myome | atlas™ CARDIOMETABOLIC

Product Overview

Personalized Integrated Risk Scores for Proactive Cardiometabolic Health

Integrated Risk* tests use whole-genome sequencing (WGS) to deliver personalized risk scores for coronary artery disease (CAD) and type 2 diabetes (T2D) to help guide proactive care decisions.

Go Beyond Standard Risk Assessments with Atlas Integrated Risk Tests

Disease risks can stay hidden without clinical symptoms

20%

of heart attacks occur in people with no clinical risk factors[1]

Many of these hidden risks can be uncovered by WGS

60%

of CAD and T2D risk is due to heritable factors[2,3]

MyOme tests uncover risks missed by standard clinical tools

1 in 10

cases that were classified as uncertain† by standard tools were reclassified as high-risk by MyOme[4]

Test Overview

Clinical Risk Factors

Clinical inputs from a patient's health history

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Genetic Risk Factors

PRS calculated using **>1M** validated genetic variants

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Integrated Risk

Identifies hidden risk missed by standard tools[4]

Key Test Features

- **Clinically Relevant Insights**[4,6]
  PRS are calculated from millions of clinically relevant variants identified from genome-wide studies of >150K cardiometabolic patients
- **Cross-Ancestry Accuracy**[4,6]
  Proprietary PRS models use thousands of genetic markers to decompose ancestry— validated to calculate risk in >100K cross-ancestry patients
- **Actionable Reports**[7-11]
  Concise results with clear next steps aligned with clinical guidelines, with built-in interpretation support for providers and genetic counseling for patients

Scan for detailed technical specifications

*Formerly offered as "Integrated Polygenic Risk (iPRS)" under MyOme Proactive Health

†Patients classified as "borderline" or "intermediate" by the ASCVD Pooled Cohort Equations (PCE) tool[5]

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Ordering Options	Indications	Eligibility
Available for both indications **Integrated Risk PLUS** High-coverage (30X) WGS **Integrated Risk SELECT** Blended high-coverage whole-exome and low-coverage WGS	CAD	• Aged 40–79 years old • No personal history of CAD • Has all clinical factors* required to calculate risk
	T2D	• Aged 35–70 years old • No personal history of T2D • Not using insulin or oral antidiabetic medication

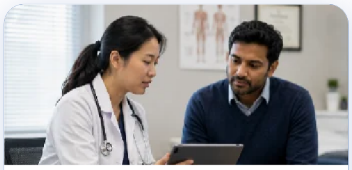
*Includes those defined by the Atherosclerotic cardiovascular disease (ASCVD) pooled cohort equation (PCE) tool.[5]

Related Atlas Tests

atlas™ CURATED SCREEN™ — Detect risk variants strongly linked to 40+ health conditions

atlas™ MEDICATION RESPONSE™ — Gain pharmacogenomic insights for 70+ medications

Genomic Risk, Mapped. Lifelong Health, Guided.



Uncover Hidden Risks

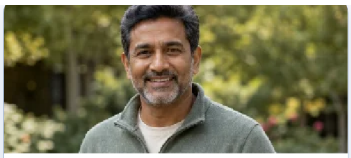
Identify high-risk patients, even before symptoms appear.

Tailor Recommendations

Personalize proactive screening, medication, and lifestyle strategies.

Drive Better Outcomes

Enable earlier disease detection, prevention, and management.



Deliver Lifelong Insights

Reanalyze patient data as lifelong health evolves—no new sample required.

Get Started Today

Login to the Provider Portal → Order Test → Collect Sample (in-clinic or at-home) → Receive Results (in 5–6 weeks) → Genetic Counseling*

Learn More

*Optional genetic counseling is offered by a third party provider, DNAvisit

1. McPherson R, Tybjaerg-Hansen A. Circ Res. 2016;118(4):564-578. 2. Bonnefond A, Florez JC, Loos RJF, Froguel P. Lancet Diabetes Endocrinol. 2025;13(2):149-164. 3. Starr M. ScienceAlert. December 16, 2025. 4. Ratman D, Tshiaba P, et al. npj Cardiovasc Health. 2025;2:13. 5. Medina-Inojosa J, Somers V, Garcia M, et al. J Am Coll Cardiol. 2023;82(15):1499-1508. 6. Ratman D, Sun J, Tshiaba P, et al. Utility of Polygenic Risk Scores for Prediction of Incident Type 2 Diabetes. ESHG 2024. Abstract 1165. 7. American Heart Association. Life's Essential 8. heart.org. 8. US Preventive Services Task Force. Aspirin Use to Prevent Cardiovascular Disease: Preventive Medication. 2022. 9. US Preventive Services Task Force. Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication. 2022. 10. Diabetes Prevention Program Research Group. N Engl J Med. 2002;346:393-403. 11. American Diabetes Association Professional Practice Committee. Diabetes Care. 2025;48(Suppl 1):S52-S85.

This test was developed, and its performance characteristics determined, by MyOme, Inc., a clinical laboratory certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and College of American Pathologists (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.

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