequisites for successful partnership with OEMs. Biegler's expertise is in the development and manufacture of ready-for-sale medical products. The company operates distribution to end customers in over 70 different countries with distribution partners."

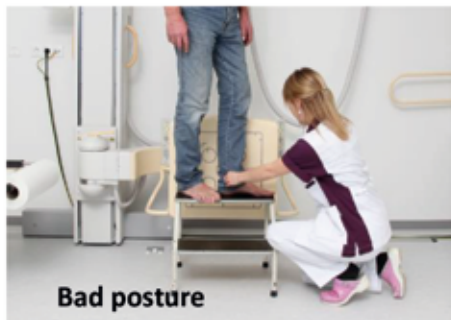
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highlights

## Prevent RSI, prevent incidents, make better X-Ray's with Simple Up



Bad posture

Simple Up CL is a fantastic improvement for radiology departments. It is mobile and battery operated. A safety indicator helps to work safer and more efficient. Simple Up is a great step forward in patient safety and reduction of physical burden.

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Melius Pro B.V.  
Dioriet 12  
3831VT Leusden - Netherlands



Correct posture  
Patient stands stable

## • Vioguard's Self-Sanitizing automatic Keyboard System



The spreading of deadly pathogens through cross-contamination is increasing with the greater use of shared computer keyboards in OR and patient rooms. Manually disinfecting the uneven surface of keyboards is not efficient in urgent situations or busy environments. Keyboards are a main vector of transmission for viruses and bacteria.

Vioguard's Self-Sanitizing Keyboard uses the germicidal properties of ultraviolet light (UV-C) to automatically and consistently disinfect keyboards after every use, killing 99.99% of harmful microorganisms within seconds, eliminating the need for disposal of biohazard waste.



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Visit us at Medica 2016, Hall 16, Booth D40-8

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We are looking forward to welcome you at the TRADEX- Pavilion.

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Visit us at Arab Health/Medlab ME 2017, Za'abeel Hall/New Za'abeel Hall, Booth Z3.G30/Z6.G30

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More detailed information available online.

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## The Low Temperature Plasma Sterilization

### Beyondmedi creates the new innovation in medical fields



#### Smart System

- Automatic moisture detection & Automatic moisture
- Automatic temperature sensing of the instrument & Automatic preheating of the instrument

#### Advanced Technology

- The perfect passage of Helix PCD test
- Concentration technology of the hydrogen peroxide

#### Low maintenance costs

- Smart Design
- The maximum effect with minimum parts

#### Models

- BM-35L (35Liter)
- BM-55L (55Liter)
- BM-100L(100Liter) Single and double door
- BM-120L(120Liter) Single and double door
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special rotor (Medifuge200, Silfradent, Italy) that works at alternate and controlled speed. CGF is a fibrin matrix, incorporating platelets, leucocytes, growth factors and circulating hematopoietic stem cells. This concentrate can be considered an "extra weapon" in regenerative surgery for the treatment of chronic skin lesions. Thanks to its proven efficacy, CGF is recommended for the treatment of not-healing ulcers despite common treatments.

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**T**issue regeneration is a continuing challenge both in biological and clinical terms. Regenerative medicine and tissue engineering are continuously making huge advances in the identification of new strategies in the field of tissue regeneration. In this field, platelet concentrates represent an interesting and innovative therapeutic alternative, as they provide a rich source of autologous growth factors involved in the induction of cell proliferation, in extracellular matrix remodeling and in the angiogenetic mechanisms, that take place during the different stages of tissue regeneration.



**Photo**  
Two CGF  
Yellow part:  
fibrin clots  
Red part:  
erythrocytes

Platelet preparations are obtained from patient's venous blood through a standardized protocol of centrifugation, that sometimes, using the addition of exogenous substances, allows to isolate a fraction rich in platelets and growth factors, called "platelet concentrate" or "platelet gel".



**Photo**  
Fibrin clots

The platelet growth factors have extremely high efficiency in every biological process, in which it is necessary to stimulate tissue repair, growth and modulation of cell life and self-control of the immune system. The technique of platelet concentrates moves plasma rich in growth factors from the blood to the treatment area, speeding and tracking the natural processes of healing.



**Photo** MEDIFUGE  
machine MF 200

**Photo**  
Bone-Ring graft material  
mixed with CGF

Concentrated Growth Factors (CGF), developed by Sacco in 2006, is a special type of platelet preparation with great potential for clinical application. At the base of the regenerative process, three factors are particularly important: the scaffold (organic, natural or synthetic), growth factors and autologous cells. All these elements are present in the CGF which is obtained by a "one-step" centrifugation process of the blood samples, using a special centrifuge (Medifuge Mf 200, Silfradent srl, Forli, Italy), without the addition of exogenous substances. Its main characteristic lies in its consistency; in fact CGF is an organic matrix rich in fibrin, thus more dense than other platelet concentrates, able to "trap" a large amount of platelets, leukocytes and growth factors, showing regenerative properties and versatility.



**Photo**  
CGF biological  
membrane

These features, together with the simple and standardized centrifugation protocol MEDIFUGE, make the CGF a superior autologous product which can be used in different areas of regenerative surgery; for example in dentistry, maxillofacial surgery, cosmetic surgery and orthopedics. Its clinical efficacy, has so far been demonstrated in various situations ranging from filling of extraction sockets (Tadić et al., 2014), to the filling of the cavities after cystectomy (Mirković et al., 2015), to interventions of sinus lift and augmentation of the crestal profile (Kim et al., 2014; Del Fabbro et al., 2013; Sohn et al., 2011). In addition, CGF features, make it suitable to be used both alone and with bone particulate or autologous biomaterials (Ghenot et al., 2014). In conclusion, if it is true that the blood is the "source of life" for the organism, platelets in it play an important role in the body's regenerative processes. The research, however, does not stop and Silfradent has still in progress studies at several universities in Italy (University of Bari, University of Brescia), Europe (ACTA Amsterdam University, Dental School-Medical University Vienna; University of Warwick - UK) and also outside Europe (IPK center Hospital Havana-Cuba; Almejiera center Hospital Havana-Cuba).



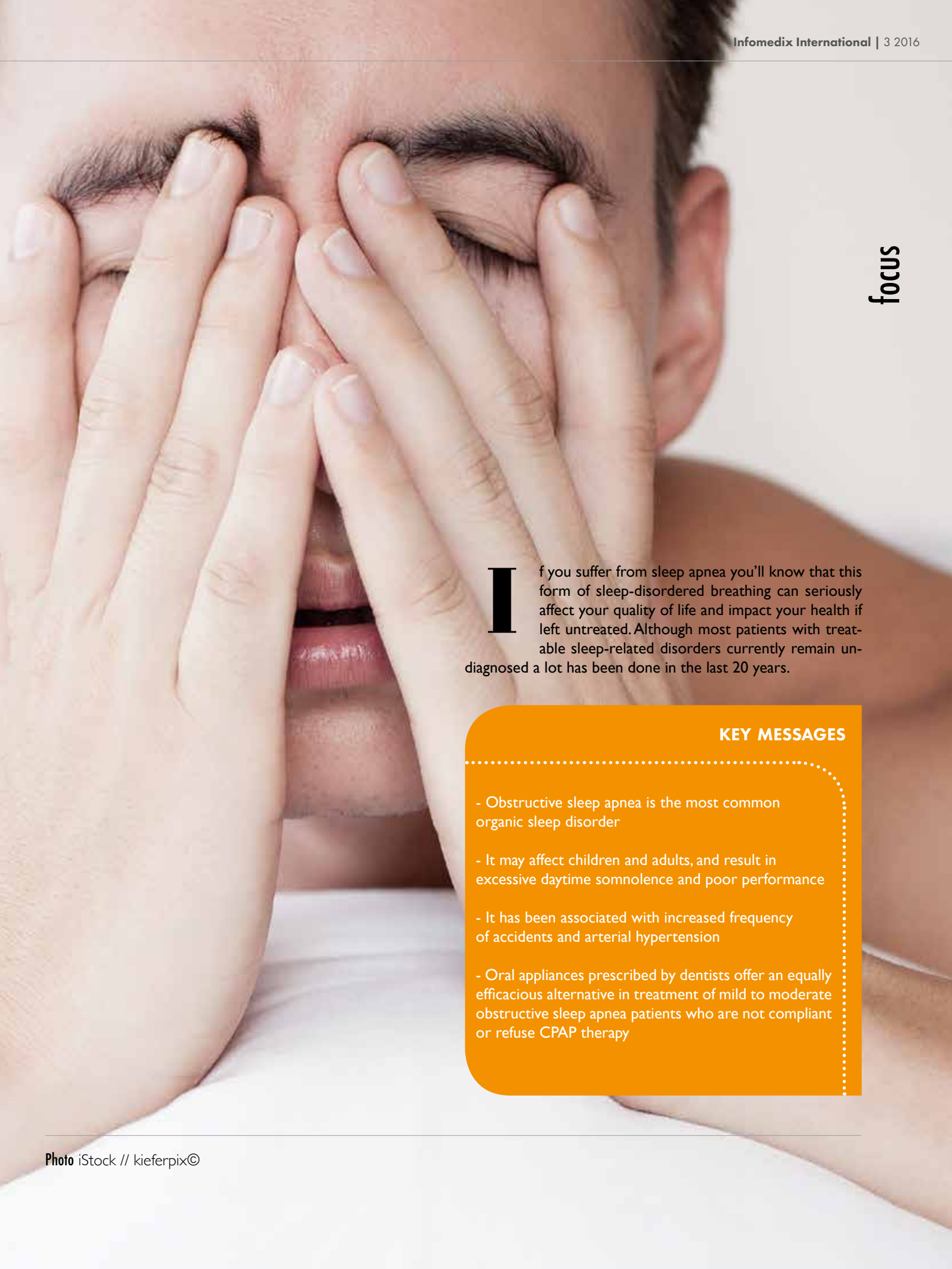
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# **Focus**

# **Dental Sleep Medicine – Living with Sleep Apnea and Snoring**

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**Author:** Silvia Borriello



**I**f you suffer from sleep apnea you'll know that this form of sleep-disordered breathing can seriously affect your quality of life and impact your health if left untreated. Although most patients with treatable sleep-related disorders currently remain undiagnosed a lot has been done in the last 20 years.

#### KEY MESSAGES

- Obstructive sleep apnea is the most common organic sleep disorder
- It may affect children and adults, and result in excessive daytime somnolence and poor performance
- It has been associated with increased frequency of accidents and arterial hypertension
- Oral appliances prescribed by dentists offer an equally efficacious alternative in treatment of mild to moderate obstructive sleep apnea patients who are not compliant or refuse CPAP therapy

**O**bststructive sleep apnea is the most common type of sleep apnea and by far the single most common disorder seen at sleep centers, responsible for more mortality and morbidity than any other sleep disorder.

Affecting millions of people worldwide, obstructive sleep apnea is marked by recurring episodes of upper airway obstruction that lead to markedly reduced (hypopnea) or absent (apnea) airflow at the nose or mouth. These episodes are usually accompanied by loud snoring and hypoxemia and are typically terminated by brief micro-arousals, which result in sleep fragmentation. Patients with obstructive sleep apnea are typically unaware of such arousals, but the resulting deterioration in sleep quality contributes greatly to excessive daytime sleepiness. Most obstructive sleep apnea patients have no detectable respiratory abnormality while awake.

There are three known forms of sleep apnea: central sleep apnea (CSA), obstructive sleep apnea (OSA) and complex or mixed sleep apnea that is a combination of both central and obstructive and these constitute 1%, 84% and 15% of cases respectively. With central sleep apnea (CSA) breathing is interrupted by a lack of respiratory effort. With obstructive sleep apnea (OSA), a physical block to airflow, despite respiratory effort, interrupts the breathing and snoring is common. Overall, 90% of all cases are OSA based, consisting in a partial or complete collapse of the upper airway caused by relaxation of the muscles in the back of the throat controlling the soft palate and tongue, blocking the passage of air.

An apnea event is defined as the cessation of naso-buccal air flow for more than 10 seconds. The indices commonly used to assess sleep apnea are the Apnea-Hypopnea Index (AHI) and the Respiratory Disturbance Index (RDI). The AHI is defined as the average number of episodes of apnea and/or hypopnea per hour of sleep. The RDI is defined as the average number of respiratory disturbances, such as obstructive apneas, hypopneas and respiratory event-related arousals per hour. According to the guidelines for adult OSA, the diagnosis of OSA is confirmed if the number of RDI on polysomnography (PSG) is greater than 15/hr or greater than 5/hr in a patient who reports any of the following: unintentional sleep episodes during wakefulness; excessive daytime sleepiness, unrefreshing sleep; fatigue; morning headaches; insomnia; waking up breath holding, gasping, choking or coughing; irregular breathing during sleep (e.g. loud snoring); dry mouth; sore throat; high blood pressure; large neck size; frequent nightmares (especially in children), restless sleep, or the

bed partner describing loud snoring. Less common symptoms include arrhythmia, decreased sex drive, unexplained weight gain, frequent nocturnal urination, gastroesophageal reflux and heavy night sweats.

#### Classification of Sleep Apnea (Apnea-Hypopnea Index - AHI)

AHI = 0-5 Normal range  
AHI = 5-15 Mild Sleep Apnea  
AHI = 15-30 Moderate Sleep Apnea  
AHI > 30 Severe Sleep Apnea

#### Definition of Obstructive Sleep Apnea Severity:

- mild for RDI = 5 and < 15  
- moderate for RDI = 15 and = 30  
- severe for RDI > 30/hr

Although physical examination of the throat and weight measurement provide much information to the doctor, there are two types of sleep studies available to evaluate obstructive sleep apnea in patients: Nocturnal Polysomnography (PSG) - over night sleep study carried out in a sleep center - it involves monitoring of different events occurring during sleep like eye movements, chest wall movements, EEG etc., or home sleep testing through a portable monitor, called Home Sleep Test (HST) or "Unattended Sleep Study".

#### Prevalence of Sleep Apnea

- 1 in 5 adults has mild OSA  
- 1 in 15 has moderate to severe OSA  
- 9% of middle-aged women and 25% of middle-aged men suffer from OSA  
- 75-80% of severe sleep-disordered breathing cases remain undiagnosed

OSA is a worldwide phenomenon and its prevalence has been extensively studied in recent decades and has been variously estimated at between 1% and over 6% of the adult population. Studies suggest that in Western European countries from 3-7% of middle-aged men and 2-5% of middle-aged women suffer from OSA, but figures vary widely due to low diagnosis levels. Despite the increasing recognition that obstructive sleep apnea is a relatively common condition, population data used to estimate disease prevalence did not exist accurately until about 15 years ago. Since the 1990s much has happened to quantify the levels of obstructive sleep apnea in various populations. According to figures issued by the

The fact that prevalence estimates of obstructive sleep apnea from North America, Europe, Australia, and Asia are not too substantially different suggests that this disease is very common not only in developed but also in developing countries.



Country	% with OSA	Actual Number
United Kingdom	4.0%	2.5 million
Australia	3.1%	0.8 million
India	7.5%	85 million
China	4.2%	57 million
Korea	4.5%	2.3 million

World Health Organization approximately only 100 million people worldwide suffer from sleep apnea. Other published figures state much a higher total figure based on detailed analysis of registered sufferers and some of these figures are shown below. If one accepts that the addition of the undiagnosed sufferers would at least double these numbers then the figures are quite alarming.

It is estimated in the USA that although there is a known figure of approximately 18-20 million residents with sleep apnea, there are over twice that many with some form of major sleep disorder – 40 million in total. If these figures are to be believed, the difference is mostly attributed to undiagnosed OSA and the problem is even more enormous than we believe and constantly worsening.

Children may develop sleep apnea similar to that seen in adults, and various epidemiological reports suggest a relatively high prevalence, although somewhat less than in adults. The etiology of obstructive sleep apnea in children differs from the etiology in adults in that large tonsils or adenoids are the most common cause of the disorder, although the increasing prevalence of obesity among children in recent years represents an important contributing factor in many cases. Many children with obstructive sleep apnea can be helped by tonsillectomy.

### Increased Risk Factors for Sleep Apnea

- Male gender
- Obesity (BMI >30)
- Diagnosis of hypertension
- Excessive use of alcohol or sedatives
- Upper airway or craniofacial abnormalities
- Smoking
- Family history of OSA
- Large neck circumference (>17" men; >16" women)
- Endocrine and metabolic disorders

The fact that prevalence estimates of obstructive sleep apnea from North America, Europe, Australia, and Asia are not too substantially different suggests that this disease is very common not only in developed but also in developing countries. Several are the risk factors associated with development of OSA, including:

- **Weight gain and obesity.** Although believed to be a disorder of the general population OSA is seen more in overweight individuals. Obese patients, especially those with a central distribution of fat (abdomen fat) have an increased risk of various medical disorders including OSA. Neck circumference, is also positively associated with OSA.



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- **Aging, gender and ethnicity.** Aging also plays a role as OSA is more common in the elderly than among middle-aged population. Approximately 20% of people aged 65 or older have OSA compared to approximately 10% in the 39-49 year-old age group. The prevalence ratio for adult OSA is approximate 2-3:1 in men to women. The decrease in gender prevalence differences after menopause in women suggests a pathogenetic basis for sex hormones. Additionally, OSA tends to aggregate in families. Having a first-degree relative with OSA increases one's risk for OSA substantially. Estimated heritability of AHI is 30%-40%.

It is estimated that around 80% of obstructive sleep apnea cases remain undiagnosed, making it difficult to identify patients at risk of associated co-morbidities.

There is certain prevalence in some ethnic populations, for example, Asians have approximately two times the risk of OSA compared to Caucasians. African-Americans and Mexican-Americans are also at higher risk of OSA. Smokers are more likely to have OSA than non smokers because smoking may cause upper airway inflammation and edema or sleep instability from nicotine. People who suffer from enlarged tonsils and adenoids, macroglossia (enlarged tongue) or abnormal positioning of the maxilla and

mandible, are also prone to suffer from OSA. Recent studies have shown that OSA is also seen frequently in patients suffering congestive heart failure. 80% of obstructive sleep apnea cases remain undiagnosed, making it difficult to identify patients at risk of associated co-morbidities. Associations between OSA and arrhythmia, heart failure, hypertension, diabetes, insulin resistance metabolic syndrome and stroke have been observed. In addition it can give rise to emotional problems, depression, mood disorders, poor memory, irritability and motor vehicle and work-related accidents due to daytime drowsiness.

#### Prevalence of Sleep Apnea in Co-morbidities

- Drug-Resistant Hypertension 83%
- Obesity 77%
- Congestive Heart Failure 76%
- Pacemakers 59%
- Atrial Fibrillation 49%
- Diabetes 48%
- All Hypertension 37%
- Coronary Artery Disease 30%



## Sleep Apnea Treatment

### Snoring

*a sound that occurs during sleep when soft tissue in the upper airway vibrates as you breathe. Obesity, nasal obstruction, alcohol and smoking all increase the risk of snoring. Loud and frequent snoring is a common sign of obstructive sleep apnea.*

### Sleep apnea

*a chronic condition that occurs when your muscles relax during sleep, allowing soft tissue to collapse and block the airway. Common signs include snoring and gasping or choking sounds during sleep. Excess body weight, a narrow airway or misaligned jaw all increase the risk of sleep apnea.*

Sleep apnea is a chronic condition that requires long-term management. There are a variety of treatments for OSA, depending on an individual's medical history and the severity of the disorder. Most treatment regimens begin with non-pharmaceutical measures, especially for mild cases, such as lifestyle changes, reducing weight is an important treatment option and may result in improvement of symptoms in many patients, sleeping in lateral positions, avoiding alcohol consumption, quitting smoking, some individuals may be benefitted by special pillows. If such measures fail or if the disease is severe, then OSA requires specific treatment:

- **Continuous Positive Airway Pressure (CPAP)** -

The most effective OSA treatment and has become the standard of care. It consists of wearing a nasal or face mask during sleep, connected by tubing to a constantly running machine, which provides a positive flow of air into the nasal passages in order to keep the airway open. Most patients require lifelong therapy. Its efficiency strictly depends on its constant use. It can lead to claustrophobia, rhinitis, nasal irritation, sore eyes, headaches, abdominal bloating and also disturbance to partners so that patient compli-

focus

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The economic costs of obstructive sleep apnea should also be placed in the context of the potential impact of untreated disease on society. There is now clear evidence of an increased risk of road traffic accident, or work-related accidents, in untreated patients with obstructive sleep apnea.

ance can become a problem. Bi-level Positive Airway Pressure (PAP) provides two different levels of pressure (higher during inhalation and lower during expiration) and is an alternative in patients intolerant to CPAP and also in patients with associated hypoventilation or chronic obstructive pulmonary disease.

- **Oral Surgery** - Aimed at widening the airway by removing excess soft tissue from the throat or by removing enlarged tonsils and adenoids if they are the cause. Uvulopalatopharyngoplasty (UPPP) was commonly performed but was associated with serious side effects such as severe post operative pain, difficulty in swallowing and voice changes. As a result this operation is no longer routinely prescribed. Laser assisted removal of soft tissues has recently gained popularity among patients and doctors. The different surgery options all have varying side effects and rates of success and are usually considered for patients for whom CPAP or oral appliances have failed, or if such treatments are contra-indicated by claustrophobia or dental disease.

- **Oral Appliance Therapy** - In recent years, dental sleep medicine has become an increasingly common treatment modality for obstructive sleep apnea and snoring. Although positive airway pressure (PAP) remains the most common and most efficacious treatment for sleep disordered breathing, oral appliances (OAs) are an accepted and common treatment for sleep-related breathing disorders. Oral appliance therapy uses a mouth guard-like device worn only during sleep to maintain an open, unobstructed airway. Most of these devices work by manipulating the jaw bone in such a manner that it enlarges the posterior airspace. This mechanical protrusion widens the space behind the tongue and reduces the vibration and physical obstruction to breathing and the tendency to snore. These sleep apnea mouth pieces are custom made by dentists using a plastic-like mold to form to the specific shape of the patients' teeth and mouth. Not only do they work against sleep apnea, they are also effective to stop snoring. Although typically used as a stand-alone therapy, they can serve as a substitute to PAP therapy or sleep apnea oral surgery and/or other treatment modalities for the management of OSA. They are indicated for patients with mild to moderate OSA and primary snoring and are accepted therapy for patients with severe OSA who do not respond to or are unable or unwilling to tolerate positive airway pressure therapies. Oral appliances are often used in conjunction with weight loss if the individual is overweight. Furthermore, they offer advantages over PAP as they do not require a source of electricity and are less cumbersome, especially with travel. They are well tol-

erated in most patients and therapeutic adherence may be better than continuous positive airway pressure (CPAP).

Most OSA patients can be treated effectively by one of the above methods of treatment, but some may require more than one modality of treatment.

### Economic Impact

Given the widespread under-recognition of this disorder by the medical and lay communities, the public and personal healthcare costs globally are likely to be absolutely enormous. There is evidence that, prior to diagnosis, patients with obstructive sleep apnea incur higher healthcare costs than matched control subjects. One study reported that obstructive sleep apnea patients used more than twice as many healthcare services in the 10-year period prior to diagnosis compared to controls, and the excess cost compared to control subjects was in the region of 4,265 Canadian dollars per patient. Furthermore, the same group reported a significant reduction in healthcare costs in the two-year period after introduction on continuous positive airway pressure therapy, compared to the 5-year period before diagnosis and also compared to matched controls during the same 7-year period of follow-up.

Another study reported an annual healthcare use cost of USD 2,720 for obstructive sleep apnea patients prior to diagnosis, compared to USD 1,384 among matched control subjects.

The economic costs of obstructive sleep apnea should also be placed in the context of the potential impact of untreated disease on society. There is now clear evidence of an increased risk of road traffic accident, or work-related accidents, in untreated patients with obstructive sleep apnea. Various studies have demonstrated an increase in accident rate to between 3 and 7 times that of the general population among untreated obstructive sleep apnea patients; these rates fall to normal levels after successful therapy.

A further aspect of the economic cost of obstructive sleep apnea relates to diagnosis and treatment. The traditional approach to diagnosis has been the demonstration of the disorder through overnight sleep studies in a dedicated sleep laboratory. These studies are resource intensive. Increasing emphasis is thus being placed on limited diagnostic techniques that focus on cardio-respiratory variables and are suitable for home-based studies. On the other hand, the cost of treatment with continuous positive airway pressure is relatively modest – involving the provision of a device with a lifespan of at least 5 years – and compares favorably with the cost of treatment for other chronic respiratory disorders such as asthma



and chronic obstructive pulmonary disease.

The global sleep apnea devices market is estimated to grow at a CAGR of 16.7% during the forecast period of 2014 to 2019, majorly due to the exponentially rising patient pool of sleep apnea patients, as well as the rising awareness among patients and caregivers. The therapeutic devices segment is the largest contributor to the global sleep apnea devices market, having accounted for a 59.7% share of the global sleep apnea devices market back in 2014. The Positive Airway Pressure (PAP) devices segment is the largest contributor to the global sleep apnea therapeutic devices market, followed by the diagnostic devices segment. Both these segments are growing continuously due to the technological advancement in both diagnostic and therapeutic products, such as polysomnography (PSG) devices, screening devices, actigraphy systems, PAP devices, humidifiers, adaptive servo-ventilation systems, oxygen devices, oral appliances and accessories, thus driving the growth of the overall global sleep apnea devices market.

North America enjoys the largest share of the global sleep apnea devices market, followed by Europe, Asia and the rest of the World. Such growth is attributed to the high prevalence of obstructive sleep apnea, increasing side-effects of urban lifestyle such as obesity, diabetes, anxiety, cardiology disorders as well as rising awareness of these disorders among people, increasing technological advancements in diagnostic/therapeutic devices, growing adoption of these devices by sleep apnea patients and rising government initiatives in this sector. However, limited reimbursements and a lack of patient compliance may act as the major restraints.

Age is considered as one of the major factors for the development of this disorder. According to the data published by WHO, the global base of population pertaining to the age group 65 years and above is expected to rise from 7% in 2000 to 16% in 2050. Rapidly growing geriatric population is expected to be the vital driver for this market growth.

Among major players operating in this market are Philips Respironics, a subsidiary of Koninklijke Philips N.V. (the Netherlands); ResMed (U.S.); Compumedics Limited (Australia); BD (U.S.); Curative Medical (U.S.); BMC Medical Co., Ltd. (China); Fisher & Paykel Healthcare Limited (New Zealand); DeVilbiss Healthcare LLC (U.S.); Itamar Medical Ltd. (Israel); Weinmann Geräte für Medizin GmbH + Co. KG (Germany); Natus Medical Inc. (U.S) and others.

#### Sources:

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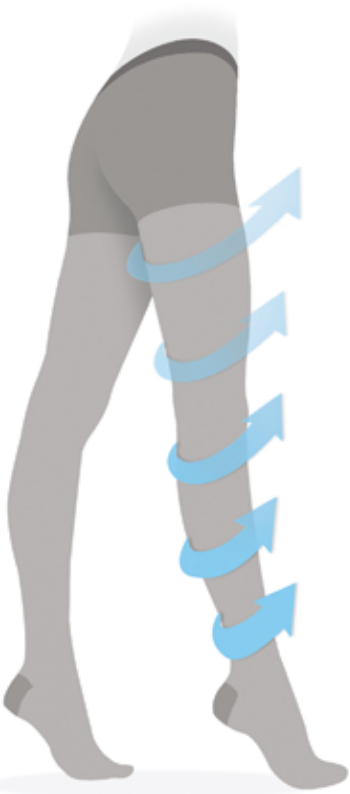
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# Sleeping Disorder Statistics (USA)

Sleep Deprivation Statistics		Data	
Number of people in the U.S. who have a chronic sleep disorder		40 Million	
Estimated cost to U.S. employers in lost productivity due to sleep loss issues		\$18 Billion	
Percent of people who suffer from sleep apnea		5%	
Percent of American adults experience a sleep problem a few nights per week		62%	
Percent of all adults have insomnia in the course of any year		30%	
Average Hours of Sleep Needed by Age		Hours Needed	
Ages 5 – 10		11 hours	
Ages 10 – 17		9 hours	
Adults		8 hours	
Percent of adults who reported getting an average of 6 hours or less		29%	
Percent of high school students who reported getting an average of at least 8 hours		31%	
Sleep Behavior Statistics			
Unintentionally fell asleep during the day at least once in the past month		37.9%	
Nodded off or fell asleep while driving in the past month		4.5%	
Annual number of car crash fatalities attributed to falling asleep		1,550	
Annual number of nonfatal car crash injuries attributed to falling asleep		40,000	
Sleep-Related Difficulties Among Young Adults		Percent	Number
Concentrating on things		23.2%	49.2 Million
Remembering things		18.2%	38.8
Working on hobbies		13.3%	28.2
Driving or taking public transportation		11.3%	24
Taking care of financial affairs		10.5%	22.3
Performing employed or volunteer work		8.6%	18.3
Sleep Disorder Statistics		Data	
Number of people who suffer from insomnia		70 Million	
Number of people who suffer from sleep apnea		18 Million	
Number of people who suffer from narcolepsy		200,000	
Number of people who suffer from restless leg syndrome		20 Million	
Statistic Verification			

\*Source:

National Sleep Foundation, National Department of Transportation, Centers for Disease Control and Prevention  
 Research Date: April 12th, 2015 - <http://www.statisticbrain.com/sleeping-disorder-statistics/>

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# **Global Pricing Study 2016 Special Analysis for the Medtech**

Growing competition from low-cost providers, increasing professional procurement processes, stronger negotiation power among clients: The reasons for rising price pressure in the industry are manifold. Yet companies can counteract this pressure through effective price management.

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Price pressure in the medtech industry is above market average: Nine in ten medtech companies are worried about rising price pressure, and half of the industry players even say they are actively engaged in a price war. These are the key findings of a medtech-specific industry analysis from the Global Pricing Study 2016\*, conducted by the international strategy and marketing consultancy Simon-Kucher & Partners.

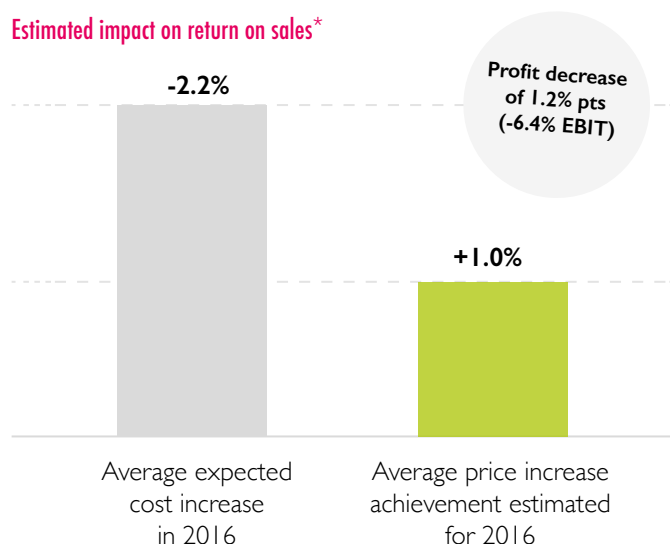
Overall approximately 2,200 managers in leading positions from more than 40 countries and across all major industries participated in this year's global study, including approximately 100 participants from within the medtech industry.

### Margins set to further decline in 2016

The growing competition with low-cost providers (52 percent), increase in professional procurement processes (47 percent), and clients' stronger negotiation power (44 percent) are the most important reasons for price pressure mentioned by medtech players. The result? Only five out of ten companies state they have managed to increase their margins compared to the previous year. "Market developments have created a more difficult environment for medtech companies", explains Joerg Kruetten, Executive Vice President of Simon-Kucher and head of its global Life Sciences practice.

"On top of this, regulatory and reimbursement constraints are unlikely to ease up in the near future". As the Global Pricing Study 2016 shows, medtech companies' margins can decline by an average of 1.2 percentage points this year, since their price increases will be insufficient to offset their cost increases. That's a stronger decline than across all other industries.

### Estimated impact on return on sales\*



\*includes only companies expecting cost increases in 2016

Source: Simon-Kucher Global Pricing Study 2016; special analysis for the medtech industry

### The most successful companies handle their pricing more professionally

Most companies admit that they have invested too little in price management. In fact, 88 percent of the participants state that there is considerable room for improvement regarding price strategy, price control, and supporting tools within their company. The "best", in other words the Global Pricing Study's top 12 percent of medtech companies, are proof of how effective these tools really are: Investing in price management has put them in a much better position than their competitors. Their profits, as measured by EBITDA margins, are up-to 40 percent higher than those of the "rest". That's almost 50 percent higher profit than the average of all other industries.

"These numbers underline the strong impact of efficient price management and the huge potential it holds," explains Carlos C. Meca, Ph.D, study author and Director at Simon-Kucher. "Some of the best companies have come a long way with pricing excellence by focusing top management attention on pricing and creating specific pricing functions. Their value-based price setting processes and tools, structured customer trade terms and a comprehensive approach to tender management have paved the way to 25 percent more successful price realization compared to the 'rest'," he concludes.

### New products and better value communication to counteract price pressure

The good news is that pricing is already gaining importance in most companies, and they recognize that new innovative products and improved value communication (76 percent and 58 percent of the companies respectively) are the best options to counter price pressure.

That's reason enough for Joerg Kruetten to be optimistic about the future, "The signs are good: many companies recognize the need for change. Although for some it might already be too late, most of those starting to invest in professional price management will soon reap the first fruits of their labor."

### A summary of the study is available upon request.

\*About the Global Pricing Study 2016: A total of 2,186 participants, of which 38 percent are C-levels, from companies of 25 industries and over 40 countries across the Americas, Asia-Pacific and Europe, took part in an online study conducted by Simon-Kucher & Partners in the spring of 2016. Approximately 100 respondents from the medtech industry answered questions on their pricing strategies, price pressure, and the competitive environment. The study takes place every two years and is the only one of its kind.

Joerg Kruetten is Executive Vice President of Simon-Kucher & Partners and heads the company's global Life Sciences practice. Carlos C. Meca, Ph.D, is Director of Simon-Kucher & Partners Medtech

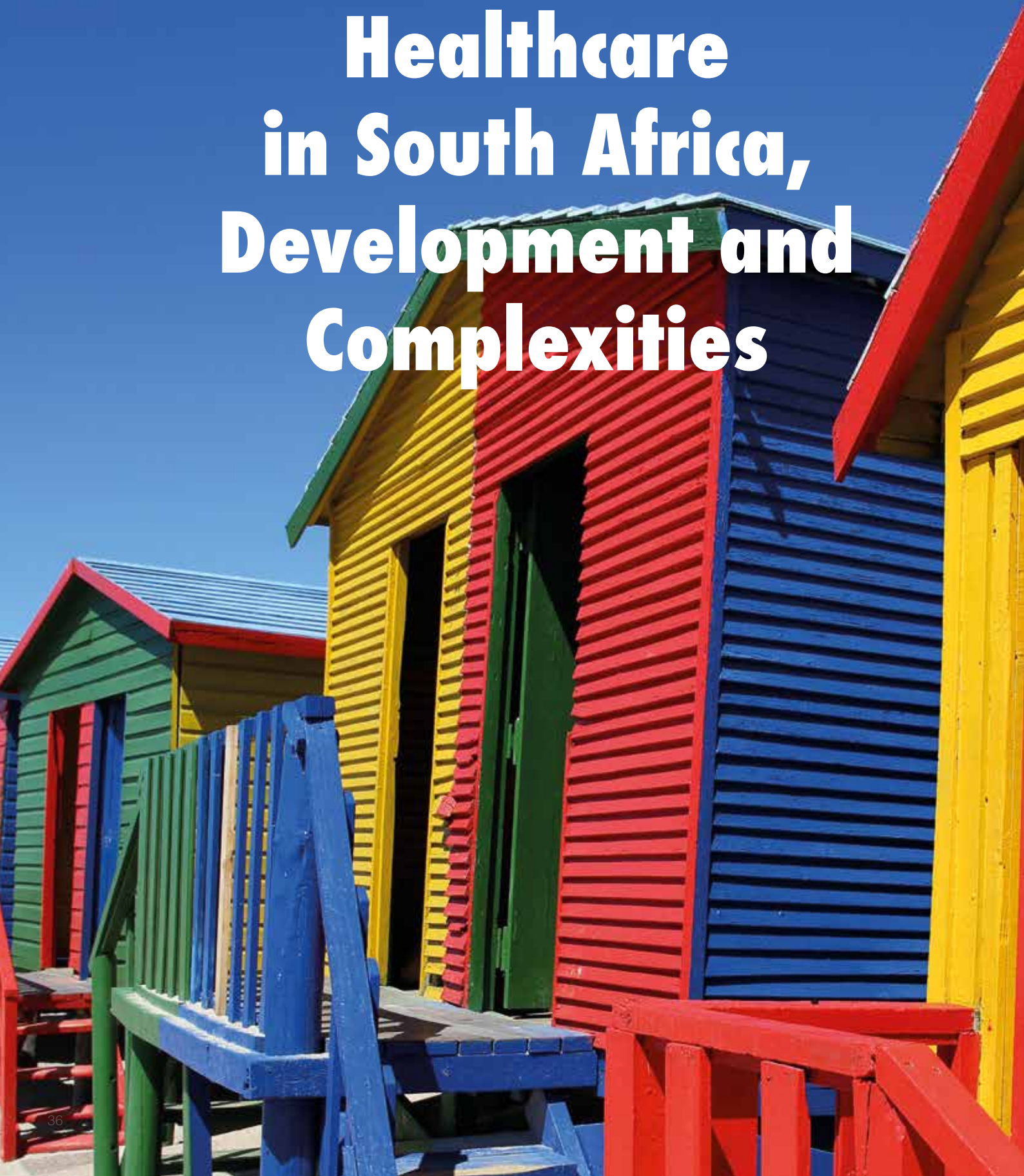
Competence Center.

Source: **Simon-Kucher & Partners**

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[www.simon-kucher.com](http://www.simon-kucher.com)

# Healthcare in South Africa, Development and Complexities



One of the strongest economies in the African region, the Republic of South Africa is classified as a middle income emerging nation. With a progressive Constitution that guarantees the right to healthcare, it has dedicated substantial resources to health and human capital investments but its health outcomes remain poor when compared to similar middle-income countries.

South Africa's health system consists of a large public sector and a smaller but fast growing private sector, varying from the most basic primary healthcare, offered free by the state, to highly specialized, hi-tech health services available in both the public and private sector. The National Health Insurance Scheme (NHI) is the central means by which the government aims to achieve universal coverage, under the principles of social solidarity and equity elaborated in the National Development Plan.

The public sector is stretched and under-resourced in places. While the state contributes about 40% of all expenditure on health, the public health sector is under pressure to deliver services to about 80% of the population. The private sector, on the other hand, is run largely on commercial lines and caters to middle- and high-income earners who tend to be members of medical schemes. It also attracts most of the country's health professionals. This two-tiered system is not only inequitable and inaccessible to a large portion of South Africans, but institutions in the public sector have suffered poor management, underfunding and deteriorating infrastructure. While access has improved, the quality of healthcare has fallen. The situation is compounded by public health challenges, including the burden of diseases such as HIV and tuberculosis (TB), and a shortage of key medical personnel.

However, the South African government is responding with a far-reaching reform plan to revitalize and restructure the South African healthcare system, including:

- Fast-tracking the implementation of a National Health Insurance scheme, which will eventually cover all South Africans.
- Strengthening healthcare systems at primary health facilities.
- Strengthening the fight against HIV and TB, non-communicable diseases, as well as injury and violence.
- Improving human-resource management at state hospitals and strengthening co-ordination between the public and private health sector.
- Deploying "health teams" to communities and schools.
- Regulating costs to make healthcare affordable to all.
- Increasing life expectancy.

### Health Expenditure

The bulk of health-sector funding comes from the South Africa's National Treasury. Despite the high expenditure from the government aimed at improving hospitals and strengthening public health ahead of the National Health Insurance scheme, health outcomes remain poor when compared to similar middle-income countries. This can largely be attributed to the inequities between the public and private sector.





# National Health Insurance

*The Department of Health is focused on implementing an improved health system, which involves an emphasis focus on public health, the need to create a strong primary healthcare infrastructure as well as improving the functionality and management of the system through stringent budget and expenditure monitoring.*

*Known as the "10-point plan", the strategic programme is improving hospital infrastructure and human resources management, as well as procurement of the necessary equipment and skills. Under this plan, health facilities – such as nursing colleges and tertiary hospitals – are being upgraded and rebuilt to lay the way for the implementation of the National Health Insurance (NHI) scheme.*

*The NHI is intended to bring about reform that will improve service provision and healthcare delivery. It will promote equity and efficiency to ensure that all South Africans have access to affordable, quality healthcare services regardless of their employment status and ability to make a direct monetary contribution to the NHI Fund. The NHI will be phased in over 14 years, beginning from 2012. Apart from infrastructure and management overhauls, another factor for ensuring the success of the NHI will be the strict regulation of the sector to make it more affordable to all South Africans.*

**Despite the high expenditure from the government health outcomes remain poor when compared to similar middle-income countries. This can largely be attributed to the inequities between the public and private sector.**

South Africa spends more on voluntary private health insurance (42%) as a share of total health expenditure than any other country in the World. It serves, however, only 16% of the population. Private hospitals account for 26% of bed capacity but engage around 55% of doctors and most specialists. To mention some figures, the 2011 total health budget was around 8.3% of GDP, way above the 5% recommended by the WHO. 48.5% of it delivered to the private sector, which covers 16.2% of the population or 8.7-million people, many of whom have medical cover; 49.2% in the public sector, which is made up of 84% of the population, or 45-million people, who generally rely on the public healthcare sector and the remaining (2.3%), donor and NGO spend.

## National, Provincial and Local

Before South Africa's first democratic elections, hospitals were assigned to particular racial groups and most were concentrated in white areas. With 14 different health departments, the system was characterized by fragmentation and duplication. But in 1994 the dismantling began, and transformation is now fully under way. However, due to high levels of poverty and unemployment healthcare remains largely the burden of the state. The Department of Health holds overall responsibility for healthcare, with a

specific responsibility for the public sector. Provincial health departments provide and manage comprehensive health services, via a district-based, public healthcare model. Local hospital management has delegated authority over operational issues, such as the budget and human resources, to facilitate quicker responses to local needs. Hundreds of NGOs make an essential contribution to HIV, Aids and TB, mental health, cancer, disability and the development of public health systems. The part played by NGOs – from a national level, through provincial and local, to their role in individual communities – is vitally important to the functioning of the overall system.

**Facilities** - There are 4,200 public health facilities in South Africa. People per clinic are 13,718, exceeding WHO guidelines of 10,000 per clinic. However, figures from March 2009 show that people averaged 2.5 visits a year to public health facilities and the usable bed occupancy rates were between 65% and 77% at hospitals.

Since 1994, more than 1,600 clinics have been built or upgraded. Free healthcare for children under six and for pregnant or breastfeeding mothers was introduced in the mid-1990s.

The National Health Laboratory Service is the largest pathology service in South Africa. It has 265



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Aids and other poverty-related diseases such as tuberculosis and cholera place a tremendous strain on South Africa's healthcare system.

laboratories, serving 80% of South Africans. The labs provide diagnostic services as well as health-related research.

**Doctor Shortages** - In March 2012, 165,371 qualified health practitioners in both public and private sectors were registered with the Health Professions Council of South Africa, the health practitioner watchdog body. This includes 38,236 doctors and 5,560 dentists. The doctor-to-population ratio is estimated to be 0.77 per 1,000. But because the vast majority of GPs – 73% - work in the private sector, there is just one practicing doctor for every 4,219 people. The distribution favors urban areas. In response, the Department of Health has introduced clinical health associates, mid-level healthcare providers, to work in underserved rural areas. About 1,200 medical students graduate annually. In some communities, medical students provide health services at clinics under supervision. Newly graduating doctors and pharmacists complete a year of compulsory community service in understaffed hospitals and clinics. In an attempt to boost the number of doctors in the country, South Africa signed a co-operation agreement with Cuba in 1995. South Africa has since recruited hundreds of Cuban doctors to practice within the country, while South Africa is able to send medical students to Cuba to study. South Africa believes the Cuban opportunity will help train the doctors it so desperately needs for the implementation of the National Health Insurance Scheme. Other agreements exist with Tunisia and Iran, as well as between Johannesburg Hospital and Maputo Central Hospital (Mozambique). The government has also made it easier for other foreign doctors to register in South Africa.

### Health profile

Aids and other poverty-related diseases such as tuberculosis and cholera place a tremendous strain on South Africa's healthcare system. Life expectancy has increased due to innovations and rapid scale-up of HIV/AIDs and Tuberculosis (TB) treatment and care, and expanded access to immunizations. Life expectancy which incorporates the impact of AIDS increased from 53.5 years in 2005 to 62.5 years in 2015 (Statistics South Africa, 2015).

- 17.3% of adult population (aged 15-49) is HIV positive.
- HIV and TB co-infection rates exceed 70%, with TB being the most common opportunistic infection in HIV-positive patients. South Africa has one of the highest TB incidence rates in the world (834 per 100,000 population).
- Because of late detection, poor treatment management, drug-resistant forms of TB (known as DR-TB or multidrug-resistant TB; and XDRTB or extensively drug-resistant TB) have increased significantly.
- South Africa contributes about 15% of the global

burden of reported Multi-drug Resistant Tuberculosis (MDR-TB) and about 73% of the burden in the African Region.

- There are over 2,01-million orphans due to HIV.
- Increasing the number of antiretroviral (ARV) sites as well as nurses certified to initiate ARV treatment has seen 1.7-million people placed on ARV treatment, from 1.1-million in 2009. South Africa has the largest ARV therapy programme in the World, and an improved procurement process has seen a 50% decrease in the prices of ARV drugs.

**Maternal and Child health** – In South Africa the health of mothers and children remains poor as progress has been hindered by the HIV and tuberculosis epidemics, and the performance of the health system. Efforts to accelerate prevention interventions are underway, including the prevention of maternal to child transmission of HIV. Important reductions have occurred in under-five and neonatal mortality (42 and 14 per 1000 live births (2013/14)), although these rates are higher in comparison with other countries of similar socioeconomic status.

Maternal mortality ratios remain high, estimated at 269 deaths per 100 000 live births. Immunization remains critical to improving child health. The rates of children receiving their primary vaccines have steadily been increasing under immunization programmes. Measures to improve child health also include the expansion and strengthening of school health services and the establishment of district clinical specialist teams. The Health of our Children report in 2010, which surveyed 8,966 children, found that HIV prevalence among infants (age 0 to 2 years) was 2.1%, lower than the 3.3% average in the age 0 to 4 years, suggesting a positive impact of the national Prevention of Mother-to-Child Transmission program which begun in 2006. But it is really access and utilization of antenatal care services that most influence pregnancy outcome, child survival and maternal health. The renewed focus on primary health and the improving and expanding the health system infrastructure should go some way to addressing the high mortality rates – and get South Africa closer to the MDG target of reducing infant mortality.

**Non-communicable diseases** - Approximately two in five deaths are attributable to non-communicable diseases. Some 40% of mortality from non-communicable conditions among men occurred before the age of 60 years - and is therefore considered premature. Second to non-communicable conditions is the burden of mortality and disability from violence and injuries. Violence, traffic crashes, burns, falls or drowning are responsible for 9% of all deaths. Alcohol has been found to be a prominent factor in violence and injuries, including interpersonal violence, domestic



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violence, sexual assault and road traffic injuries.

**Quality of life** - Improvement in the sustainable development sector has resulted in improved quality of life. Access to improved water sources is nearly universal. However, coal is used as a cheap source of energy for industry, and thus South Africa ranks as the highest greenhouse gas emitter in the continent. Climate change is one of the key priorities of Government, which views mitigation as a means to ensure an internationally competitive lower economy. Malaria is not endemic and does not pose a major health risk. According to the WHO's World Malaria Report 2010, only 4% of the population is at high risk of malaria and 6% at low risk, while 90% live in malaria-free areas. However, South Africa is implementing the Malaria Elimination 8 strategy which enables eight Southern African countries to engage with each other and implement cross-border interventions to eliminate malaria.

**Traditional medicine** - An estimated 80% of South Africans consult with traditional healers alongside general medical practitioners. The Medical Research Council (MRC) founded a traditional medicines research unit in 1997 to introduce modern research methodologies around the use of traditional medicines. It also aims to develop a series of patents for

promising new entities derived from medicinal plants. South Africa is making huge efforts at addressing the health needs of the population but the country is not laboring under any illusion that this is going to be a short and smooth road.

### OPPORTUNITIES

- Conducive political environment for investment and social development
- Stable political leadership
- Well developed health policies
- Strong budgetary support
- A National Health Act in place providing legislation protection
- A well decentralized government
- Active nongovernmental organizations involvement
- Well developed private sector

### CHALLENGES


- High burden of communicable diseases especially HIV and AIDS, tuberculosis and Malaria;
- Growing burden of non-communicable diseases
- High level of substance abuse, violence, accidents and preventable injuries
- Limited human resource capacity
- Weak district health systems

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# More on Magnetic Resonance Imaging

New MRI Technology Harnesses Imperfections to  
Create Superior Images for Consistent Diagnoses

**Author:** Silvia Borriello

hot topic

**A new technology harnesses imperfections that typically compromise MRI exams to create images resolved enough to enable consistent diagnoses across populations for the first time. These are findings of a study led by NYU Langone Medical Center and published August 16 in 'Nature Communications'.**

Since its emergence in the 1970s, magnetic resonance imaging (MRI) has given physicians a better look inside tissues, helping to diagnose maladies from brain tumors to internal bleeding to torn ligaments. Such scans are woven into every part of medicine, with U.S. physicians now ordering upwards of 28 million per year. Despite this impact, all MRI scanners have the same problem.

During a scan, antennas hit the atoms making up tissues with radio waves that tip them out of their magnetic equilibrium. Once tipped, the atoms' magnetic forces spin like tops to emit radio signals that reveal their identity and position, the building blocks of an image. The quality of an image, however, depends on equal exposure of atoms to magnetic fields, which not only vary scanner to scanner, but also in their interactions with different parts of even a single tissue sample.

Thus, traditional MRI radio waves "light up" some parts of a sample better than others, with imperfections blacking out areas of images. Industry has invested heavily in magnetic coils that seek to force uniform exposure, but many MR exams today still yield darkened "artifacts."

"The advances outlined in our study eliminate artifacts and create images accurate enough that we can now assign numerical values to anatomical features," says study author Daniel Sodickson, MD, PhD, professor in the Department of Radiology, member of the Perlmutter Cancer Center at NYU Langone, and director of the Bernard and Irene Schwartz Center for Biomedical Imaging. "This marks the advent of 'quantitative MRI,' where new kinds of tissue maps become the gold standard for diagnoses and reveal disease patterns that are consistent from patient to patient," says Sodickson, also lead investigator for the Center for Advanced Imaging Innovation and Research. "It will turn scanner design on its head." The new approach also promises to accomplish superior imaging with less expensive machines, a must in the face of the cost cutting underway in healthcare, the authors say. Faster, simpler approaches would also solve the problem of scanners that, elaborately equipped to correct for field variations, require meticulous calibration and lengthen exam time beyond what some patients can tolerate.

### Throwing out the ideal scanner

Despite decades of massive investment, traditional MRI still yields only qualitative images that are not resolved enough to guide database-driven diagnoses and research in the age of "big data." A new effort to overcome these challenges began with work led by Mark Griswold at Case Western Reserve University and published in *Nature* in 2013, which described magnetic resonance fingerprinting (MRF). Prior to that, MRI scanners had to wait for the magnetic spins to return to their normal equilibrium between each sequential radio wave pulse, a profound hindrance to imaging speed. MRF instead built images from the complex interplay of overlapping signals, a distinctive "fingerprint" matched to tissue qualities.

With advances in computation, MRF images were built on a small fraction of the scanner data matched to databases of known tissue patterns. The method replaced slower approaches required to process all the data to build an image from scratch. Despite this innovation, the first author of the current paper, NYU Langone magnetic resonance (MR) physicist Martijn Cloos, PhD, who is also an assistant professor in the Department of Radiology, saw that MRF was held back by its attempt match the "real" spins it captured to patterns from a simulated scanner calibrated to offer perfectly uniform exposure. Unable to force uniformity, MRF images did not always reflect reality. To correct this, Cloos and colleagues designed "Plug-and-Play MR Fingerprinting" (PnP-MRF), which embodied their decision to "throw out the ideal scanner."

Described in the newly published study, PnP-MRF matches its measurements to a simulated database of every possible magnetic field interaction or distortion as it builds images, and so requires zero calibration. Along with capturing spin characteristics, the new method was shown to effectively map the distortions that occur as MR radio waves interact with tissue, which radiologists had previously sought to erase via calibration. The study authors argue that these same field distortions also serve as a new set of tissue parameters that can aid in diagnoses.

Where MRF used a single source of radio wave pulses to generate signals, PnP-MRF is a circling strobe light of many broadcast magnetic fields, hitting the atoms from different directions separated by milliseconds to create a new kind of fingerprint. An artifact introduced by any one radio wave pulse may show a dark spot in one version of an image, but not in the same place in all data sets, enabling the dismissal of errors. Taken together, these innovations enable PnP-MRF to correct for each scanner's peculiarities and magnetic field-tissue interactions, conclusions confirmed by a series of numerical and tissue experiments.

**Despite decades of massive investment, traditional MRI still yields only qualitative images that are not resolved enough to guide database-driven diagnoses and research in the age of "big data."**



"In our design, the complexity in creating MRI images has moved from the machinery to the computation," says Cloos. "Rather than building chambers to house extensive magnet coils that fight non-uniformities, near-future scanners, by embracing heterogeneous fields, will consist of simple tabletop magnets, or possibly even hand-held MRI wands."

Source: NYU Langone Medical Center / New York University School of Medicine

### Innovative Procedure Combining MRI and Ultrasound can Accurately Diagnose Prostate Cancer

New research confirms that an innovative procedure combining MRI and ultrasound to create a 3D image of the prostate can more accurately locate suspicious areas and help diagnose whether it's prostate cancer. Using specialized equipment needed, physicians at UT Southwestern Medical Center's Harold C. Simmons Comprehensive Cancer Center began using the fusion biopsy procedure about three years ago for its ability to blend live ultrasound images with captured MRI images. The fused image creates the 3D model, and flags anomalies that could be areas of concern. That helps guide urologists to get tissue samples called biopsies to determine whether cancer is present.

UT Southwestern's early adoption of the cutting-edge technology allowed researchers to report on the superior diagnostic performance of this novel approach compared to traditional methods for diagnosing prostate cancer. Furthermore, these researchers have partnered with colleagues in Brazil to conduct follow up studies that now show the technique consistently improved detection of clinically significant prostate cancer under a wide variety of conditions, even when radiologists were using different equipment and protocols.

"In the past, we diagnosed prostate cancer by random biopsies of the prostate in men with elevated PSA values. With fusion biopsy, we actually find more cancer; we can differentiate between dangerous tumors and less aggressive tumors, and in some cases we perform fewer biopsies," said Dr. Daniel Costa, Assistant Professor of Radiology and with the Advanced Imaging Research Center (AIRC) at UT Southwestern.

Prostate cancer is the second most common cancer diagnosed in men, after skin cancer. Prostate cancer risk increases with age, with most cases occurring after age 60. According to the National Cancer Institute (NCI), about 180,890 men will be diagnosed this year, and about 14% of men will be diagnosed sometime during their lifetime.

The procedure, technically known as MRI-TRUS (magnetic resonance imaging/transrectal ultrasound)

fusion targeted prostate biopsy, requires special imaging capabilities and high level training for both radiologists and urologists, so its use has not become widespread.

It works like this: after the urologist identifies a patient at risk for prostate cancer, radiologists use a state-of-the-art MRI examination to identify potentially suspicious areas. If present, the MRI images are then sent to a device that blends those with an ultrasound used by urologists to take a biopsy or sample of the tissue in question to determine whether it has cancer. "In many instances, MRI-TRUS biopsies performed at UT Southwestern have allowed us to diagnose and treat aggressive prostate cancer in patients whose prior biopsies failed to find the cancer," said Dr. Ivan Pedrosa, Chief of the Division of Magnetic Resonance Imaging, Associate Professor of Radiology and with the Advanced Imaging Research Center, who holds the Jack Reynolds, M.D. Chair in Radiology. "Because of its improved precision, patients and physicians are better informed to choose the most appropriate treatment. This helps to avoid surgery in patients with less aggressive disease, and ensures that patients with more aggressive cancers are identified earlier."

The fusion biopsy technique has been used for nearly 1,000 patients at UT Southwestern.

"Patients diagnosed at a later stage of disease, or with a more aggressive cancer, have lower rates of survival, making it vital that we quickly identify those who are at the highest risk," said Dr. Claus Roehrborn, Chair and Professor of Urology, who holds the E. E. Fogelson and Greer Garson Fogelson Distinguished Chair in Urology and the S.T. Harris Family Chair in Medical Science, in Honor of John D. McConnell, M.D. "The close collaboration between radiology and urology, and the ability to exchange the images and information across a common network, enhances the productivity of this collaboration and the outcomes for our patients."

Prostate cancer forms in tissues of the prostate, a gland in the male reproductive system found below the bladder and in front of the rectum. The prostate surrounds the urethra, the tube through which urine flows. A healthy prostate is about the size of a walnut. If the prostate grows too large, it squeezes the urethra. This may cause difficulty in urinating, burning or pain during urination, more frequent urges to urinate at night, loss of bladder control, and blood in the urine. These symptoms may also have a different cause, so men with prostate symptoms should speak with their physician, Dr. Roehrborn said.

Source: UT Southwestern Medical Center

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## Real-time MRI Guidance could Help Target and Deliver Stem Cell Therapies

Working with animals, a team of scientists reports it has delivered stem cells to the brain with unprecedented precision by threading a catheter through an artery and infusing the cells under real-time MRI guidance.

In a description of the work, published online Sept. 12 in the *Journal of Cerebral Blood Flow and Metabolism*, they express hope that the tests in anesthetized dogs and pigs are a step toward human trials of a technique to treat Parkinson's disease, stroke, and other brain damaging disorders.

"Although stem cell-based therapies seem very promising, we've seen many clinical trials fail. In our view, what's needed are tools to precisely target and deliver stem cells to larger areas of the brain," says Piotr Walczak, M.D., Ph.D., associate professor of radiology at the Johns Hopkins University School of Medicine's Institute for Cell Engineering. The therapeutic promise of human stem cells is derived from their ability to develop into any kind of cell and, in theory, regenerate injured or diseased tissues ranging from the insulin-making islet cells of the pancreas that are lost in type 1 diabetes to the dopamine-producing brain cells that die off in Parkinson's disease.

Ten years ago, Shinya Yamanaka's research group in Japan raised hopes further when it developed a technique for "resetting" mature cells, such as skin cells, to become so-called induced pluripotent stem cells. That gave researchers an alternative to embryonic stem cells that could allow the creation of therapeutic stem cells that matched the genetic makeup of each patient, greatly reducing the chances of cell rejection after they were infused or transplanted. But while induced pluripotent stem cells have enabled great strides forward in research, Walczak says they are not yet approved for any treatment, and barriers to success remain.

In a bid to address once such barrier - how to get the cells exactly where needed and no place else - Walczak and his colleague Miroslaw Janowski, M.D., Ph.D., assistant professor of radiology, sought a way around strategies that require physicians to puncture patients' skulls or inject them intravenously. The former, Walczak says, is not only unpleasant, but also only allows delivery of stem cells to one limited place in the brain. In contrast, injecting cells intravenously scatters the cells throughout the body, with few likely to land where they're most needed, says Walczak.

"Our idea was to do something in between," says

Janowski, using intra-arterial injection, which involves threading a catheter, or hollow tube, into a blood vessel, usually in a leg, and guiding it to a vessel in a hard-to-reach spot like the brain. The technique currently is used mainly to repair large vessels in the brain, says Janowski, but the research team hoped it might also be used to get stem cells to the exact place where they were needed. To do that, they would need a way of monitoring the catheter placement and movement of implanted cells in real time.

Walczak and Janowski teamed with colleagues including Monica Pearl, M.D., an associate professor of radiology practicing in the Division of Interventional Neuroradiology, who specializes in intra-arterial procedures. Usually the procedure is performed using an X-ray image as a guide, but that approach ruled out watching injected stem cells' movements and making adjustments in real time.

In their experiments, after placing the catheter under X-ray guidance, they transferred anesthetized dog and pig subjects to an MRI machine, where images were taken every few seconds throughout the procedure. Once the catheter was in the brain, Pearl pre-injected small amounts of a harmless contrast agent that included iron oxide and could be detected on the MRI. "By using MRI to see in real time where the contrast agent went, we could predict where injected stem cells would go and make adjustments to the catheter placement, if needed," says Janowski. Adds Jeff Bulte, Ph.D., a professor of radiology who participated in the study, "It's like having GPS guidance in your car to help you stay on the right route, instead of only finding out you're lost when you arrive at the wrong place."

The team then injected both small stem cells (glial progenitor cells from the brain) and large mesenchymal stem cells from bone marrow into the animals under MRI, and found that in both cases, the pre-injected contrast agent and MRI allowed them to accurately predict where the cells would end up. They could also tell whether clumps of cells were forming in arteries and, if so, possibly intervene to avoid letting the clumps grow large enough to cut off blood flow and pose a danger. "If further research confirms our progress, we think this procedure could be a big step forward in precision medicine, allowing doctors to deliver stem cells or medications exactly where they're needed for each patient," says Walczak. The research team is planning to test the procedure in animals as a treatment for stroke and cancer, delivering both medications and stem cells while the catheter is in place.

Source: Johns Hopkins Medicine

"By using MRI to see in real time where the contrast agent went, we could predict where injected stem cells would go and make adjustments to the catheter placement, if needed," says Janowski.

hot topic

### New Superconducting Coil Allows MRI Scanners to Produce High Resolution Brain Images

A multidisciplinary research team led by University of Houston scientist Jarek Wosik has developed a high-temperature superconducting coil that allows magnetic resonance imaging (MRI) scanners to produce higher resolution images or acquire images in a shorter time than when using conventional coils.

Wosik, a principal investigator at the Texas Center for Superconductivity at UH, said test results show the new technology can reveal brain structures that aren't easily visualized with conventional MRI coils. He also is a research professor in the UH Department of Electrical and Computer Engineering.

The cryo-coil works by boosting the signal-to-noise ratio (SNR) - a measure of the strength of signals carrying useful information - by a factor of two to three, compared with conventional coils. SNR is critical to the successful implementation of high resolution and fast imaging. Wosik said the cryo-coil reveals more details than a conventional coil because of its enhanced SNR profile. Where a conventional coil does not have enough sensitivity to "see," a superconducting coil can still reveal details. These details will remain hidden to conventional coils even when image acquisition is repeated endlessly.

For the initial tests, the probe was optimized for rat brain imaging, useful for biomedical research in-

volving neurological disorders. But it also has direct implications for human health care, Wosik said. "Research in animal models yields critical information to improve diagnosis and treatment of human diseases and disorders," he said. "This work also has the potential to clearly benefit clinical MRI, both through high quality imaging and through shortening the time patients are in the scanner."

Results from preliminary testing of the 7 Tesla MRI Cryo-probe were presented at the International Symposium of Magnetic Resonance in Medicine annual meeting in May. The coil can be optimized for experiments on living animals or brain tissue samples, and researchers said they demonstrated an isotropic resolution of 34 micron in rat brain imaging. In addition to its use in MRI coils, superconductivity lies at the heart of MRI scanning systems, as most high-field magnets are based on superconducting wire.

"Compared to corresponding standard room temperature MRI coils, the performance of the cooled normal metal and/or the high-temperature superconducting receiver coils lead either to an increase in imaging resolution and its quality, or to a very significant reduction in total scan time," Wosik said.

Source: University of Houston

Source: <http://www.news-medical.net/>



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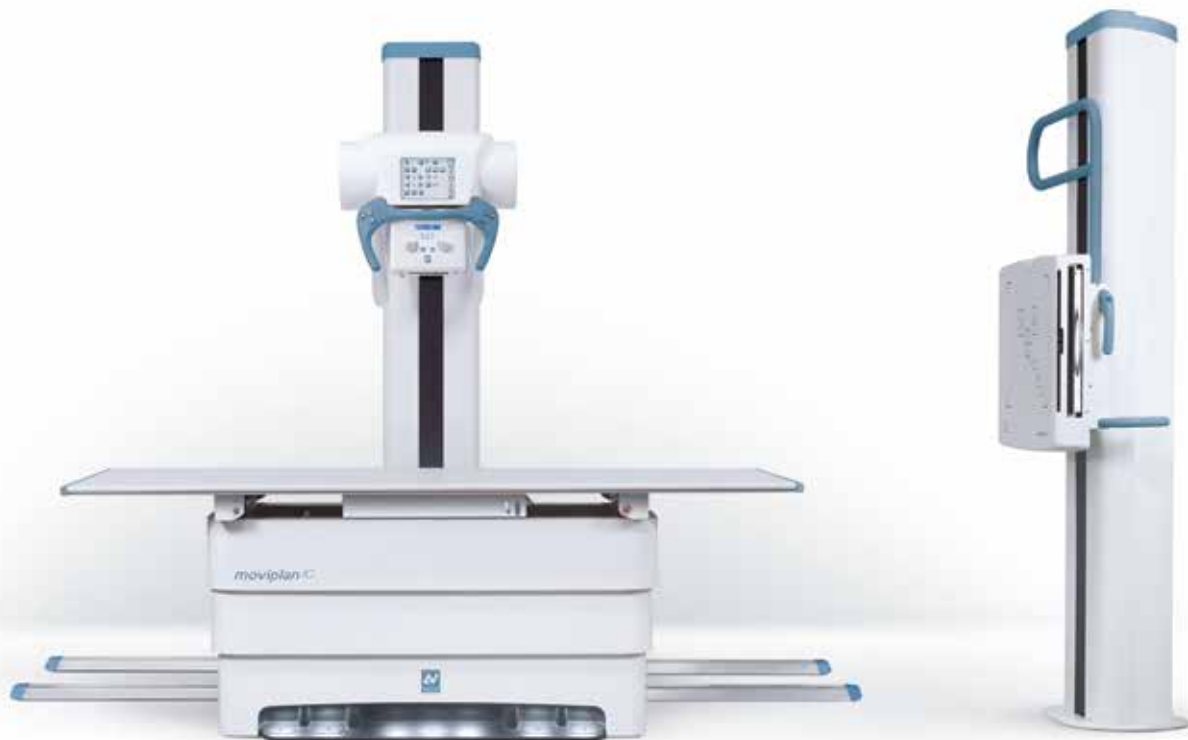
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# Statement on COMPAMED 2016 by Joachim Schäfer, Managing Director of Messe Düsseldorf GmbH

## A look at the Latest Trends, Topics and Cutting-edge Products

What medical breakthroughs will the future bring? Possibly one of the most exciting questions there is. Year by year, the annual conjunction of the world's leading medical trade fair, MEDICA, and COMPAMED, the top international industry platform for medical technology industry suppliers, takes us quite a bit closer to finding the answer. This year's dual event from 14 – 17 November in Düsseldorf will show once again that the products developed by medical technology suppliers can have a huge impact in terms of delivering better care to patients in hospitals and the community.

A look at the latest trends and cutting-edge products provides plenty of examples. The basic general trend is in favour of smaller, lower-cost medical devices, with an increasing preference for smart devices with a connectivity option. Accordingly, medical technology companies require suppliers to deliver ever finer, more light-weight yet powerful components, modules, chips and radiofrequency modules, along with the matching energy and data storage systems. Contract manufacturing and outsourcing of services in every element of the process chain (including development, production, supply chain management, quality management and spare parts management) is a growing trend. Whether the medical technology industry customer is a major corporation or small family-run business, suppliers can support them as expert partners.

A concerted and closely coordinated approach helps to ensure best practice and efficient processes in the development, manufacture and marketing of medical devices. Exhibitors – now numbering more than 800 – appreciate COMPAMED so much because of the chance to meet the right people – in this case the almost 5000 exhibitors from the MEDICA trade fair taking place on the same site at the same time, and who represent the suppliers' (potential) customer base. With its special profile, COMPAMED in halls 8a + 8b in the Düsseldorf fairground complex mainly draws technical buyers, R&D and packaging specialists, production managers, engineering designers and process engineers. The fact that 60 percent of trade visitors – 18,800 at the last count – travelled to Germany from other countries to attend COMPAMED is a good indication of the event's international standing.

## Product development inspired by digitisation

The increasing pace of digitisation in healthcare is dictating what happens in and around medical technology product deve-

lopment these days. In many areas, the hardware has been relegated to the status of mere deliverer of processing power. The real innovation is in the software. Mobile app-based solutions for medical imaging and cardiology are two good examples. High tech ultrasound transducers, sensors to monitor vital signs – just add a smartphone or tablet connection and you have ready-made fully functional technical solutions for many medical purposes.

Suppliers showcasing at COMPAMED are getting to the top of their game with innovations like these. The big push towards digitization and connectivity is resulting in "bespoke" innovations with varying degrees of vertical integration in the development process to meet the customer's specific requirements, for example as regards user interfaces and navigation for medical devices and systems. This includes matching touchscreens, displays and complex electronics for wireless data transmission. Medical technology industry customers are showing a keen interest in uniform, standardized operating and control concepts for a range of different systems and models. The big advantage for healthcare users lies in not having to learn a completely new set of functions when they use different devices and switch between them.

Digitisation in combination with miniaturisation has obvious benefits in laboratory medicine too. A handy point-of-care device suitable for bedside use replaces an entire hospital lab for blood tests. And with the input of the suppliers and research facilities exhibiting at COMPAMED, it looks like there are plenty more advances yet to come.

Take microscopy: Many small labs are still analysing samples virtually "by hand" and with the trained eyes of large numbers of staff. Either automatic analysers are too specialized or – if designed to cover a broad spectrum of tests – simply too expensive. Based on the latest findings showing that diseased tissue emits and responds to light in different ways, comparatively low-cost automatic scanning methods can now be developed for an increasing number of tests. A novel application to diagnose prostate cancer caused quite a stir at last year's COMPAMED.

## Small, sophisticated, powerful

Laboratory medicine is not the only area to benefit from the innovative products delivered by suppliers. Minimally invasive surgery is another. Selected innovations underscore the complexity of modern surgical instruments. A COMPAMED exhibitor recently presented an MRI-compatible microendoscope with ultrasound functionality, equally suitable for diagnostic and treatment purposes. The integrated endoscope head measuring just a few millimetres is equipped with two light guides and an ultrasonic transducer capable of destroying tumour cells on the basis of acoustic waves. This innovation uses dedicated new materials designed for medical purposes, another area represented strongly at COMPAMED. The endoscope is part ceramic, part plastic to avoid interference during MRI imaging. The new instrument with its high tech components is designed for examining the brain in people with Alzheimer's, Parkinson's or cancers.

### Expert fair and forums cover the entire process chain

COMPAMED's offering (halls 8a + 8b) covers the following main areas: components for medical technology (including electronics, parts, tubes, filters, pumps, valves), materials, micro- and nano-technology, contract electronic manufacturing services (EMS), complex manufacturing and equipment partnerships (e.g., OEM – original equipment manufacturing), packaging and services. In combination with the world's largest medical trade fair, MEDICA 2016, COMPAMED covers the entire value chain in medical technology – from single component to quality control measurement methods to sterilised and packaged final product. This globally unique trade fair-subject area combination is one of its kind and a key factor in determining the success of both events.

Accordingly, two forums are devoted to relevant trends in the medical technology supply industry. The COMPAMED HIGH-TECH FORUM (hall 8a) hosted by the IVAM Microtechnology Network focuses on microsystems technology, nanotechnology, production technology and process control. Trends such as wearables, sensors and printed electronics are reflected in this forum's program. The COMPAMED SUPPLIERS FORUM (hall 8b) organised by a trade magazine, DeviceMed, features speakers from leading international companies and organisations who will talk about the latest developments along the entire medical

technology process chain. Every discipline is represented here on every scale from low-cost disposables to sophisticated implants. An annual highlight is the presentation of the DeviceMed Awards, which honour special achievements and innovations of medical technology suppliers in various categories.

COMPAMED is likely to get a further boost from the change in event length introduced last year. Starting in 2015, COMPAMED is a four-day event (instead of three as previously) and takes place from Monday to Thursday to coincide completely with MEDICA. The new timings give COMPAMED exhibitors valuable extra time to spend discussing new and current projects with customers and potential clients from the medical technology industry.

As in previous years, visitors can attend both events with one ticket.

### COMPAMED 2016 + MEDICA 2016

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Source: Press Release Medica

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## MEDICA MEDICINE + SPORTS CONFERENCE takes a look into the future: What will sports medicine look like in 2030?

**Technology will Enhance Performances – but Physicians will still have a Key Role to Play**

The MEDICA MEDICINE + SPORTS CONFERENCE is an established component within MEDICA in Düsseldorf, which – with 5,000 exhibitors from a good 70 countries – is the world's leading trade fair for the medical sector. The fourth edition of the conference with presentations by top experts will be exploring the future of sports medicine. What will it look like in 2030? Sports physicians along with experts and interested parties from related disciplines will be meeting at this international highlight to take place on Tuesday and Wednesday, 15 and 16 November, alongside MEDICA 2016 (which is to be staged from: 14 – 17 November). At the event, they will, for instance, be discussing new approaches to the monitoring of vital data and performances, how digital innovations in recreational and competitive sports will help prevent injuries and disease, the latest research into training programmes and equipment and how the roles of those involved in the field will be changing.

The two meetings to take place on the first day of the MEDICA MEDICINE + SPORTS CONFERENCE (Tuesday, 15 November) will be focusing on the visionary topic of 'Body Enhancement'. Progress in this field is so outstanding that people wearing prostheses are being asked in competitions to prove that they are not gaining any unfair advantages from their equipment. That's at least what Markus Rehm, the 'Prosthesis Athlete' from Leverkusen, experienced when he wanted to take part in the long jump at the Summer Olympics in Rio de Janeiro. "He must prove that he is not gaining an unfair advantage from the prosthesis. He has not yet done so," is what Sebastian Coe, President of the International Athletics Federations, is supposed to have said about the ambitions of the 27-year-old Paralympics Champion. But everyday life for people with disabilities looks entirely different. The 'high-end equipment' that top performers use is often ill-adapted to people's actual needs. Prof. Dr.-Ing. Robert Riener, Head of the Department of Health Sciences and Technology at the ETH Zürich, will be speaking at the MEDICA MEDICINE + SPORTS CONFERENCE.

He will be introducing 'Cybathlons' in his opening presentation. These are challenges where people with disabilities will compete against each other and, with the help of robot-aided assistive technologies, attempt to overcome such everyday obstacles as stairs, ramps, doors and uneven terrain. The 'pilots' from 23 countries will be competing in six disciplines. These will include a

virtual 'thought-control' race, a bicycle race with muscle stimulation, a variety of obstacle courses for people using leg and arm prostheses and races with electronically powered wheelchairs and exoskeletons.

The 'Cybathlon' is to boost developments in the field of assistive technologies which will hopefully spawn new devices to actually make everyday life easier for people with disabilities.

### The rise of gaming technologies

In his presentation titled 'Sports Orthopaedics 2030', Dr Christian Schneider, Member of the Medical Commission of Experts at the German Olympic Sports Confederation, President of the Association and National Team Physicians in Germany and Head Physician for Sports Orthopaedics at the Schön Clinic in Munich-Harlaching, will be imagining what everyday life for sports physicians will look like in 2030 and what he expects it to achieve: "An integrated approach for patients that will enable physicians, physiotherapists and / or trainers to collaborate and network with each other very closely across disciplines and that will employ digital innovations in a useful manner." In 2030, it could be possible to put together a variety of different personalised, appropriate, modular and time-saving therapies and training programmes immediately after diagnosis. Dr Schneider thinks that digitisation will provide benefits in several areas.

Advanced technologies will certainly help to make diagnoses even more precise: "There will be a lot more information available about how effective our various therapy approaches will probably be and how the illnesses or diseases will progress." It will in future be possible to track therapies and training programmes and it will even be possible to automate some aspects of treatment (the systems will notify patients that exercises are not being properly executed and inform them how to do them correctly) and they could also be adjusted over time without the patient having to attend practices or hospitals. Dr Schneider believes: "It may be useful to deploy gaming technologies here such as the Xbox and the Wii."

### 'Human Performance Enhancement' at the German Air Force

On its second day, Wednesday, 16 November, the conference will be concentrating its attention on innovations and new findings that could be implemented immediately. A few years ago, the 'Tactical Air Wing 31 Boelcke' based in Nörvenich switched from their two-seater Tornados to the single-pilot Eurofighter. The change has not only exposed the technology to new demands, it also presents entirely new challenges for pilots and aviation medicine. This is something that Captain Daniel Porten, Sports Scientist and Officer for Preventive Training, will be discussing on the morning of Wednesday, 16 November, within the framework of the session that will be focusing on training programmes. Here a team comprising experts from the disciplines of surgery, sports medicine, psychology and physiotherapy is going to train a pilot to enable him to push the Eurofighter to its limits. The subject here is 'Human Performance Enhancement'.





Photo Messe Düsseldorf, Constanze Illmann ©



### 'No sports!' - but sports will do no harm if dosed correctly

Prof. Jürgen Scharhag from Saarbrücken, the Team Physician for the U21 German national football team, will be discussing new information about whether tough endurance training is more harmful to a healthy heart than not. He will be demonstrating that people who participate in competitive sports can expect to live longer. He will be claiming that sports physicians can use ECGs to distinguish between the generally desirable physiological effects of training and unwanted pathological changes. The troponin and B-type natriuretic peptide markers are at mostly only slightly elevated after strenuous training. Heart-rate variability also plays a special role. It reveals, for example, the detrimental effects of stress and burnout.

During the same session, Dr Doris Eller-Berndl, who specialises in preventive and occupational medicine, will be explaining the benefits of recording this variable over a 24-hour period.

### Wearables as all-round devices

Wearable technologies are playing an increasingly important role in recreational and competitive sports. They provide those engaged in sports activities with continuous feedback about their vitals and performance data. The afternoon session of Wednesday, 16 November, will see Prof. Bjoern Eskofier of the Endowed adidas Professorship for Digital Sports at the Friedrich-Alexander University in Erlangen, present the 'miLife' project – a project that intends to become no less than a central and versatile platform for wearables. It will employ body-proximate sensors to collect physiological and bio-mechanical data and transfer it to such wearable devices as smartphones. This data will then be analysed by algorithms, highly developed database technologies and simulation models.

The pattern recognition that the use of big data would enable in this way could facilitate training, motivate people to exercise and in the end contribute to sustaining health in older populations.

### Sensibly taking up sports again

Prof. Winfried Banzer, Advisory Board Sports Development at the German Olympic Sports Confederation, Dean of the Faculty of Psychology and Sports Sciences, Head of the Department of Sports Medicine, Frankfurt, will be exploring the topic of 'returning to play' from a neuro-cognitive point of view. The resumption of sports by professional and amateur athletes and the 'safe return to exercising' place great demands on performance diagnostics, screening and the minimisation of the risk of injury. Cognitive performances also play a decisive role in people's successful return to exercise. In his presentation, Banzer will be explaining how they can be measured and trained.

### For top training: The 'training bib' as a high-tech device

The final session that will be dealing with digital innovations in recreational and competitive sports will be exploring how these

innovations may be used in sports with children. Julien Denis of Sports Innovation Technologies will, for example, be exploring how children's training can be made more effective in his discussion of 'eFUNino' on Wednesday afternoon. Innovative LED equipment will, among other things, make it possible to quickly switch the play of direction and change team constellations. It could be possible, for instance, to easily swap teams around when every player is wearing an LED bib. The system would generally be designed to increase football flexibility and attention.

The above examples only reflect a selection of the exciting programme that will be available at the MEDICA MEDICINE + SPORTS CONFERENCE. The large number of companies that are partnering the conference is evidence of the interest that such topics generate on the supplier side and of the existing market potential. Partners include: FIRSTBEAT, POLAR, MEDISANA, Medtronic, InBody, Catapult Sports, COSMED and Oxy4. A Guided Innovation Tour to take place on the first day of conference at the MEDICA trade fair will give visitors the opportunity to experience innovations from the fields of 'Health and Fitness Monitoring', 'Med Devices' and 'Wearable Technologies' live and to try them out directly.

### Will technology and digitisation make physicians superfluous?

What effect will all this have on the relationship between physicians and patients? "Physicians will not become redundant in future, they will rather continue to play a key role – in the decisions about relevant diagnostics, the commencement of treatments and in prevention." This is how Dr Christian Schneider (Chairman of the Association for National Team Physicians in Germany and Chief Physician for Sports Orthopaedics at the Schön Clinic in Munich-Harlaching) confidently views the future. He is confident that innovations mean progress: "Digitisation provides us with the opportunity to hopefully detect possible problems at an earlier stage and in the end even prevent illnesses and injuries altogether.

Prevention is the key word. Digitisation will in future enable us to provide more integrated, networked and personal care to patients. I am looking forward to discussing the innovations that will deliver this progress."

*The MEDICA MEDICINE + SPORTS CONFERENCE will not be the end of this debate – but it will deliver lots of arguments.*

**Author reference:** Dr Lutz Retzlaff, freelance medical journalist (Neuss)

Source: Press Release Medica



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exhibition focus

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Exposanità



**Exposanità closes with a 12% visitors increase. Training and technological innovations drive the twentieth edition.**

There are a lot of open challenges for the Italian health: from the assistance to the disabled people to the progressive aging of the population, even having to reconcile limited economic resources with the potentialities offered by the technological innovation. The point at issue has been the innovation in Health, main theme of the opening conference in which have been discussed of as the technological advancement of health, impose a careful politics to guarantee adequacy of the cares and sustainability of the system.

**Thanks to the special initiatives with more technological implications related to the hospital, the visitors had the opportunity to admire a last generation hybrid operating room. Inside the operating room a medical team has simulated a heart surgery operation.** Also the 3DPrint Hub exhibiting area has spoken of innovation: the professionals of the sector have been able to meet manufacturers of printers, materials, scanner and software 3D, and to keep themselves up to date on the use of these new technologies.

Thanks to the collaboration with the Italian Paralympic Committee, the exhibition has hosted demonstrations, competitions and meetings with the champions of the paralympic sport. The Horus Sport exhibiting area has given in fact the possibility to test themselves in various sports: table football, shooting range with gun or carbine for the blind, martial arts, basketball and fencing in wheelchair.

With a focus on the demographic change in action, within Third Age exhibiting area the discussion was focused on geriatrics on the territory and on the evolution of the social and health professions, on the inclusive planning, telemedicine and homecare, on the relationship among home automation, technology and autonomy and active aging.

There has also been a focus on prevention with a dedicated area: the main associations dealt with prevention of the not transmissible illnesses, have given the opportunity to have information on the relevance of the preventive diagnostic to visitors and to benefit from some free screenings.

**Exposanità - The numbers of 2016 edition**

634 exhibitors, 235 initiatives among conferences and workshop, organized from 54 Institutions, Associations and corporate body with the participation of 830 lecturers for a total of 600 hours of accredited professional training. The exhibition area has offered over 2000 products and services for hospitals, diagnostic and ICT, Third Age, disability, first aid and prevention, orthopaedics and rehabilitation.



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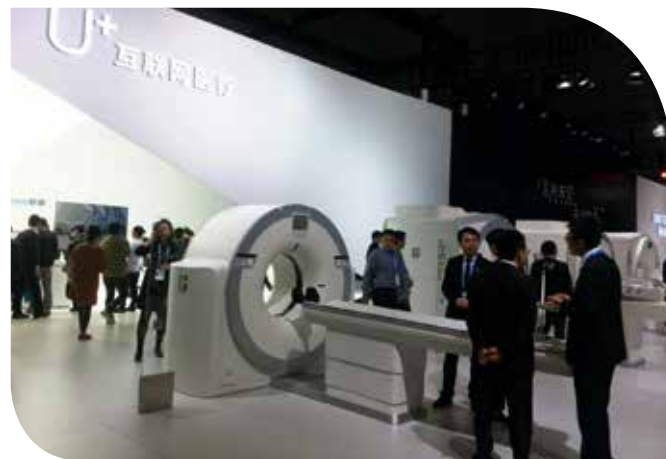
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tHIS 2016



SHANGHAI, April 21, 2016 /PRNewswire/

**The Health Industry Summit (tHIS) 2016 opened in Shanghai at the National Exhibition and Convention Center on April 17.**

**The organizer posted a record 380,000 entry scans, 216,784 professional visitors and more than 55,000 exhibiting staff to the venue over four days.** In preparation of the large concentration of visitors, the city of Shanghai initiated its municipal level security mechanism and increased the frequency of the subway to divert the large crowds and dense traffic to the venue. Hotels were also fully booked in Shanghai during the event period.

Only in its second edition, tHIS has already been firmly established as the world's largest health industry event with over 330,000 square meters of exhibition space and 107 individual conferences.

Key events include China's three top medical equipment and pharmaceutical exhibitions (CMEF, PHARMCHINA and API China) and the leading healthcare investment forum - Healthcare China 2016. This year's investment forum was co-organised by Reed Sinopharm, JP Morgan Asset management, CICC and Sinopharm Capital and was attended by more than 700 selected investors and institutions.

**The exhibition featured the entire industry value chain and presented some of the latest cutting edge technology including genetic diagnostics, rehabilitation robotics, wearable tech, 3D printing and more.**

6,900 exhibiting companies from 30 countries were at the show presenting tens of thousands of products and services. Well-known healthcare equipment giants like GE, United Imaging,

Siemens, Philips and Mindray as well as major pharmaceutical groups in China like Sinopharm, Shanghai Pharma and CR Pharmaceuticals were in attendance with major stand presence.

Natural Health and Nutrition Expo were among the fastest growing segments in the portfolio, helped by the expected population boom in light of the reversal of the single child policy as well as a growing health conscious middle class in China.

With the start of China's 13th Five-year plan in 2016, the "Health China 2020" program focusing on the co-development of healthcare, pharmaceutical production and health insurance has put the health industry among the top priorities for development in China and part of the national strategy.

Companies in China not traditionally associated with healthcare have also shifted major investment and resources into the sector, many renaming their company in the process to reflect this focus in industry coverage. International giants with the likes of Alibaba, Lenovo, Fosun and Wanda Group have all taken a foothold into key segments of the industry in anticipation of major opportunities in the future.

The Health Industry Summit is organized by Reed Sinopharm, a joint venture between the world's leading event organizer Reed Exhibitions and China's leading state-owned pharmaceutical group Sinopharm.

**Its next edition will be held in May 2017 in Shanghai.**



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Consisting of 6 specialized shows, Medical Japan exhaustively covers the entire medical industry. “**Medical Device Development Expo (MEDIX OSAKA)**” will showcase the latest technologies to design and manufacture medical devices, such as electronic components, materials, 3DCAD, OEM etc. Combined with “**[Hospital + Innovation] Expo Japan**” and “**Medical IT Solutions Expo**,” they will draw all kinds of medical device manufactures under one roof. “**[Elderly Care + Nursing] Expo Japan**,” “**Regenerative Medicine Expo & Conference Japan**” and “**Int'l Pharmaceutical R&D and Manufacturing Expo Osaka (INTERPHEX OSAKA)**” will also be concurrently held to introduce nursing/rehabilitation/sanitary/disposable products, regenerative medicine and pharmaceutical R&D. Such a prominent comprehensiveness makes Medical Japan an indispensable opportunity for players who eager to stay on the front line.

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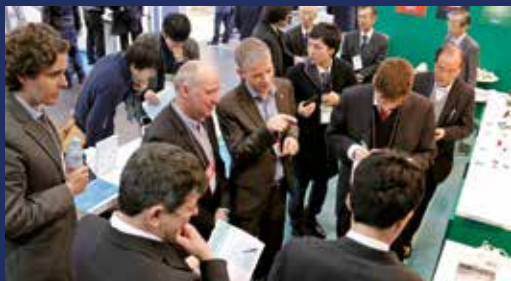
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## November

# 3

• **03-05/11/2016**

### **Astana Zdorovie 2016 - 13th International Kazakhstan Exhibition on Healthcare**

(Astana - Kazakhstan)

Organized by: Iteca LLP  
8th floor, C block, World Trade Cen-  
ter Almaty 42, Timiryazev Str.,  
050057 Almaty  
Kazakhstan  
Phone: +7 727 2583434  
Fax: +7 727 2583444  
Website: [www.iteca.kz](http://www.iteca.kz)  
E-mail: [contact@iteca.kz](mailto:contact@iteca.kz)

Contact person: Ms Yevgenia Gussak  
Email: [zdorovie@iteca.kz](mailto:zdorovie@iteca.kz)  
Phone: +7 7172 580255  
Fax: +7 7172 580253

Venue: Korme Expo Centre  
3 Dostyk St  
Astana  
Kazakhstan

<http://www.astanazdorovie.kz/en/>

# 10

• **10-11/11/2016**

### **Orto Medical Care 2016**

(Madrid– Spain)

Capitán Haya, 56 – 6º H,  
28020 Madrid – España  
Tel 915 716 640 / 41  
Fax: 915 715 129  
email: [omcferia@fedop.org](mailto:omcferia@fedop.org)  
[omccongreso@fedop.org](mailto:omccongreso@fedop.org)

ORTO MEDICAL CARE (OMC)  
[www.ortomedicalcare.com](http://www.ortomedicalcare.com)

Federación Española de Ortesistas  
Protesistas (FEDOP)  
[www.fedop.org](http://www.fedop.org)  
Persona de Contacto: Ana López.

<http://ortomedicalcare.com/>

# 14

• **14-17/11/2016**

### **MEDICA and COMPAMED 2016**

(Düsseldorf - Germany)

Organised by Messe Duesseldorf  
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Messeplatz, Stockumer Kirchstrasse  
61  
D-40474 Duesseldorf  
Germany  
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D-40001 Duesseldorf  
Germany  
Phone: +49 211 45 60 01  
Infophone: +49 211 45 60 900  
Fax: +49 211 45 60 668  
Email: [info@messe-duesseldorf.de](mailto:info@messe-duesseldorf.de)  
Website: [www.messe-duesseldorf.de](http://www.messe-duesseldorf.de)

Venue: Duesseldorf Trade Fair Centre  
Messeplatz  
40474 Duesseldorf

<http://www.medica-tradefair.com/>

### **Infomedix Booth: Hall 16 Stand E51**



# 15

• 15-18/11/2016

**Cosmoprof Asia 2016 -  
AWE and HKCEC**

(Hong Kong - China)

Organized by: Cosmoprof Asia Ltd

Sales Office Asia Pacific: UBM Asia  
Ltd - Hong Kong  
Tel: +852 2827 6211  
Fax: +852 3749 7345  
Email: cosmasia-hk@ubm.com

Venue: Venue:  
- AsiaWorld-Expo (AWE)  
- Hong Kong Convention & Exhibi-  
tion Centre (HKCEC)

<http://www.cosmoprof-asia.com/en-us/>

# 27

• 27/11 - 02/12/2016

**RSNA 2016 - The 102nd  
Annual Meeting**

(Chicago - USA)

Radiological Society of North America  
(RSNA)  
820 Jorie Blvd  
Oak Brook, IL 60523-2251 USA  
Phone: +1 630 571 2670  
Toll Free (U.S. and Canada only): 1 800  
381 6660  
Fax: +1 630 571 7837  
Website: [www.rsna.org](http://www.rsna.org)

Venue: McCormick Place  
Chicago IL  
USA

<http://www.rsna.org/>



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# December

# 1

• **01-03/12/2016**

**Vietnam Medi-Pharm 2016  
- The 23rd International  
Hospital, Medical and  
Pharmaceutical Exhibition  
in Hanoi**

(Hanoi - Vietnam)

Organizer:  
Vietnam National Trade Fair & Advertising Company - VINEXAD  
9 Dinh Le, Hoan Kiem, Ha Noi  
Tel: +84 4 3855 5546 / 3934 0474  
Fax: +84 4 3825 5556  
Email: medipharmexpo@vinexad.com.vn  
Website: www.vinexad.com.vn

Venue: Hanoi International Exhibition Center (ICE)  
Add: 91 Tran Hung Dao Str., Hoan Kiem Dist.  
Hanoi - Vietnam

<http://hcm.medipharmexpo.com/en>

# 2

• **02-04/12/2016**

**India Med Expo 2016 - The  
7th International Medical  
Conference and Expo**

(Hyderabad - India)

G India Technologies  
315 1st Floor Dhir Pur  
Delhi- 110009 India  
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# 4

• **04-06/12/2016**

**ICI Metting 2016 -  
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Email: secretariat@icimeeting.com

<http://2016.icimeeting.com/>



**April  
2017**

**11**

• **11-13/04/2017**

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Healthcare & Pharma  
Show**

(Kuala Lumpur - Malaysia)

Organizer:  
ABC Exhibitions Malaysia  
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Fax: +60 3 79 54 23 52  
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