myome

An Integrated Risk Score to Personalize Coronary Artery Disease (CAD) Prevention and Management

What is Coronary Artery Disease (CAD)?

CAD is the most common type of heart problem and is caused by the build-up of fatty deposits (plaque) in the arteries of your heart.[1,2] Over time, this can reduce blood flow to your heart, which can cause chest pain, a heart attack, or even sudden death.[1]

Clinical Risk Factors for CAD[2]

Your CAD risk may be higher than average if you:

- Are overweight or obese
- Have high blood pressure
- Have Type 2 Diabetes
- Have high levels of "bad" cholesterol (LDL)
- Smoke tobacco

How Your Genetics Influence Your CAD Risk

Our genetic material, called DNA, provides the instructions for how our bodies work. While most DNA is the same in everyone, there are millions of small changes that make us each unique. Most of these genetic changes are harmless, but some can slightly increase your risk for different diseases, like CAD. If your DNA has many small-risk genetic changes, they can add up and increase your risk of developing CAD.

Predicting Your Risk of Developing CAD[1–3]

Genetic Information

Your provider can use genetic testing to look for changes in your DNA associated with CAD. The results are combined into a **Polygenic Risk Score (PRS)**. A PRS is like a scorecard that adds up the genetic changes associated with CAD to estimate your overall genetic risk for developing the disease.

Clinical Information

Genetics are only one factor underlying a person's risk for CAD. Other lifestyle and health factors such as smoking status, cholesterol levels, and blood pressure can also impact the risk to develop CAD.[2]

Comprehensive Approach

MyOme's **Integrated PRS (iPRS™)** test for CAD combines both genetic and clinical information to provide a more accurate, overall risk estimate for developing CAD.

Knowing your integrated risk score can paint a clearer picture of your health to help providers personalize your care with tailored screening and management recommendations to reduce your risk of CAD and promote a long and healthy life.

Clinical Testing for CAD

Your doctor may suspect you have CAD based on symptoms or abnormalities on an electrocardiogram (ECG). They may recommend additional testing, such as an exercise stress test, coronary CT scan, blood tests, or other tests to see if there are any blockages in your coronary arteries.[1]

Reducing Your Risk of CAD

Following the American Heart Association (AHA) guidelines called "Life's Essential 8" can help you reduce your risk of developing CAD.[3] You may also talk to your doctor about guidelines for screening other CAD risk factors, like cholesterol levels, blood pressure, and blood sugar levels.[1,2]

AHA's Life's Essential 8[3]

Sleep
7–9 hours per day

BMI
<25kg/m^2

Total Cholesterol
<200mg/dL

Physical Activity
- ≥150 min/week (Moderate)
- ≥75 min/week (Vigorous)

Fasting plasma glucose
<100mg/dL
or A1C <5.7%

Blood Pressure
<120/80 mmHg

Smoking
Don't smoke
or vape

Diet
- Rich in fruits, vegetables, whole grains, lean protein
- Low in sodium and added sugar

Enable Personalized Care with MyOme's iPRS™ Test for CAD

myome® | Proactive Health Plus
INTEGRATED PRS™
CORONARY ARTERY DISEASE

When it comes to your health, information is power. Ask your provider about our iPRS test to better understand your risk of CAD and make more informed health decisions.

Visit our website to learn more about genetic testing for personalized CAD risk prediction.

1. CDC. About Coronary Artery Disease (CAD). Web. Published 15 May 2024. Accessed 7 Apr 2025. **2.** CDC. Heart Disease Risk Factors. Web. Published 2 Dec 2024. Accessed 7 Apr 2025. **3.** Lloyd-Jones DM, et al. Life's Essential 8: Updating and Enhancing the American Heart Association's Construct of Cardiovascular Health: A Presidential Advisory From the American Heart Association. Circulation. 2022;146:e18–e43.

This test was developed, and its performance characteristics were determined, by MyOme, Inc., a clinical laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and College of American Pathologist (CAP) accredited to perform high complexity clinical laboratory testing. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA). Test results should always be interpreted by a clinician in the context of clinical and familial data with the availability of genetic counseling when appropriate. MyOme is not responsible for the content or accuracy of third-party websites.

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