



Proactive Health INTEGRATED PRS™ TYPE 2 DIABETES

Understanding Test Results

Incorporate the MyOme Integrated Polygenic Risk Score™ (iPRS™) Type 2 Diabetes (T2D) test into your patient's risk assessment for a personalized approach to T2D screening and risk reduction.



Combining Genetic and Clinical Insights for Precise T2D Risk Prediction

The iPRS T2D test calculates a patient's risk of developing T2D by combining two components: a cross-ancestry PRS that sums genetic variants associated with T2D and standard clinical risk factors.^{1,2}



Genetic analysis considers

~1.3M

genetic markers
linked to T2D risk

Clinical risk factor analysis includes:

- Age
- Sex
- Waist circumference
- Smoking status
- Blood pressure
- Family history of T2D
- Fasting glucose
- HDL-C
- Triglycerides

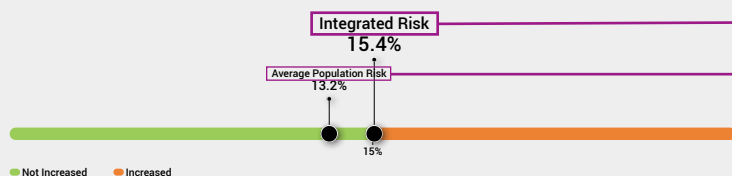
Test Result Overview

Your patient's T2D risk will be presented as a 10-year absolute risk by combining their PRS with their clinical risk, based on the non-genetic risk factors listed above.

Increased Risk

Based on the integrated risk score, this patient has a 15.4% chance of developing type 2 diabetes in the next 10 years.

10-YEAR ABSOLUTE RISK OF TYPE 2 DIABETES



RESULTS SUMMARY

10-year risk of developing T2D will be reported as increased risk ($\geq 15\%$) or not at increased risk ($< 15\%$).

INTEGRATED RISK

The patient's personalized 10-year T2D risk based on the combination of genetic and clinical risk factors.

AVERAGE POPULATION RISK

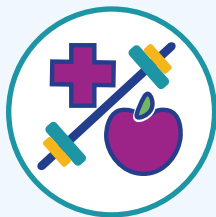
Average 10-year T2D risk for someone in the general population of the same age and sex as the patient.



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Implications for T2D Risk Reduction

Lifestyle Modifications



The American Diabetes Association (ADA) advises healthy habits like keeping a healthy weight, being active, eating a balanced diet, avoiding tobacco, and getting enough sleep to lower the risk of T2D.³ Knowledge of a patient's personal T2D risk can help them follow these habits.⁴

Medications



The ADA recommends metformin for certain high-risk individuals. Other options may include weight-loss or cardiovascular-risk medications. Providers should tailor treatment to each patient's risk and clinical history.³

Further Screening



Individuals at increased risk should have regular glucose checks using fasting glucose, A1c, or oral glucose tolerance tests. Early detection can guide lifestyle interventions and inform preventive strategies.³

Support at Every Step of the Way

We are committed to supporting providers with a customizable, end-to-end solution that easily integrates with your workflow and resources to improve the patient and provider experience.

Online Provider Portal

Genetic Counseling

Clinical Consult Support



Make MyOme Proactive Health part of your clinical care.
Contact support@myome.com or visit our website to get started.

¹ National Cancer Institute. NCI Dictionary of Genetics Terms, PRS. Web. Accessed 2025. ² Ratman, D. et al. (2024, June). Utility of Polygenic Risk Scores for Prediction of Incident Type 2 Diabetes. Poster presented at: The European Human Genetics Conference; Berlin, Germany. ³ American Diabetes Association. Prevention or Delay of Diabetes and Associated Comorbidities: Standards of Care in Diabetes—2025. *Diabetes Care* (2025). doi: 10.2337/dc25-S003. ⁴ Grant R, Obrien K, et al [American Diabetes Association]. Personalized Genetic Risk Counseling to Motivate Diabetes Prevention. *Diabetes Care* (2012). doi:10.2337/dc12-0884.

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.