



Proactive Health INTEGRATED PRS™ CORONARY ARTERY DISEASE

Understanding Test Results

Incorporate the MyOme Integrated Polygenic Risk Score™ (iPRS™) Prostate Cancer test into your patient's risk assessment for a personalized approach to prostate cancer screening and risk reduction.



Combining Genetic and Clinical Insights for CAD Risk Prediction

The iPRS CAD test calculates a patient's risk of developing CAD by combining a cross-ancestry PRS* and a clinical risk score (calculated by the Atherosclerotic Cardiovascular Disease (ASCVD) Pooled Cohort Equations (PCE)**^{1,2}



Genetic analysis considers

>6M genetic markers linked to CAD risk

Clinical risk factor analysis includes

- Age
- Sex
- Race
- Blood pressure
- Cholesterol levels
- Diabetes status
- Smoking status
- Hypertension treatment

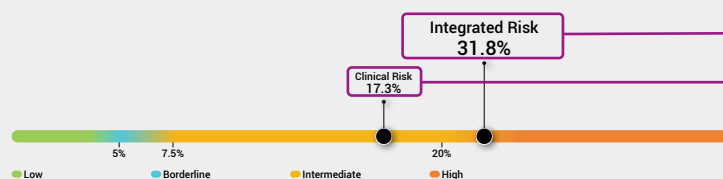
Test Result Overview

Your patient's CAD risk will be presented as a 10-year absolute risk based on combining their PRS with their ASCVD PCE.

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.

10-YEAR ABSOLUTE RISK OF CAD



RESULTS SUMMARY

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

INTEGRATED RISK

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

CLINICAL RISK

The probability of having a first ASCVD-related event within the next 10 years estimated by the ASCVD PCE analysis of clinical risk factors.

*A PRS estimates an individual's genetic predisposition to a health condition, calculated by summing many disease-associated genetic risk markers detected across the genome.¹

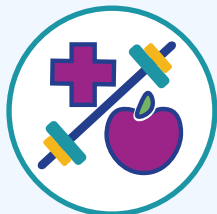
**The ASCVD PCE risk calculation, based on large population-based cohorts, is widely used to predict 10-year risk of CAD and guide treatment decisions.²



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Implications for T2D Risk Reduction

Lifestyle Modifications



Guidelines recommend all patients adopt habits of a heart-healthy lifestyle, including smoking cessation, regular physical activity, and a balanced diet.³

Medications



Guidelines support the use of cholesterol-lowering medications, such as statins, to help reduce the risk of CAD based on an individual's 10-year ASCVD risk estimation. Treatment decisions should be tailored to each patient's overall risk profile, considering additional risk-enhancing factors and clinical judgment.³⁻⁵

Further Screening



Additional testing, such as coronary artery calcium (CAC) scoring, may help guide decision-making, especially for patients with borderline or intermediate risk.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 Jan. 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. American Heart Association. Life's Essential 8. Web. Accessed 2025 Feb. heart.org. 4. US Preventative Services Task Force. Aspirin Use to Prevent Cardiovascular Disease: Preventive Medication. 2022 Apr. Web. Accessed 2025 Jan. 5. US Preventative Services Task Force. Statin Use or the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication. 2022 Aug. Web. Accessed 2025 Jan.

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.