Print Form

Exhibit C: Patient Case Summary Spreadsheet

Application for Diplomate,
American Board of Craniofacial Dental Sleep Medicine

Candidate Name: [redacted]

Date: 01/25/2014

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CRANIOFACIAL DENTAL SLEEP MEDICINE
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A total of five (5) Patient Case Summaries are required.

For each Patient case Summary, the pre-treatment PSG must be formally interpreted by a board-certified sleep physician (i.e, MD, DO or PhD) whose diagnosis must reflect an AHi greater than 10 and be clearly documented. The post-treatment PSG must also be interpreted by a a board-certified sleep physician.

Home sleep tests (HSTs) may be utilized as pre- and post-treatment PSG's when read and scored by a board-certified sleep physician. HSTs that are not read and scored by a board-certified sleep physician are not acceptable, and cannot be used to document pre- or post-treatment AHL

At least three (3) of the required five (5) Patient case Summaries must be successful responders with post-treatment AHi reduced in half plus relief of subjective symptoms. Two (2) Patient Case Summaries of unsuccessful or non-responders, either surgical or non-surgical, may also be included. Patient Case Summaries involving non-responders must be accompanied by detailed written explanations of possible reasons for non-responses to treatment and attached to this form.

Note: Two forms of ID (i.e., patient initials or chart number AND date of birth or last 4 digits of the social security number) must be supplied for each patient.

	Patient ID 1 (Initials or chart #)	Patient ID 2 (DOB or last 4 digits of SSN)	Pre-Tx AHi	Physician's Diagnosis	Treatment Method	Appliance Used (If applicable)	Post-Tx AHi
1.	LHR	3120	11.0	CPAP Intolerance	OA Therapy	EMA	0.3'
2.	CHP	3415	28.5	CPAP Intolerance	OA Therapy	Somnodent	11.8'
3.	TFY	6803	36.0	OSA	OA Therapy	Somnodent	13.2'
4.	ADM	3420	56.2	CPAP Intolerance	OA Therapy	Somnodent	33.1'
S.	MHL	5421	89.0	OSA & Snoring	OA Therapy	Oasys	58.0'

*see page 2 for explanations of possible reasons for non-responses to treatment.

I certify that I am the primary provider for each of the cases listed above.

Candidate's Signature: [redacted]

Date: 1/25/14

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Explanations of possible reasons for non-responses to treatment:

Case 4:
ID 1: ADM ID2: 3420

This patient, a 77-year old Caucasian male, presented with an initial AHI of 56.2 and O2 nadir of 86% from an OCST. He reported CPAP intolerance.

He was treated with an FDA-approved Somnodent acrylic appliance and reports sleeping better. The subjective report may be unreliable as he suffers from dementia and his wife sleeps in another room. He does report that he does not get up as frequently to use the bathroom which his wife verified.

The follow-up PSG showed an AHI of 33.1 which fails to meet the 50% reduction in events, and his nadir is 82% with a mean of 93%.

There are several factors which affect the reported outcomes. My initial concern is that there were **NO** Central Apneas reported on the initial OCST and there is a Central Apnea index of 12.5 and an Obstructive Apnea index of 13.7 on the follow-up PSG. (The OA index falls well within the 50% guideline.) Secondly, the tests were different types: the first was an OCST and the second a hospital-based PSG.

I believe that the Central Apnea events are the main cause for the lower O2 nadir and apparent “non-responder” status. I have recommended to the patient that he reconsider PAP therapy, and a letter was sent to his sleep physician stating my concerns and recommending a co-treatment with OAT and possibly a lower CPAP pressure setting will prove to be better tolerated.

Case 5:
ID 1: MHL ID2: 5421

This patient, a 56-year old Caucasian female, presented for treatment of severe Obstructive Sleep Apnea and snoring; and CPAP intolerance. The initial PSG recorded her AHI at 89.0 and 02 nadir of 73%.

She was treated with an Oasys FDA-approved appliance and reports that she no longer snores and is “sleeping like a baby” and feels much better.

The follow-up PSG demonstrates an AHI of 58 and O2 nadir of 85%. Even though her oxygenation and symptoms indicate improvement, the AHI would categorize her as a non-responder.

The appliance was rechecked with phayrngometer, which showed a mean volume improvement of 149.8% and a minimum volume improvement of 183.0%. I believe that the follow-up PSG may have been skewed due to nasal congestion of a cold which was later diagnosed as bronchitis. I base this opinion upon the fact that a Medibyte home screening test demonstrated an AHI of 14.5 and O2 nadir of 81%.

It is my belief that this was a successful treatment and I continue to work with the patient and her physician to improve results.