

## **Episode 47: Diagnostic pathways to women's health and wellness**

**Josh Casey:** Hi, I'm Josh Casey. Welcome to *QuidelOrtho Science Bytes*, your trusted source for diagnostic insights and innovations. Today, we're exploring women's health to answer the question, what if diagnostics weren't just a reaction to symptoms, but a roadmap for prevention? The most pressing health issues for women, including cardiac disease, sexually transmitted infections (or STIs) and pregnancy complications like preeclampsia, often go undetected until they become emergencies, but that's changing thanks in part to diagnostics. With earlier, smarter testing, we now have the power to shift care upstream, catching conditions before they escalate and personalizing treatment pathways that support the whole patient. Joining us for this episode, I'm pleased to introduce a panel of QuidelOrtho women's health experts, including Dr. Lindy Crimmins, Global Medical Affairs Manager. Lindy's clinical experience spans from emergency medicine to critical and primary care. Currently, she is responsible for providing medical support for the QuidelOrtho acute care menu throughout the product lifecycle. Lindy is passionate about education, testing guideline updates and assay utilization to drive improved patient-centered outcomes. Next, we have Dr. Rea Castro, Director of Medical Affairs. Rea is a seasoned medical professional with extensive experience in pharmaceutical clinical development, biotechnology and diagnostic product development across multiple therapeutic areas, including immunology, oncology and women's health. She is currently a cross-functional leader in medical affairs and is committed to advancing healthcare outcomes through innovative research, quality healthcare delivery and rigorous safety standards. Also with us today is Vonda McAllister, Director of Global Product Management. Vonda's diagnostic experience spans from R&D and program management to marketing. Now a member of the Point of Care business unit, she previously managed the Triage™ portfolio of assays and the clinical labs team for North America. Vonda is currently focused on supporting the global regions with our PIGF tests, that is, placental growth factor, and toxicology assays, as well as expanding the Triage toxicology and women's health testing portfolio. She also serves as global leadership co-chair for the QuidelOrtho Women's Leadership Network. We've assembled our team of experts to discuss how early detection can help reshape women's health, what it means to truly prioritize wellness, and how diagnostic tools are giving women more clarity, more choices and more control. Lindy, Rea and Vonda, welcome. Thank you for joining us today.

**Vonda McAllister:** Absolutely. Thank you, Josh.

**Lindy Crimmins:** Thank you for having us. We're happy to be here to discuss this important topic.

**Rea Castro:** It's great to be here, Josh. Thank you.

**Josh Casey:** OK. So, if we could start with you, Rea, thinking about women's health and wellness in 2025 and beyond, what daily or routine actions, including screenings, can empower women to take more control over their long-term health outcomes, particularly in areas like cardiovascular disease and hormone health?

**Rea Castro:** Great question, Josh. Routine actions include checking blood pressure, monitoring cholesterol and glucose levels, scheduling regular wellness visits and diagnostic testing, including staying up to date on STI screenings. These are all foundational to staying ahead of today's most pressing women's health risks. During pregnancy, routine prenatal



care combined with early screenings for preeclampsia using tools like mean arterial pressure or placental biomarkers can guide preventive strategies and help doctors take steps to keep both mom and baby healthy. Also, diagnostic innovations like self-collected swabs for human papillomavirus (or HPV) or point-of-care STI testing remove logistical barriers and normalize routine screening. So when testing becomes a habit, not just a response to illness, it gives women time to choose their best path forward.

**Josh Casey:** Right, so, going a little deeper into cardiovascular disease, it's still the leading cause of death among women. How can we better leverage diagnostic tools to recognize warning signs earlier, especially in women whose symptoms may present differently from men?

**Lindy Crimmins:** I'm happy to take this one, Josh. One thing about women is while we commonly present with chest pain symptoms similar to men, the initial biggest symptom that brings you to the emergency department or to the doctor, we have a greater prevalence of other symptoms, things like palpitations or feeling a fluttering in your chest, radiation of the chest pain to your jaw or neck, or perhaps to your back. Some studies, like VIRGO and YOUNG-MI, have found that women are more likely to report 3 or more associated symptoms than men are, including epigastric symptoms like indigestion, palpitations and pain in other areas in addition to the chest. And this can make it confusing for physicians. So it's important that these additional symptoms be combined with standardized ways of assessing the patient, like with a risk score, such as HEART or ADAPT, and be sure that the physician is not underestimating the cardiac risk in women, putting women at risk for underdiagnosis of acute coronary syndrome. And then as the patient, that makes our responsibility to remember that the chest pain is what brought you in first and make sure that you're being a strong self-advocate. If you don't feel right, that sense of unwellness is important. And you should lead for that and lead with that and really advocate to make sure that you get all, everything, all of your concerns alleviated when you have symptoms and go to the emergency department or to the physician. And then advanced diagnostic tools like imaging, serial biomarker assessments can detect even subclinical atherosclerosis, very early onset of disease. So utilizing these tools, like, you can even ask to have your biomarkers tested when you're normal and healthy, when you're asymptomatic – I've had that done myself – on an outpatient basis to know where you are when you're young and healthy and not having troubles, so that you know, you can tell the difference when things do go awry. Using these tests when we're healthy compared to when we're sick can help bridge the diagnostic gap and ensure timely treatment. But being a self-advocate is really important.

**Josh Casey:** Yeah, self-advocacy is always so important to health, but how can early diagnostic testing redefine what prevention looks like, especially for conditions like heart disease that historically go undetected until it's too late?

**Lindy Crimmins:** Yeah, so early diagnostic testing has the potential to shift the paradigm of women's healthcare from reactive to proactive. For instance, high sensitivity cardiac biomarkers, things like troponin, and natriuretic peptides like BNP or NT-proBNP can reveal really early signs of heart disease, even in asymptomatic women, and then urine protein and blood pressure tracking can flag early risk for preeclampsia, and then you can combine these. Someone who has a history of preeclampsia is at increased risk for heart disease later in life. So, making sure you share that part of your history with your physician when you get a new physician, so that they know that you're at increased risk because pregnancy is a big stressor, and it can kind of predict the future for us.



**Rea Castro:** That is so right, Lindy. So, to build on that, rapid routine sexually transmitted infection testing is now available in more discrete and accessible formats, which then empowers women to take charge of their sexual health, while also helping reduce community transmission. Now, across each of these conditions, diagnostics act as the first alert, allowing earlier intervention and more personalized care.

**Josh Casey:** That's interesting. To your point about STIs, Rea, we know women are often conditioned to downplay their symptoms. How can we encourage a cultural shift where early testing becomes an act of advocacy, not anxiety?

**Rea Castro:** Absolutely, Josh, you know, for generations, women have been taught, often unconsciously, to minimize their symptoms or feel shame around certain health concerns, especially sexual health. Changing that starts with shifting the narrative. Promoting health literacy and patient engagement can reframe early diagnostic testing as a proactive and empowering choice. By fostering open communication between patients and healthcare providers and emphasizing the benefits of early detection, we can reduce anxiety and encourage routine screenings as a standard aspect of self-care.

**Josh Casey:** So I'm curious, what role do innovations in rapid or point-of-care STI testing both reduce stigma and improve outcomes, especially in underserved communities?

**Rea Castro:** So rapid and point-of-care testing is really transforming how we approach sexual health by meeting people where they are, both literally and emotionally. For many women, particularly in underserved rural areas, traditional STI screenings can be logistically challenging and emotionally loaded. But newer technologies like mobile testing units equipped with rapid diagnostics or self-collection tools are helping to change that narrative. Now these innovations often offer same-day results and treatment options, thereby minimizing the gap between diagnosis and care while normalizing STI testing as a routine part of wellness. Reducing stigma isn't just about language, it's about access, autonomy and speed. So, for providers and public health institutions, this is critical to reduce disparities and improve long-term sexual outcomes for women everywhere.

**Josh Casey:** Got it. Makes sense. Shifting a bit now to focus on maternal health. For women planning a pregnancy or managing chronic conditions, what diagnostic conversations should be happening sooner and what role does access to testing play in equitable maternal care?

**Vonda McAllister:** Hey, Josh, I'd love to chime in on this one if I can. So, first of all, preconception counseling is so very important. And I know that Lindy had mentioned earlier as well as Rea, that, you know, knowing, being an advocate for your own healthcare, as well as knowing your family history, is critical. These discussions can include or should include managing chronic conditions like diabetes and hypertension. As well as assessments of family medical history and really knowing that baseline for yourself. Early diagnostic evaluations can identify potential risks for conditions like preeclampsia, allowing for interventions that improve maternal and fetal outcomes. Ensuring equitable access to these services is vital for reducing disparities in maternal healthcare.

**Josh Casey:** When it comes to preeclampsia, how can we use early testing and risk assessment to intervene before symptoms escalate rather than treating it as a crisis once it develops?



**Vonda McAllister:** Right. So I do want to highlight that May is Preeclampsia Awareness Month, and it's really important to bring attention and education around this extremely dangerous gestational complication. Preeclampsia is a serious hypertensive condition caused by placental dysfunction. And if not diagnosed and treated and monitored, it can be really life-threatening for both the mother and the baby. It affects about 2 to 15% of pregnancies worldwide, and it's a very complex diagnosis. So early pregnancy screening for preeclampsia, incorporating maternal factors, biomarkers like PIGF, which is placental growth factor, can identify women at risk, particularly for early onset severe disease, which is really important. Prophylactic administration of low-dose aspirin has been shown in studies to prevent 80 to 94% of early-onset severe preeclampsia cases, but many women don't have access or it's just not acknowledged or educated regarding the access to such screening. Also, we're still learning so much more about it. So, highlighting the need for broader implementation is really important here.

**Josh Casey:** Access is definitely a key factor in all of this and related. How can diagnostic companies, providers and public health institutions better work together to ensure women are not only tested sooner, but that their results are meaningfully tied to actionable care plans?

**Lindy Crimmins:** I can start with this one, Josh. So it's critical to have interdisciplinary collaboration to enhance patient care. When the lab brings in a new test, it's critical that the lab educate their physicians about all of the disease areas and the decision points that each test can be used for to improve outcomes for patients. And this cooperation between clinicians who are taking care of the patients and ordering the tests and the laboratories who are reporting out the test results, ensuring high-quality results are obtained, makes sure that all of these advancements in science that we bring as QuidelOrtho really get translated into personalized treatment plans for patients, and then this improves patient outcomes and makes healthcare more efficient.

**Josh Casey:** Agreed, it sounds like early diagnostics aren't just tests, they're turning points that offer women the chance to take action before symptoms appear. By making proactive testing the norm, we can move from reacting to illness to building a culture of prevention, empowerment and equity in women's health. But that's all the time we have for today. Thank you, Lindy, Rea and Vonda, for joining us to share your insights. I hope everyone enjoyed the conversation. Please be sure to review the sections and links within the podcast description. You can always go back and listen again if you'd like more details. Also, if you're interested in learning more about today's topic, you may want to revisit *Science Bytes* episode number 40 on thyroid disease. It's a critical and often overlooked aspect of women's health, from fatigue and mood changes to fertility challenges, thyroid disorders impact millions of women worldwide, often without clear symptoms. Thank you all for listening in. If you haven't already, please subscribe to *QuidelOrtho Science Bytes*, our monthly podcast brought to you by QuidelOrtho Corporation, where we are transforming the power of diagnostics into a healthier future for all. Until next time, take care, everyone.



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