

Patient Information

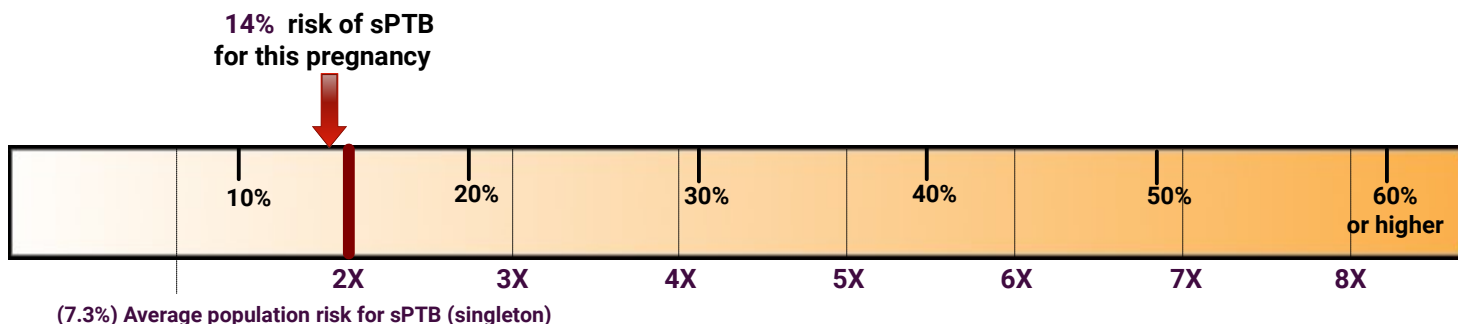
Name Sera Example
Report Date/Time Mar 05, 2021 12:57 MT
Date of Birth Aug 05, 1993
Height (inches) 65in || 5' 5"
Gender Female
Pre-pregnancy Weight 135 lbs
Medical Record Number 123
Pre-pregnancy BMI 22.5
Due Date Aug 05, 2021
Sample Receipt Date/Time Mar 12, 2021 11:11 MT
Sample Collection Date/Time Mar 12, 2021 11:11

Provider Information

Referring Provider Example Physician
Provider Address Anytown, UT 12345
Practice Name Example Clinic
Provider Phone # (555)555-5555
Provider FAX # (801)990-0657

Risk of Singleton Spontaneous Preterm Birth (sPTB) and Interpretation

PreTRM [®] Result	Compared to Average Population Risk	Interpreted Risk Level
14% Patient risk of sPTB before 37 weeks gestational age	1.9x Increased risk of sPTB before 37 weeks gestational age vs. average population risk	Lower



Interpretation of Results

The PreTRM test result is provided both as an individualized percentage risk of singleton spontaneous preterm birth (sPTB) and individualized risk prediction relative to the average population baseline risk for sPTB of 7.3%. [Ref 1,2] The individualized percentage risk reports the probability of sPTB, calculated as a positive predictive value, while the relative risk describes how the patient's risk compares to the baseline risk of sPTB in singleton pregnancies for the average population. Patients interpreted as lower than the risk threshold (<15%) of sPTB may be considered as candidates for standard prenatal care as determined by a licensed healthcare professional. Patients interpreted as higher than the risk threshold (≥15%) of sPTB may be candidates for certain evidence-based measures as determined by a licensed healthcare professional. The clinical validation of the PreTRM test was conducted in asymptomatic (no signs or symptoms of preterm labor with intact membranes) pregnant patients according to Saade et al. [Ref 2]. If a patient differs clinically from the reported validation study patients, interpretation of the reported risk may differ. Interpretation of all PreTRM test results must always be based upon best clinical judgment.

Reporting Comments

None

See Page 2 for Important Clinical Information and Technical Specifications

PreTRM® Test for Risk Management

Intended Use and Indications for Use

The PreTRM® Test for Risk Management predicts the risk of spontaneous preterm birth (before 37 weeks) in asymptomatic women (no signs or symptoms of preterm labor with intact membranes) ≥ 18 years old with a singleton pregnancy. The PreTRM test is performed via a single blood draw between 19wk/1d – 20wk/6d (134 – 146 days) gestation. It is not intended for use in women who have a multiple pregnancy, have a known or suspected fetal anomaly, or are on any form of progesterone therapy after the first trimester.

Purpose of the Test

Spontaneous preterm birth (sPTB) includes births at < 37 weeks gestational age following preterm labor or preterm spontaneous rupture of membranes, but it does not include medically-indicated preterm delivery for maternal and/or fetal conditions. Approximately 10% of all singleton births are preterm, with approximately 75% of these described as spontaneous. This results in a population prevalence of 7.3% sPTB in singletons. [Ref 1,2] The strongest clinical risk predictor for preterm birth is a prior sPTB. Other identified risk factors associated with sPTB include: 1) short cervical length, 2) young or advanced maternal age, 3) race and ethnicity, 4) behavioral and socioeconomic factors, and 5) infections and/or other comorbidities during the pregnancy. [Ref 3,4] Comprehensive assessment of a patient's birth history and risk factors provides limited insight, predicting only approximately 20% of subsequent sPTBs. [Ref 3] The PreTRM test result may be useful for providers when considering potential clinical management of patients at increased risk of sPTB.

Test Method

The PreTRM® test identifies biomarkers in maternal serum that have been clinically validated to be predictive of sPTB. Serum samples are analyzed via chromatographic separation followed by Multiple Reaction Monitoring (MRM) multiplex mass spectrometry. An algorithm combines the resulting biomarker relative abundances with individual clinical parameters to calculate the individualized patient risk prediction for sPTB.

PreTRM Test Performance

Clinical performance of the PreTRM Test was validated in a blinded analysis of independent samples from a subset of patients from the Proteomic Assessment of Preterm Risk (PAPR) study (NCT01371019). [Ref 2] PAPR, a prospective clinical study that included 5,501 pregnant women broadly representative of the U.S. population, was conducted to identify proteins in maternal serum that may be predictive of preterm birth. Validated performance of the PreTRM Test was achieved for unrestricted body mass index (BMI) levels, and increased predictive performance was also validated for restricted BMI in the range of > 22 and ≤ 37 . The PreTRM biomarker test result corresponding to the interpreted risk threshold of $\geq 15\%$ was validated in the ACCORDANT study. [Ref 5] ACCORDANT (Clinical Validation of a Proteomic Biomarker Threshold for Increased Risk of Spontaneous Preterm Birth) utilizes subject data from the PAPR study and the TREETOP study (A Multicenter Assessment of a Spontaneous Preterm Birth Risk Predictor (TREETOP), NCT02787213). [Ref 6] The ACCORDANT analysis showed that the PreTRM biomarker threshold identified as significant in the PAPR study was also significant in the independent TREETOP cohort.

Please contact Sera Prognostics Clinical Laboratory Support at 801-990-6600 if you have any questions or need additional information. The Technical Specifications summary, available at www.pretrm.com/education, describes the analysis, test method and performance characteristics.

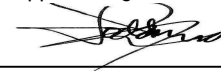
REFERENCES:

1. Martin JA, Hamilton BE, Osterman MJK, Curtin SC, Matthews TJ. Births: final data for 2013. Natl Vital Stat Rep. 2015;64(1):1-65.
2. Saade GR, Boggess KA, Sullivan SA, et al. Development and validation of a spontaneous preterm delivery predictor in asymptomatic women. Am J Obstet Gynecol. 2016;214(5):633.e1-633.e24.
3. Goldenberg RL, Iams JD, Mercer BM, et al. The preterm prediction study: the value of new vs standard risk factors in predicting early and all spontaneous preterm births. NICHD MFMU Network. Am J Public Health. 1998;88(2):233-238.
4. Iams JD, Johnson FF, Sonek J, Sachs L, Gebauer C, Samuels P. Cervical competence as a continuum: a study of ultrasonographic cervical length and obstetric performance. Am J Obstet Gynecol. 1995;172(4 Pt 1):1097-1106.
5. Burchard J, Polpitiya AD, Fox AC, et al. Clinical validation of a proteomic biomarker threshold for increased risk of spontaneous preterm birth. 2021 <https://doi.org/10.1101/2021.01.23.21249902>
6. Markenson GR, Saade GR, Laurent LC, et al. Performance of a proteomic preterm delivery predictor in a large independent prospective cohort. Am J Obstet Gynecol. MFM. 2020;2(3):100140.

The PreTRM Test was developed and validated, and its performance characteristics determined by the Sera Prognostics Clinical Laboratory, which is certified under the Clinical Laboratory Improvement Act of 1988 (CLIA) to perform high complexity testing. This test has not been cleared or approved by the U.S. FDA.

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Approval Signature / Date



Todd Randolph, MD 03/05/2021