

Understanding Test Results: Integrated Risk*

This guide provides step-by-step guidance for interpreting patient test results.

Results Overview

This test calculates a patient's 10-year risk of coronary artery disease (CAD) and/or type 2 diabetes (T2D). Each integrated risk score combines a cross-ancestry polygenic risk score (PRS) with standard clinical risk factors.¹⁻³

CAD risk is reported as high, intermediate, borderline, or low. T2D risk is reported as increased or not increased. Each result is shown alongside a non-genetic comparison risk score.

Scan for more test information



Technical Overview



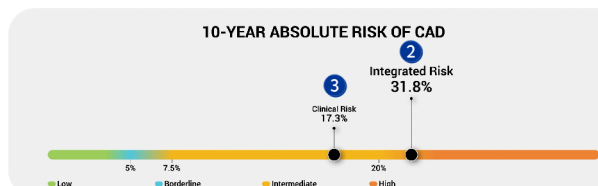
Product Overview

Report Walkthrough

+ CORONARY ARTERY DISEASE (CAD) — HIGH RISK

1 High Risk

Based on the integrated risk score, this patient has a 31.8% chance of experiencing a coronary artery disease (CAD) event in the next 10 years.



1 RESULTS SUMMARY

Integrated 10-year risk of a CAD-related event: high ($\geq 20\%$), intermediate ($\geq 7.5\%$ to $< 20\%$), borderline (5% to $< 7.5\%$), or low ($< 5\%$).

2 INTEGRATED RISK

The probability of a CAD-related event within the next 10 years, based on the combination of genetic and clinical risk factors.

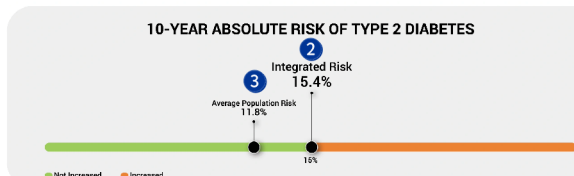
3 CLINICAL RISK

The probability of a first ASCVD-related event within the next 10 years, estimated from clinical risk factors by the ASCVD Pooled Cohort Equations (PCE).

+ TYPE 2 DIABETES (T2D) — INCREASED RISK

1 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.



1 RESULTS SUMMARY

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

2 INTEGRATED RISK

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

3 AVERAGE POPULATION RISK

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

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

Implications for Risk Reduction⁴⁻⁸



CAD GUIDELINES RECOMMEND:

- ✓ **Lifestyle Modifications**
Guidelines recommend all patients adopt habits of a heart-healthy lifestyle, including smoking cessation, regular physical activity, and a balanced diet.⁴
- ✓ **Medications**
Guidelines support cholesterol-lowering medications to help reduce CAD risk based on an individual's 10-year ASCVD risk estimation. Treatment should be tailored to each patient's overall risk profile, risk-enhancing factors, and clinical judgment.⁴⁻⁶
- ✓ **Further Screening**
Additional testing, such as coronary artery calcium (CAC) scoring, may help guide decision-making, especially for patients with borderline or intermediate risk.⁴



T2D GUIDELINES RECOMMEND:

- ✓ **Lifestyle Modifications**
Guidelines advise keeping a healthy weight, being active, eating a balanced diet, avoiding tobacco, and getting enough sleep.⁷ Knowing their personal T2D risk can help patients follow these habits.⁸
- ✓ **Medications**
Guidelines recommend 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.⁷
- ✓ **Further Screening**
Individuals at increased risk should have regular glucose checks (fasting glucose, A1C, or oral glucose tolerance test). Early detection can guide lifestyle interventions and preventive strategies.⁷

Additional Support



Clinician–Clinician Consultation*

A clinician-to-clinician consultation to review results and management considerations is included with every report.



Patient Genetic Counseling*

Genetic counseling to help patients understand their results and what they mean for their care is included with every report.



Provider Resource Hub

Additional guides, FAQs, and educational resources are available on our website.

*These optional resources are offered by our third-party provider, DNAvisit.

We're Here to Help

For additional interpretation support, fill out our [Contact Us](#) form or reach out directly to support@myome.com to set up a consultation.



1. National Cancer Institute. NCI Dictionary of Genetics Terms, PRS. Web. Accessed 2025. 2. Medina-Inojosa J, Somers V, Garcia M, et al. Performance of the ACC/AHA Pooled Cohort Equations in Clinical Practice. *J Am Coll Cardiol*. 2023 Oct 10; 82(15):1499–1508. doi: 10.1016/j.jacc.2023.07.018. 3. 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. 4. American Heart Association. Life's Essential 8. Web. Accessed 2025 Feb. heart.org. 5. US Preventative Services Task Force. Aspirin Use to Prevent Cardiovascular Disease: Preventative Medication. 2022 Apr. Web. Accessed 2025 Jan. 6. US Preventative Services Task Force. Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventative Medication. 2022 Aug. Web. Accessed 2025 Jan. 7. 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. 8. 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.