natera™ | Prospera™
Transplant assessment

# Prospera™ is a proven leading indicator of rejection[1–6]

**for early detection, timely intervention, and enhanced graft survival**

# More accurate transplant rejection surveillance matters

## Organ failure is still a problem—driven by late-stage antibody mediated rejection[5]

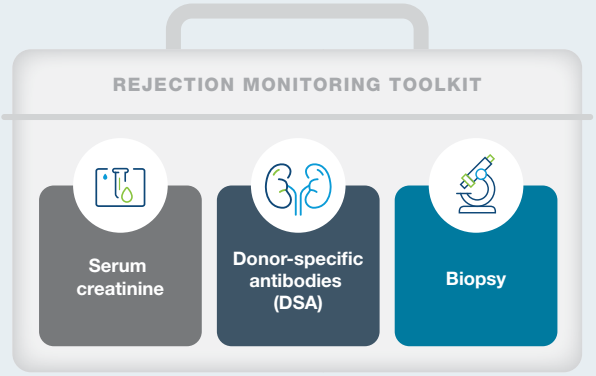
~1.5 out of 5 grafts are lost in the first 5 years[7]

1 in 2 grafts are lost in 10 years[8]

64% of graft failures are immunologic[9]

ABMR post-transplantation is omnipresent, according to BANFF criteria[10]

## Current tools are lagging, often inaccurate and have known limitations




**Serum creatinine**

Sensitivity: 52%[3]

*May incorrectly classify up to one out of every two patients experiencing active rejection as normal*[3]

**Donor-specific antibodies**

Area Under the Curve:[5] 0.66

*50% of histologically and molecularly proven ABMR were DSA-negative*[5]

**Biopsy**

10.3% of biopsies have complications[11]

*High patient discomfort, high risk of complications, low cost-effectiveness*

## Better treatment relies on earlier detection

This is why leading transplant societies and organizations have incorporated dd-cfDNA, like the Prospera™ test, as part of their suggested standard of care.[12-14]

**Early treatment of rejection has led to improved outcomes**

63% of patients had early ABMR and stabilized or improved after six months of treatment[15]

VS

24% of patients had late ABMR and responded poorly to treatment[15]

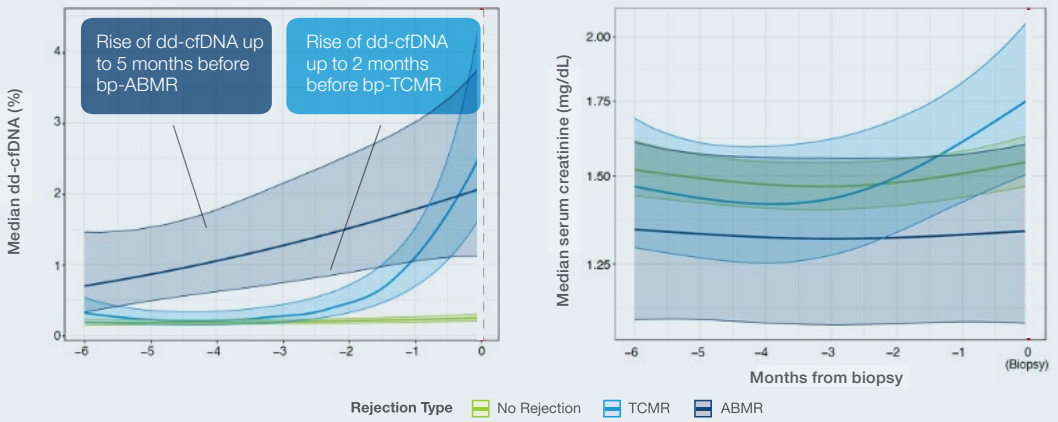
**The Prospera™ non-invasive, donor-derived cell-free DNA (dd-cfDNA) surveillance tool more accurately determines rejection risk early[1-6] for a chance of timely interventions and improved graft survival.**

FIRST-LOOK PUBLISHED ANALYSIS FROM THE PROACTIVE STUDY

# Prospera™ is a proven leading indicator of rejection[1-6]

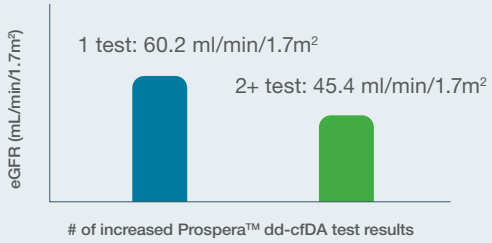
## **Key Finding 1:** The Prospera™ test predicted antibody-mediated rejection (ABMR) up to five months and T cell-mediated rejection (TCMR) up to two months in advance of biopsy-proven rejection[1]

**Prospera™ dd-cfDNA levels versus serum creatinine prior to biopsy-proven rejection**




**Patients with elevated Prospera™ dd-cfDNA levels are at increased risk for ongoing or future rejection and should be monitored more closely.[1]**

## **Key Finding 2:** Increased Prospera™ levels in non-rejecting patients are associated with worsening clinical graft function[1]




**Two or more elevated Prospera™ tests in a patient were correlated with worse eGFR.[1] This observation is consistent with recent findings indicating that elevated Prospera™ result in non-rejection biopsies is often associated with sub-threshold ABMR and should therefore not be considered a false positive.[15]**

## **Key Finding 3:** Consistent Prospera™ performance across validations and real-world settings to benefit any patient population[1,3,16]

| | Sigdel, et al[3] | Halloran, et al[16] | Bromberg, et al[1] |
|---|---|---|---|
| **Sites** | 1 US site | 25 US & International | 40 US sites |
| **Cohort type** | 217 protocol & indication biopsies* | 367 indication biopsies** | 1631 real-world patients surveilled*** |
| **Rejection reference standard** | Pathology | MMDx® | Pathology |
| **Sensitivity** | 89% | 83% | 79% |
| **Specificity** | 73% | 81% | 85% |
| **Negative predictive value** | 95% | 91% | 98% |
| **Positive predictive value** | 52% | 68% | 33% |
| **Area under the curve** | 0.87 | 0.88 | 0.88 |

**Sites**
Validated across multiple sites, diverse populations and practice patterns

**Sensitivity**
Highly accurate to identify those with rejection

**Negative predictive value**
Rule-out test to avoid unnecessary biopsies and make appropriate referral decisions

**Area under the curve**
Differentiates rejection from non-rejection with great precision

MMDx is a central biopsy diagnostic system that measures genome-wide mRNA expression to assign molecular diagnoses

* 25% prevalence of active rejection ** 36% prevalence of active rejection *** 8% prevalence of active rejection

Data based on the ProActive Study interim data may be subject to change based on the final resutls of the ProActive Study

# The premier choice in transplant

## Keeping our promise in transplant and nephrology since 2019

### Proven technology

**Women's Health**
- **Horizon™** Advanced carrier screening
- **Anora™** Miscarriage test (POC)
- **Empower™** Hereditary cancer test
- **Panorama™** Next-generation NIPT
- **Vistara™** Single-gene NIPT
- **Spectrum™** Preimplantation genetics

**Oncology**
- **Signatera™** Residual disease test (MRD)
- **Altera™** Tumor genomic profile

**Organ Health**
- **Prospera™** Transplant assessment
- **Renasight™** Kidney gene panel

### Clinically relevant

- >40 published manuscripts[17]
- 1ST First published study from the largest registry on the value of surveillance testing in kidney recipients[1]
- Guidelines-supported renal genetics testing to nephrology[17]
- First test to offer quantity of dd-cfDNA to improve performance as a single test[16]
- 1ST RCT to demonstrate noninferiority of heart dd-cfDNA vs biopsy[17]
- Enrolled 2 multisite studies: dd-cfDNA with multi-organs; managing rejection treatment[17]

### Committed to the future

- Explore diagnostic value in multi-organ and other allografts
- Leverage biomarkers to monitor and optimize immunosuppression levels and treatment efficacy
- Identify non-invasive biomarkers to distinguish between rejection types
- Apply machine-learning technology to improve allograft surveillance

## Set up time with our Natera team to include Prospera™ test as part of your surveillance protocol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