

Richard M Fleming, PhD, MD, JD (FHHI-OI-Camelot); Matthew R Fleming, BS, NRP (FHHI-OI-Camelot); William C Dooley, MD (Oklahoma University Health Science Center); Tapan K Chaudhuri, MD (Eastern Virginia Medical School)

• FHHI-OI-Camelot; Oklahoma University Health Science Center; Eastern Virginia Medical School

Ann Intern Med 2020:M20-0643.

• March 30, 2020 • **Conflict of Interest:** *FMTVDM issued to first author.*

PCR or FMTVDM: The question over who should be tested, depends upon the test being used and what you are trying to accomplish with the test – screening, or diagnosis and determination of treatment results.

PCR swabs are touted as being important for our understanding of CoVid-19. While they do provide limited information about the prevalence of disease, taking into account sensitivity and specificity errors, they do not provide diagnostic information – and that is the information physicians and the general public are looking for – noting particularly that a PCR test will not tell you who is contagious, who is going to become critically ill, or the outcome of those individuals.

As of yesterday, 29 March 2020, it appears we have accepted the loss of 100K to 200K Americans – or more – using the current approach of trying to flatten the curve and limit the spread of CoVid-19.

Understanding that viruses are never eradicated and they will continue to recur year-after-year means we are willing to accept a yearly loss of people from CoVid-19. Even the potential future development of a vaccine does not – as we have seen with all vaccines – eliminate the yearly cycle of disease and death.

More important than a PCR screening test, is the need for a diagnostic test [1]. One that can quantitatively measure the resulting inflammatory process and pneumonia [2-5] caused by CoVid-19 (CVP) as well as determine the effectiveness of treatment in each individual.

The use of FMTVDM will allow us to direct patient treatment – determining which of the proposed treatments save lives, and which do not.

References:

1. The Fleming Method for Tissue and Vascular Differentiation and Metabolism (FMTVDM) using same state single or sequential quantification comparisons. Patent Number 9566037. Issued 02/14/2017.
2. Fleming RM. Chapter 64. The Pathogenesis of Vascular Disease. Textbook of Angiology. John C. Chang Editor, Springer-Verlag New York, NY. 1999, pp. 787-798. doi:10.1007/978-1-4612-1190-7_64.
3. Fleming RM. The Fleming Unified Theory of Vascular Disease: A Link Between Atherosclerosis, Inflammation, and Bacterially Aggravated Atherosclerosis (BAA). Angiol 2000; 51: 87-89.
4. Fleming RM, Boyd L, Forster M. Reversing Heart Disease in the New Millennium - The Fleming Unified Theory, Angiology 2000;51(10):617-629.
5. Fleming RM, Fleming MR, Dooley WC, Chaudhuri TK. Invited Editorial. The Importance of Differentiating Between Qualitative, Semi-Quantitative and Quantitative Imaging – Close Only Counts in Horseshoes. Eur J Nucl Med Mol Imaging. 2020;47(4):753-755. DOI:10.1007/s00259-019-04668-y. Published online 17 January 2020 <https://link.springer.com/article/10.1007/s00259-019-04668-y> <https://rdcu.be/b22Dd>