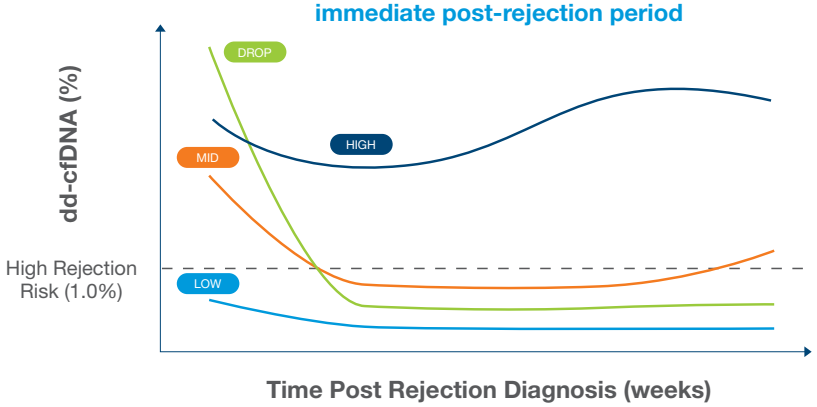
Insights for post-rejection care with Prospera™ dd-cfDNA surveillance[1]

Four distinct dd-cfDNA trends observed in the immediate post-rejection period



Key findings[1]:

- **Post-rejection Prospera™ dd-cfDNA trends are prognostic of 1-year outcomes:** Longitudinal dd-cfDNA patterns following treatment (e.g. LOW, DROP vs MID, HIGH) were strongly associated with 1-year clinical outcomes, including renal function recovery, recurrent rejection, DSA formation and graft loss.[1]
  - **97.6%** (40/41) of cases with sustained elevated dd-cfDNA levels (HIGH or MID) experienced negative outcomes.[1]
  - Overall, patients with lower-risk dd-cfDNA trends were 60x more likely to have a positive outcome than those with higher risk trends.[1]
- **Trends of dd-cfDNA post-rejection may serve as a molecular indicator of treatment effectiveness:** Prospera™ may help clinicians identify "favorable prognosis" versus "unfavorable prognosis" to immunosuppression before changes in serum creatinine levels.[1] In this study, creatinine trends had no statistical correlation with outcomes.[2]

> "Following a rejection episode, understanding the long-term prognosis and risk is critical in making ongoing treatment decisions for the patient. These findings make it clear that dd-cfDNA is an important non-invasive tool to provide more accurate risk stratification post-rejection that will enable more personalized patient management and improve long-term graft survival."
>
> SUPHAMAI BUNNAPRADIST, M.D., PRINCIPAL INVESTIGATOR OF THE PEDAL STUDY[2]

Start the conversation about integrating Prospera™ into your surveillance protocol. **Contact Natera today.**

Read the publication

* Data based on this initial publication may be subject to change based on the final results of the PEDAL Study.

References

1. Bunnapradist, et al. Associations between donor-derived cell-free DNA dynamics and clinical outcomes after kidney allograft rejection: A prospective, multicenter study. Am. J. Transplant, 2025.
2. Natera, Inc. (2025, July 24). PEDAL Study Successful, shows monitoring with Prospera™ Kidney provides accurate prognosis of long-term clinical outcomes following rejection; now published in AJT. Business Wire. Retrieved August 14, 2025, from https://investor.natera.com/news/news-details/2025/PEDAL-Study-Successful-Shows-Monitoring-with-Prospera-Kidney-Provides-Accurate-Prognosis-of-Long-Term-Clinical-Outcomes-Following-Rejection-Now-Published-in-AJT/default.aspx

13011 McCallen Pass, Building A Suite 100 | Austin, TX 78753 | www.natera.com

natera™

natera | Prospera™ Kidney

Case series

Prospera™ in practice: Prognostic power & insights from the PEDAL study

Real-World Evidence in Post-Rejection Monitoring Using Donor-derived Cell-Free DNA (dd-cfDNA)

The PEDAL Study is the **first prospective, multicenter clinical study** to evaluate how dd-cfDNA dynamics after biopsy-proven rejection can predict long-term kidney transplant outcomes.[1] Across 28 participating centers, the study demonstrated that Prospera™ dd-cfDNA trends over the 8-week post-rejection window were significantly associated with clinical outcomes at 12 months.[1]

Four distinct dd-cfDNA patterns—categorized as LOW, DROP, MID, and HIGH—helped differentiate those with "favorable prognosis" from "unfavorable prognosis" to rejection treatment, providing a non-invasive molecular lens into post-treatment graft health.[1]

This booklet highlights four case studies, each aligned with a different dd-cfDNA trajectory observed in the PEDAL Study[1]:

Case 1: LOW — A patient with persistently low dd-cfDNA levels and full renal function recovery

Case 2: DROP — A case with initially high but sharply declining dd-cfDNA, associated with a favorable prognosis

Case 3: MID — A patient whose dd-cfDNA levels decreased then rebounded, correlating with poor outcome

Case 4: HIGH — A patient with persistently elevated dd-cfDNA and multiple adverse events

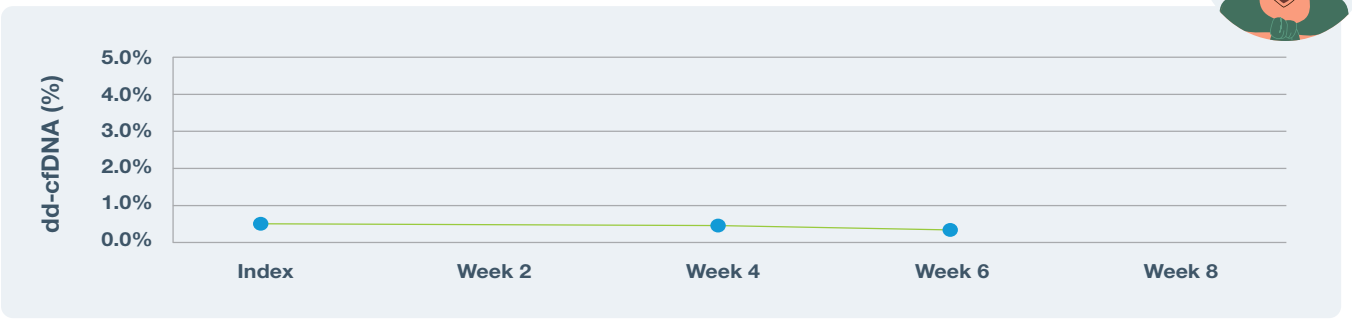
Together, these real-world cases underscore the clinical value of Prospera™ in the post-rejection setting, helping clinicians personalize management decisions, adjust surveillance intensity, and act proactively in response to molecular trends.

De-identified real patient cases for illustrative purposes.

When rejection resolves: LOW and DROP trend profiles[1]

CASE 1 (LOW Group)[1]:

A patient with persistently low dd-cfDNA levels and full renal function recovery



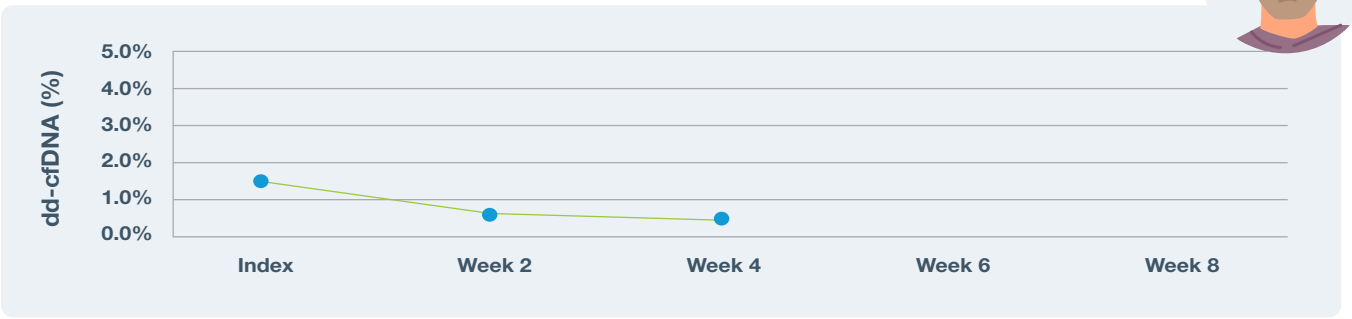
- **Rejection Type:** T-cell mediated rejection (TCMR) 1A
- **Serum Creatinine:** Decrease from 2.48 mg/dL to 1.96 mg/dL

Outcome: No adverse events at 1 year

Key takeaway: Consistently low Prospera™ dd-cfDNA trends post-rejection may be associated with full recovery.[1]

CASE 2 (DROP Group)[1]:

A case with initially high but sharply declining dd-cfDNA, associated with a favorable prognosis



- **Rejection Type:** TCMR 1A
- **Serum Creatinine:** Decrease from 1.14 mg/dL to 1.06 mg/dL

Outcome: No adverse events at 1 year

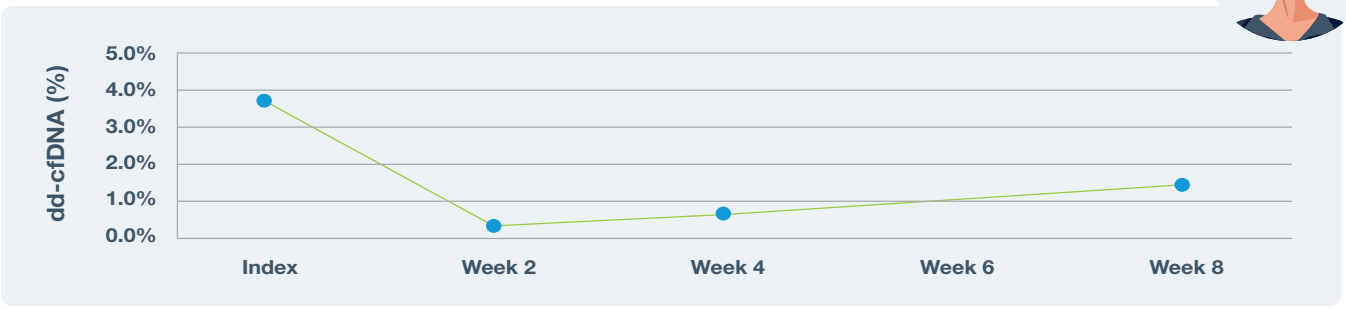
Key takeaway: High initial Prospera™ dd-cfDNA levels that drop rapidly may reflect sufficient treatment response.[1]

De-identified real patient cases for illustrative purposes.

When rejection persists: MID and HIGH trend profiles[1]

CASE 3 (MID Group)[1]:

A patient whose dd-cfDNA levels decreased then rebounded, correlating with poor outcome



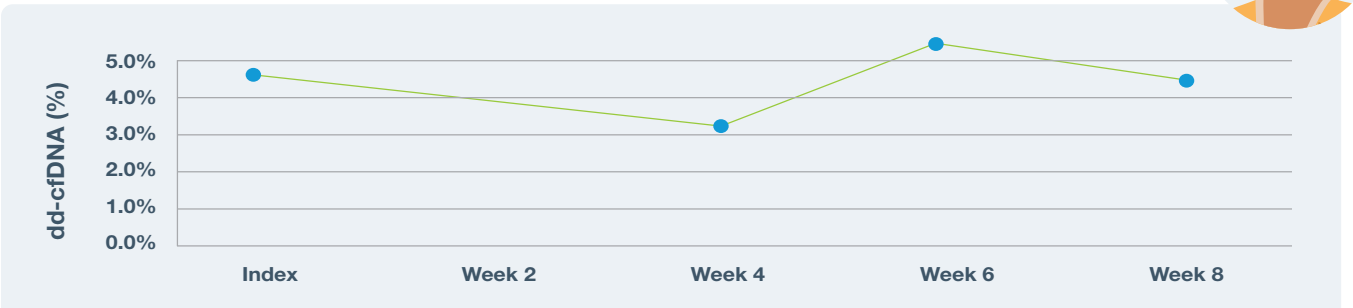
- **Rejection Type:** TCMR 1B progressing to chronic active TCMR 2

Outcome: Developed antibody-mediated rejection (ABMR) 4 months later

Key takeaway: A rebound in Prospera™ dd-cfDNA levels may indicate unresolved injury, despite initial improvement.[1]

CASE 4 (HIGH Group)[1]:

A patient with persistently elevated dd-cfDNA and multiple adverse events



- **Rejection Type:** ABMR
- **Serum Creatinine:** Increase from 1.5 mg/dL to 5.7 mg/dL

Outcome: Graft loss following second rejection biopsy

Key takeaway: Persistently elevated Prospera™ dd-cfDNA may be a strong signal of treatment resistance.[1]

De-identified real patient cases for illustrative purposes.