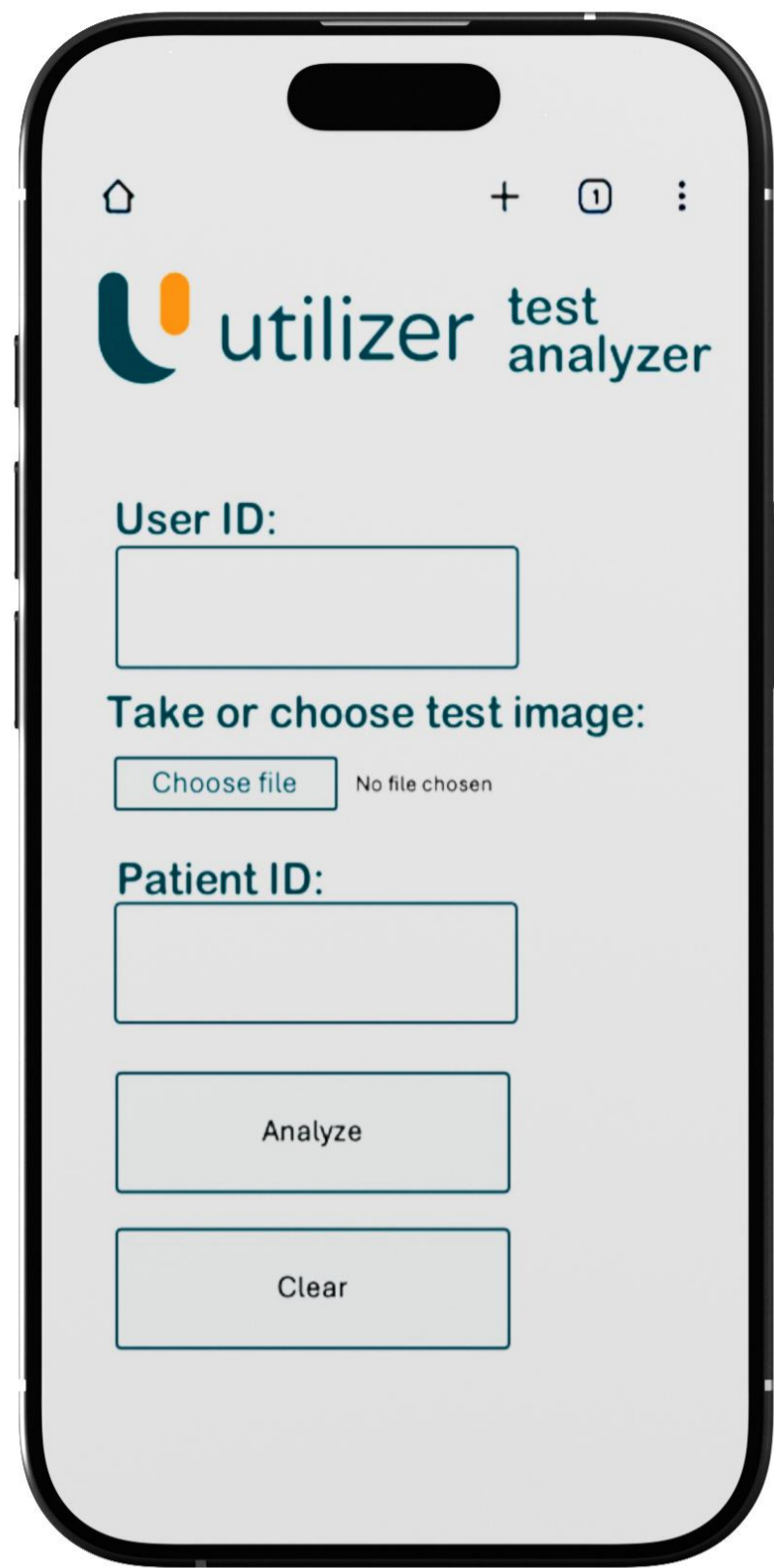


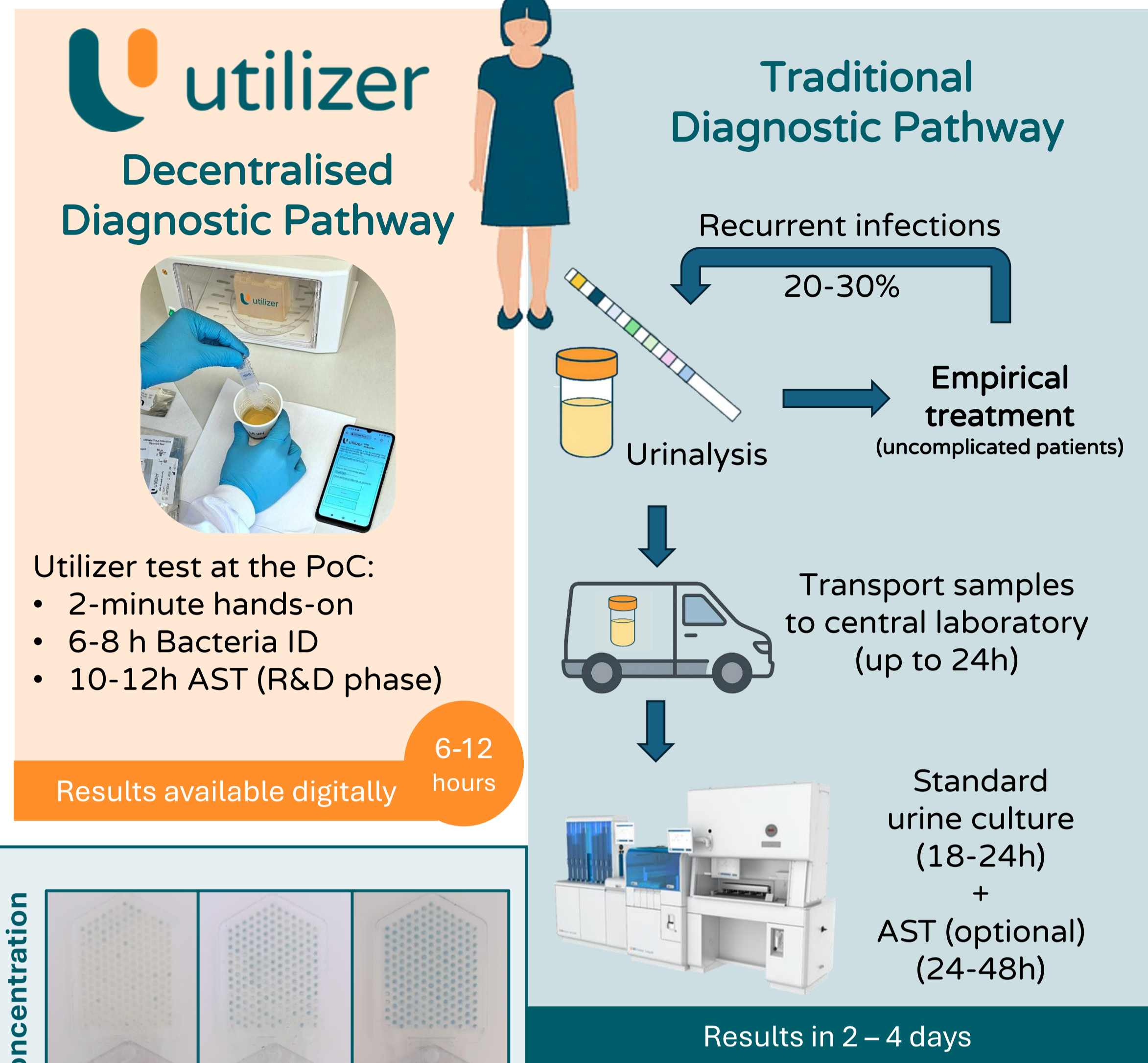
# Point-of-Care Diagnostics for UTIs Using Utilizer-ID: Real-World Primary Care Evaluation and Therapeutic Implications

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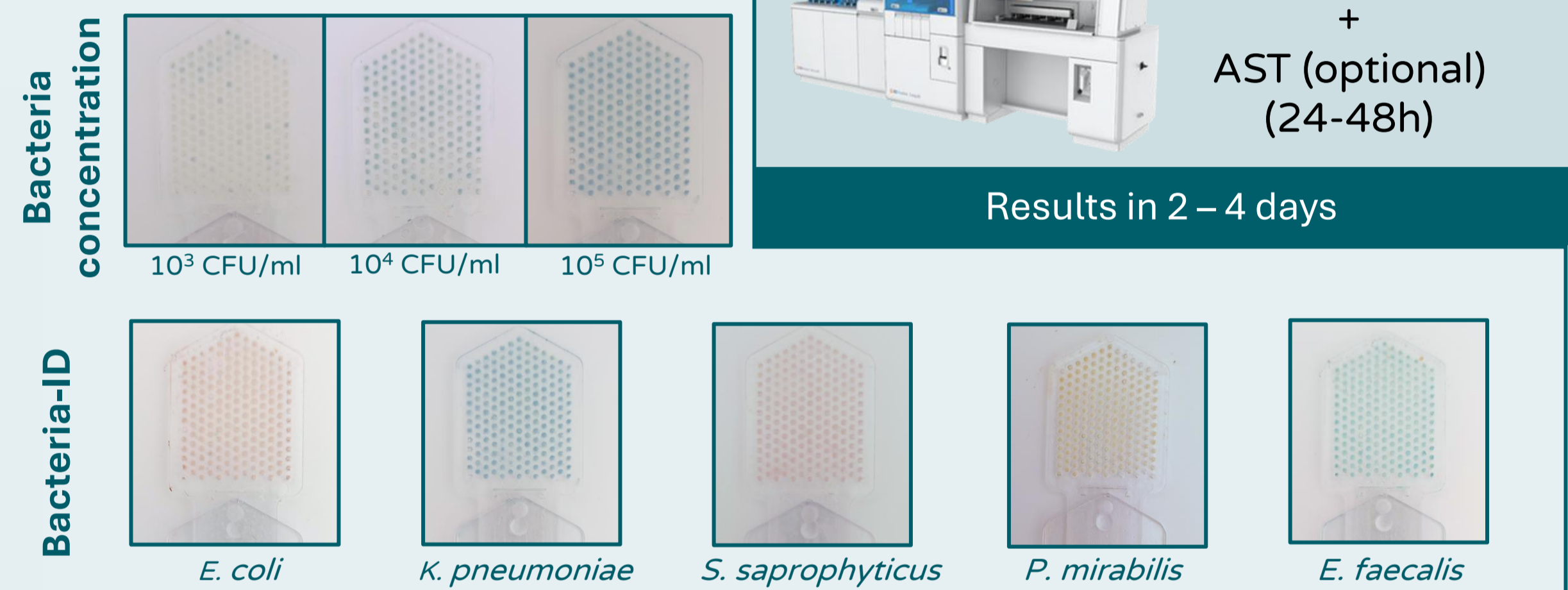
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- **Concentration:** number of wells
  - **Bacteria ID:** colour of wells
- Utilizer- AST (under development):** growth or no growth for specific wells with antibiotics with EUCAST breakpoints
- Patent granted**  
US20200330978A1 / EP3740308A1

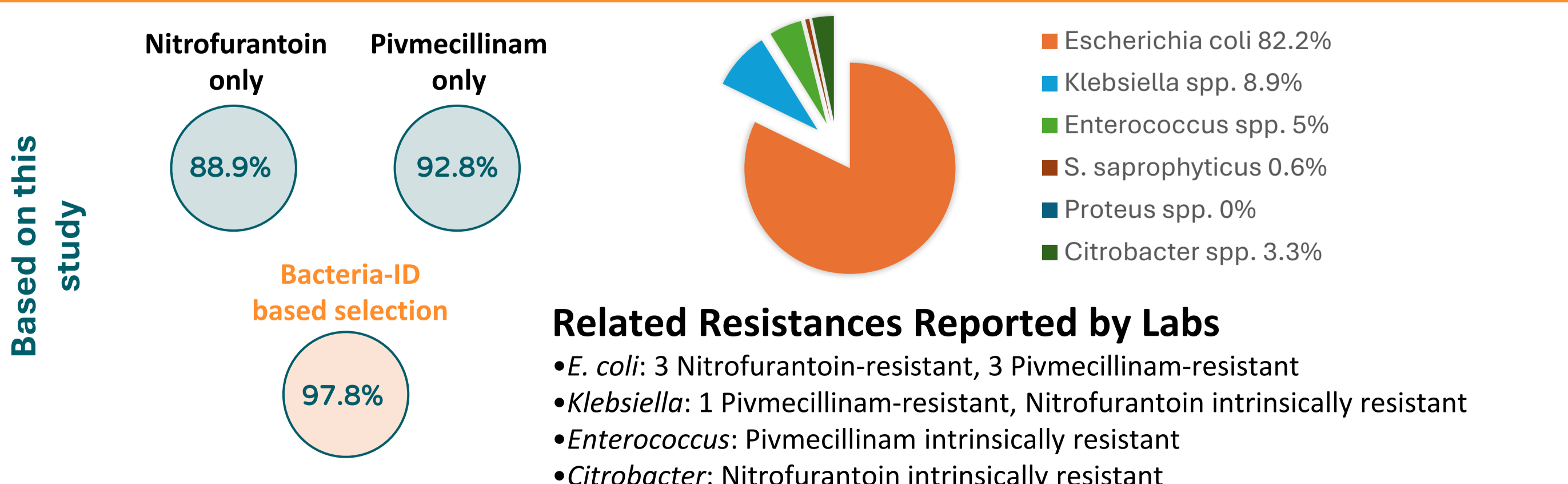
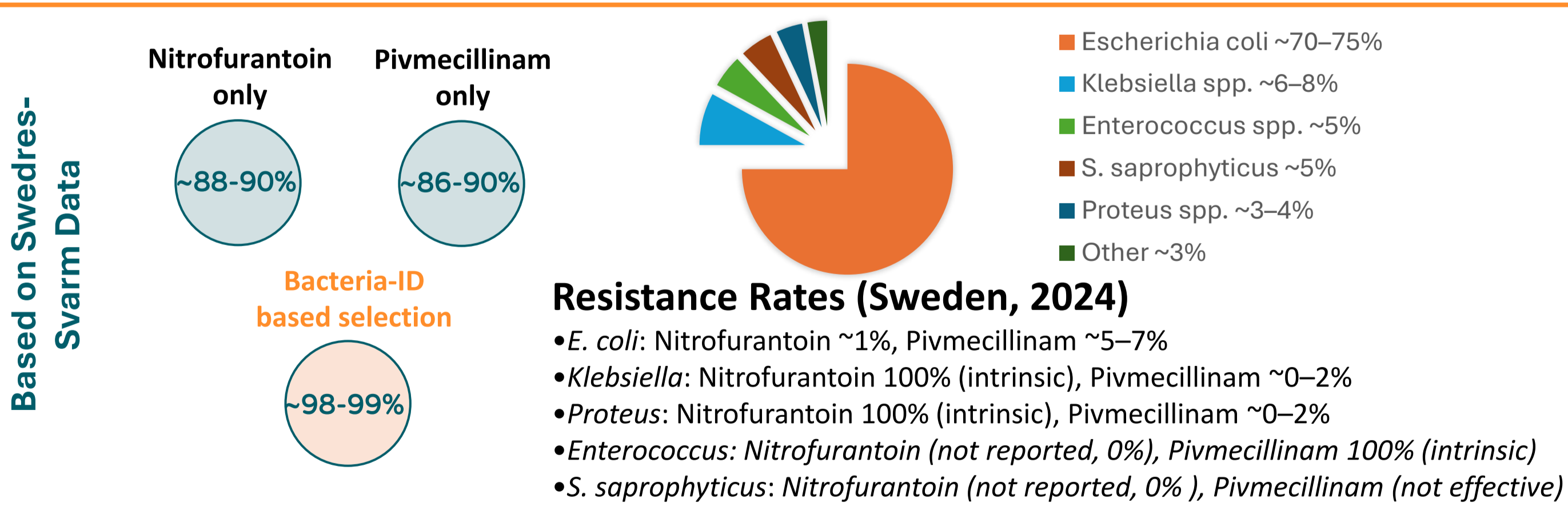
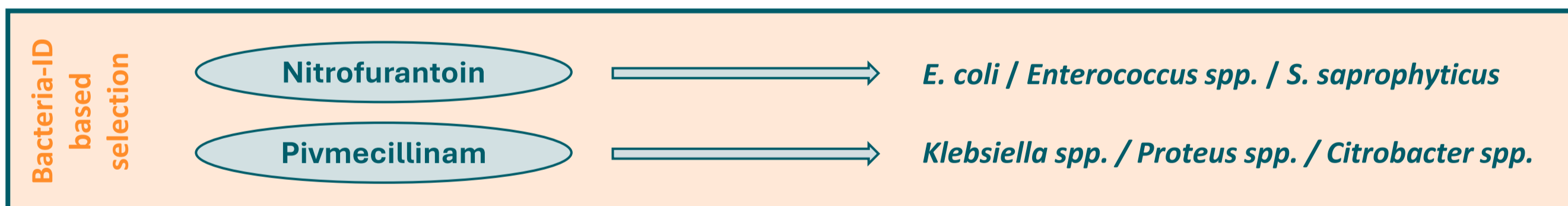


## Utilizer-ID workflow



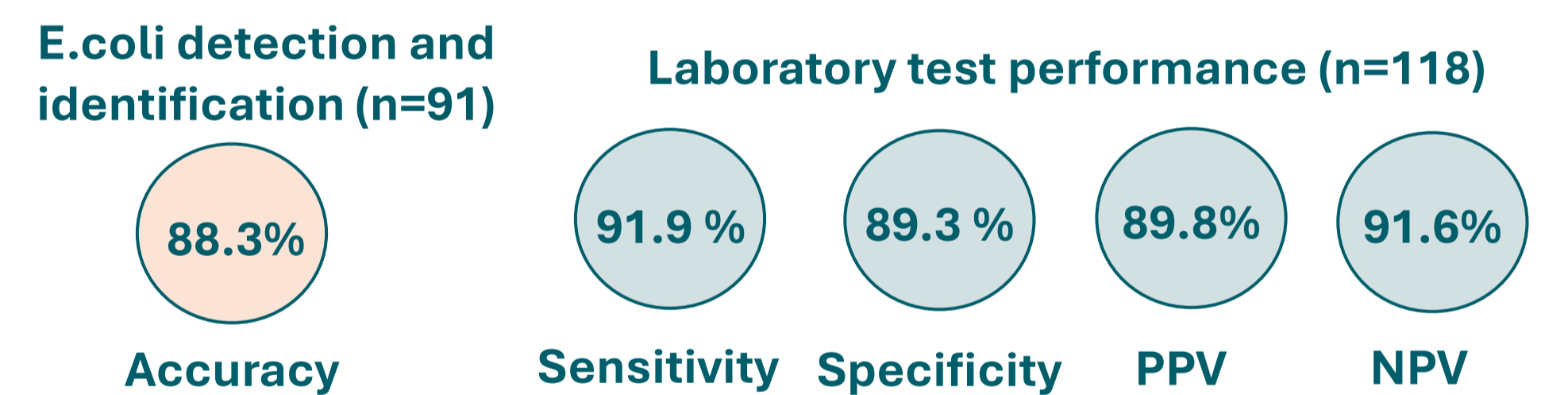
## Bacterial ID-Based Therapy vs Empirical Treatment in Sweden

Using bacterial identification and resistance patterns in Sweden, the weighted calculations estimate the proportion of cases that can be correctly treated without AST. Applying Swedish first-line antibiotic options by species ID might achieve near-optimal coverage (~98–99%), outperforming single-drug empiric strategies. Results are shown below for both national resistance data (Swedres-Svarm) and our study cohort.



## Point-of-care evaluation of Utilizer-ID

Does Utilizer-ID provide accurate results compared to gold standard at the clinical microbiology laboratory?



Does Utilizer-ID work in the primary care setting workflows?

Is Utilizer-ID easy to use?



Utilizer has run more than 500 samples from complicated patients in clinical workflows continuously over 10 months, without disturbing clinical work.

### Primary Care (4 sites)

- Anderstorp vårdcentral
- Boo Närlabb & vårdcentral
- Stuvsta praktikertjänst
- Ålidhem Hälsocentral

### Central Laboratories

- Karolinska University Hospital
- Norrlands University Hospital

A survey was conducted with 14 users performing tests (3 BMAs & 11 Assistant nurses)

## SUMMARY

Utilizer-ID shows strong potential as a near-patient diagnostic tool for UTIs in primary care. It enables rapid and simple testing without advanced equipment and can be integrated into primary care workflows.