

PreTRM[®] Test for Risk Management

Intended Use / 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.^{1,2} The PreTRM Test is performed via a single blood draw between 18wk - 20wk/6d (126-146 days) gestation.³

The PreTRM Test is a laboratory-developed test (LDT) and is performed exclusively by Sera Prognostics Clinical Laboratory, Salt Lake City, Utah.³

Analytical Test Method

SAMPLE WORKFLOW

Samples are enriched for the targeted proteins using affinity capture after having been reconstituted from the sample collection device using an extraction buffer. Enriched samples are then digested with a protease to generate peptides that serve as surrogate analytes for the proteins of interest. Samples are fortified with stable isotope internal standards (SIS).

The abundances of diagnostic and quality control proteins from fully processed samples are detected by liquid chromatography- mass spectrometry.

DATA ANALYSIS

A proteomic risk score is calculated using the internal standard-normalized relative abundances of two signature analytes: insulin-like growth factor-binding protein 4 (IGFBP4) and sex hormone-binding globulin (SHBG). This score is integrated with maternal clinical and demographic variables, including parity, body mass index (BMI), age, history of type I or II diabetes, chronic hypertensive disorder, maternal history of preterm birth (delivery prior to 37 weeks gestation), and prior preeclampsia—all of which are recognized clinical risk factors for preterm birth. The PreTRM Test reports the individual qualitative risk of spontaneous preterm birth before 37 weeks gestation as either “higher risk” or “not higher risk,” based on a proprietary regression algorithm and a validated decision threshold.



Process Controls

- Depletion Efficiency
- Digestion Performance
- Proteomic Score-Based Batch Quality Control
- Matrix Verification
- Abundance Measurement Within Validated Measurement Range

Performance Characteristics

LINEARITY AND LIMITS OF QUANTITATION

The lower and upper limits of quantitation were determined from linearity experiments, in which recombinant IBP4 and SHBG proteins were spiked into blank serum matrix at eleven known nominal concentrations (Cal2 – Cal12). The upper limit of quantitation (ULOQ) was the highest nominal concentration of each analyte that yielded an acceptable correlation (R^2) and had a calculated concentration within 20% of the nominal concentration and had a CV \leq 20%. The lower limit of quantitation (LLOQ) met the same criteria but also had a signal-to-background $>$ 5. Data was obtained from LCMS instruments denoted in this document as Instrument 1 (INST 1) and Instrument 2 (INST 2).

Table 1. Linearity test accuracy results for SHBG

Values in green were deemed to meet all linearity acceptance criteria for SHBG.

Linearity Test Calculated vs. Nominal Concentration Results for SHBG

Sample	Nominal Concentration (ug/mL)	Lowest Observed RR *LLOQ	Highest Observed RR **ULOQ	INST 1 Day1 (% bias)	INST 2 Day1 (% bias)	INST 1 Day2 (% bias)	INST 2 Day2 (% bias)	INST 1 Day3 (% bias)	INST 2 Day3 (% bias)
Cal2	1.38	0.08*	0.12	17.0	7.0	-6.0	12.0	19.1	18.0
Cal3	1.98	0.12	0.16	18.0	11.0	12.0	-	17.4	12.9
Cal4	2.82	0.18	0.28	2.0	0.0	-4.0	5.0	-4.4	-1.9
Cal5	4.04	0.30	0.37	7.0	4.0	-1.0	5.0	-6.7	-4.6
Cal6	5.76	0.44	0.66	-3.0	-4.0	-7.0	-5.0	-1.9	-2.2
Cal7	8.24	0.65	0.83	3.0	3.0	2.0	4.0	-2.9	-1.8
Cal8	11.76	0.84	1.29	0.0	1.0	3.0	4.0	-2.3	-2.4
Cal9	16.81	1.29	1.60	8.0	8.0	-3.0	-1.0	0.1	1.2
Cal10	24.01	1.67	2.66	3.0	3.0	10.0	9.0	0.3	-4.1
Cal11	34.30	3.10	4.09	-20.0	-18.0	-15.0	-16.0	2.4	5.4
Cal12	49.00	3.70	4.91**	4.0	4.0	10.0	8.0	-1.0	-1.6

After applying a linear fit across a range of nominal concentrations that yield the best calculated accuracy of the SHBG concentration, a range of nominal concentrations was found that: yielded a good correlation for all instruments used in validation; covered the range of response ratios expected for the intended use patient population; and yielded bias values within \pm 20%. The difference between the observed and expected response is divided by the expected response to measure bias as a ratio. There was no systematic bias in the accuracy values and accordingly, the assay was deemed to yield acceptable results across all instruments.

Performance Characteristics

Figure 1. Example Linearity plots for IBP4 and SHBG

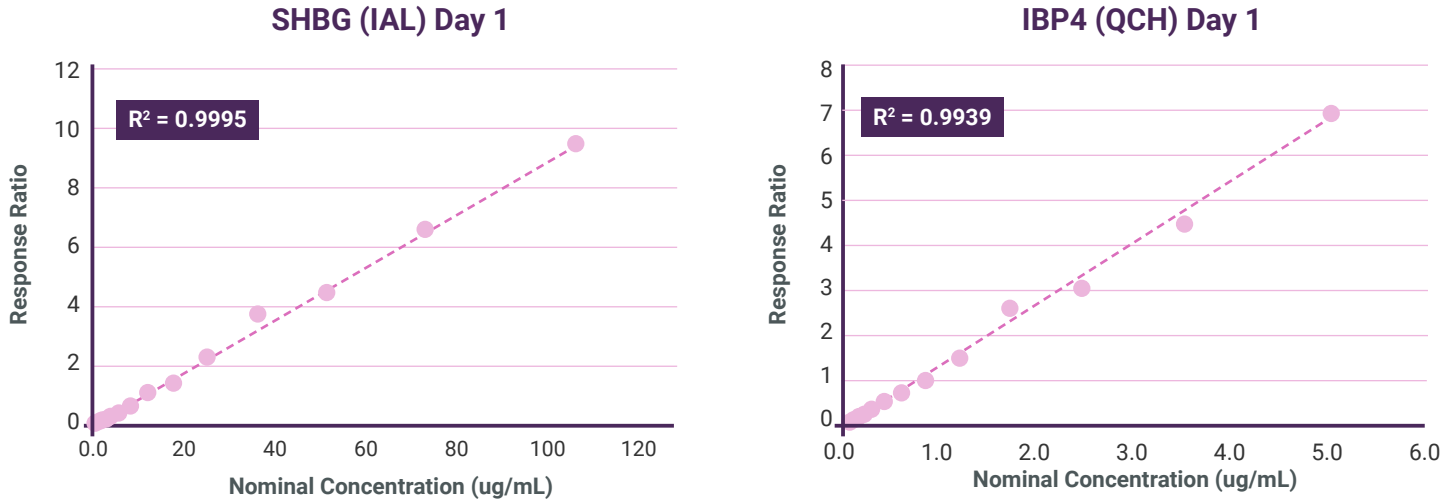


Table 2. Linearity test accuracy results for IBP4

Values in green were deemed to meet all linearity acceptance criteria for IBP4.

Linearity Test Calculated vs. Nominal Concentration Results for IBP4

Sample	Nominal Concentration (ug/mL)	Lowest Observed RR *LLOQ	Highest Observed RR **ULOQ	INST 1 Day1 (% bias)	INST 2 Day1 (% bias)	INST 1 Day2 (% bias)	INST 2 Day2 (% bias)	INST 1 Day3 (% bias)	INST 2 Day3 (% bias)
Cal2	0.07	0.05*	0.15	11.4	2.8	18.4	16.5	16.5	12.2
Cal3	0.10	0.08	0.19	15.4	11.0	19.5	-	18.8	6.3
Cal4	0.14	0.11	0.27	1.1	-1.3	7.7	9.0	-8.0	-0.8
Cal5	0.20	0.20	0.34	3.0	5.5	3.6	6.6	-9.9	-2.1
Cal6	0.29	0.29	0.48	-3.1	-2.7	-5.8	-5.0	-6.0	-0.5
Cal7	0.41	0.43	0.62	5.0	3.7	0.3	2.4	3.5	-2.3
Cal8	0.59	0.53	0.93	0.7	1.6	2.5	3.3	-4.4	0.4
Cal9	0.84	0.86	1.23	7.1	6.9	-2.8	-2.6	2.3	-1.1
Cal10	1.20	1.08	1.80	2.4	3.7	8.8	7.4	0.2	-3.6
Cal11	1.72	1.86	2.80	-16.9	-18.1	-	-	1.6	5.1
Cal12	2.45	2.38	3.39**	5.5	7.2	6.7	7.8	-0.8	-1.5

After applying a linear fit across a range of nominal concentrations that yield the best calculated accuracy of the IBP4 concentration, a range of nominal concentrations was found that: yielded a good correlation for all instruments; covered the range of response ratios expected for the intended use patient population; and yielded bias values within $\pm 20\%$. The difference between the observed and expected response is divided by the expected response to measure bias as a ratio. There was no systematic bias in the accuracy values and accordingly, the assay was deemed to yield acceptable results across all instruments.

Performance Characteristics

Table 3. Signal to background at lower limit of quantitation

Sample	Instrument 1			Instrument 2		
	Average Signal (RR)	Background (UTAK Blank Serum)	Ratio	Average Signal (RR)	Background (UTAK Blank Serum)	Ratio
Cal2	0.0934	0.001	93.4	0.107	0.001	107.1
Cal2	0.1306	0.001	130.6	0.1253	0.001	125.3

The ratio obtained by dividing the signal obtained at the LLOQ by the background signal was found to be ≥ 5 times the analyte response at the zero calibrator. Accordingly, the assay was deemed to yield acceptable results across all instruments.

Table 4. Imprecision at lower limit of quantitation

Protein	Sample	Concentration (ug/mL)	INST 1 Day 1 (% CV)	INST 2 Day 1 (% CV)	INST 1 Day 2 (% CV)	INST 2 Day 2 (% CV)	INST 1 Day 3 (% CV)	INST 2 Day 3 (% CV)
IBP4	Cal2	0.07	11%	3%	18%	17%	17%	12%
SHBG	Cal2	1.38	17%	7%	6%	12%	19%	18%

Table 5. Linearity test linear fit results for SHBG

Both instruments yielded linear correlation coefficients that met acceptance criteria for SHBG linearity.

Instrument	Correlation Coefficient (R ²)	Pass/Fail (R ² > 0.99)
LCMS03	0.9947	PASS
LCMS04	0.9942	PASS

Table 6. Linearity test linear fit results for IBP4

Both instruments yielded linear correlation coefficients that met acceptance criteria for IBP4 linearity.

Instrument	Correlation Coefficient (R ²)	Pass/Fail (R ² > 0.99)
LCMS03	0.9981	PASS
LCMS04	0.9982	PASS

Assay Reportable Range

The PreTRM Test is a qualitative assay that reports the risk of spontaneous preterm birth before 37 weeks gestation as either “higher risk” or “not higher risk,” based on a validated decision threshold applied to a proprietary regression of the proteomic score and clinical risk factors. Numeric risk percentages are not reported. The range of proteomic scores observed in validation studies is documented for internal quality control purposes but is not clinically reported. Analytical performance characteristics, including sensitivity, specificity, and predictive values, are provided in the assay validation summary.

Performance Characteristics

Analytical Specificity/Interference

Interference and specificity were evaluated by spiking a pooled serum sample derived from our intended use population with two levels of Triglyceride Rich Lipoproteins, conjugated and unconjugated bilirubin, and hemolysate at levels considered clinically high and pathological. No significant shift in the results ($p \geq 0.05$) was detected at any level of interference. Additionally, no level of interference shifted the retention time in a way that prevented specific identification of the target analyte or changed its qualitative to quantitative transition ratio significantly.

Precision – Intra-batch (Repeatability)

Intra-batch precision was evaluated by testing samples (N = 28 for each sample type) that represented high, low and threshold test results from our intended use population. These samples were analyzed repeatedly within a day to demonstrate that the assay could yield CVs $\leq 20\%$. Samples were tested for both response ratios and proteomic score, but the score result is used in clinical decision making.

Table 7. Within-batch imprecision (repeatability) of analytes by batch

SAMPLE	Analyte/Score	N	% CV	Pass/Fail
High	IBP4	28	1.1	Pass
	SHBG	28	1.5	Pass
	Score	28	1.5	Pass
Low	IBP4	28	2.4	Pass
	SHBG	28	1.1	Pass
	Score	28	1.1	Pass
Threshold	IBP4	28	2.5	Pass
	SHBG	28	1.2	Pass
	Score	28	1.5	Pass

The method demonstrated acceptable repeatability.

Precision – Interbatch (Reproducibility)

Interbatch precision was evaluated by testing samples (N = 294 for each sample type) that represented high, low and threshold test results from the intended use population. These samples were analyzed repeatedly across 21 batches spread over 20 days across all test systems and personnel, to demonstrate that the assay could yield overall CVs of $\leq 20\%$ across that time frame.

Table 8. Interbatch imprecision (reproducibility) of analytes

SAMPLE	Analyte/Score	N	% CV	Pass/Fail
High	IBP4	294	9.2	Pass
	SHBG	294	6.5	Pass
	Score	294	7.7	Pass
Low	IBP4	294	8.4	Pass
	SHBG	294	6.4	Pass
	Score	294	3.3	Pass
Threshold	IBP4	294	13.5	Pass
	SHBG	294	4.5	Pass
	Score	294	3.3	Pass

The method demonstrated acceptable reproducibility.

Performance Characteristics

LIMITS OF QUANTITATION

The lower and upper limits of quantitation were determined from linearity experiments, in which recombinant IBP4 and SHBG proteins were spiked into blank serum matrix at thirteen known nominal concentrations (Cal1 – Cal13). The upper limit of quantitation (ULOQ) was the highest nominal concentration of each analyte that yielded an acceptable correlation (R^2) and had a calculated concentration within 20% of the nominal concentration and had a CV $\leq 20\%$. The lower limit of quantitation (LLOQ) met the same criteria but also had a signal-to-background >5 .

Table 1. Linearity test accuracy results for SHBG

Values in green were deemed to meet all linearity acceptance criteria for SHBG.

Sample	Nominal Concentration (ug/mL)	Lowest Observed RR *LLOQ	Highest Observed RR **ULOQ	INST 1 Day1 (% bias)	INST 2 Day1 (% bias)	INST 1 Day2 (% bias)	INST 2 Day2 (% bias)	INST 1 Day3 (% bias)	INST 2 Day3 (% bias)
Cal2	0.69	0.086*	0.137	-19.4	-18.5	-17.1	-13.4	-4.7	-19.8
Cal3	0.99	0.122	0.188	-10.9	-11.4	-10.5	-15.7	4.9	-9.0
Cal4	1.41	0.164	0.256	-8.1	-9.1	3.8	7.0	2.6	-4.6
Cal5	2.02	0.237	0.384	-3.4	-6.6	-6.9	-6.2	6.7	0.9
Cal6	2.88	0.319	0.574	-1.6	-3.0	-9.0	-8.8	6.3	3.2
Cal7	4.12	0.542	0.772	-0.3	-4.1	-0.2	0.1	-4.0	-5.4
Cal8	5.88	0.762	1.082	0.4	1.0	-0.8	0.2	-2.1	-2.8
Cal9	8.40	1.095	1.565	-0.7	-0.2	3.1	4.0	-2.3	-0.3
Cal10	12.01	1.321	2.277	1.9	2.2	1.1	0.6	0.3	2.7
Cal11	17.15	2.047	3.355	4.7	6.2	2.9	2.0	5.0	6.4
Cal12	24.50	3.200	4.700	-1.7	-0.8	0.6	0.0	-3.3	-3.2
Cal13	35.00	4.592	6.405**	0.1	-1.0	-1.2	-0.7	-0.9	-0.2

After applying a linear fit across a range of nominal concentrations that yield the best calculated accuracy of the SHBG concentration, a range of nominal concentrations was found that: yielded a good correlation for all instruments used in validation; covered the range of response ratios expected for the intended use patient population; and yielded bias values within $\pm 20\%$. There was no systematic bias in the accuracy values and accordingly, the assay was deemed to yield acceptable results across all instruments.

Performance Characteristics

Figure 1. Example correlation plots for IBP4 and SHBG

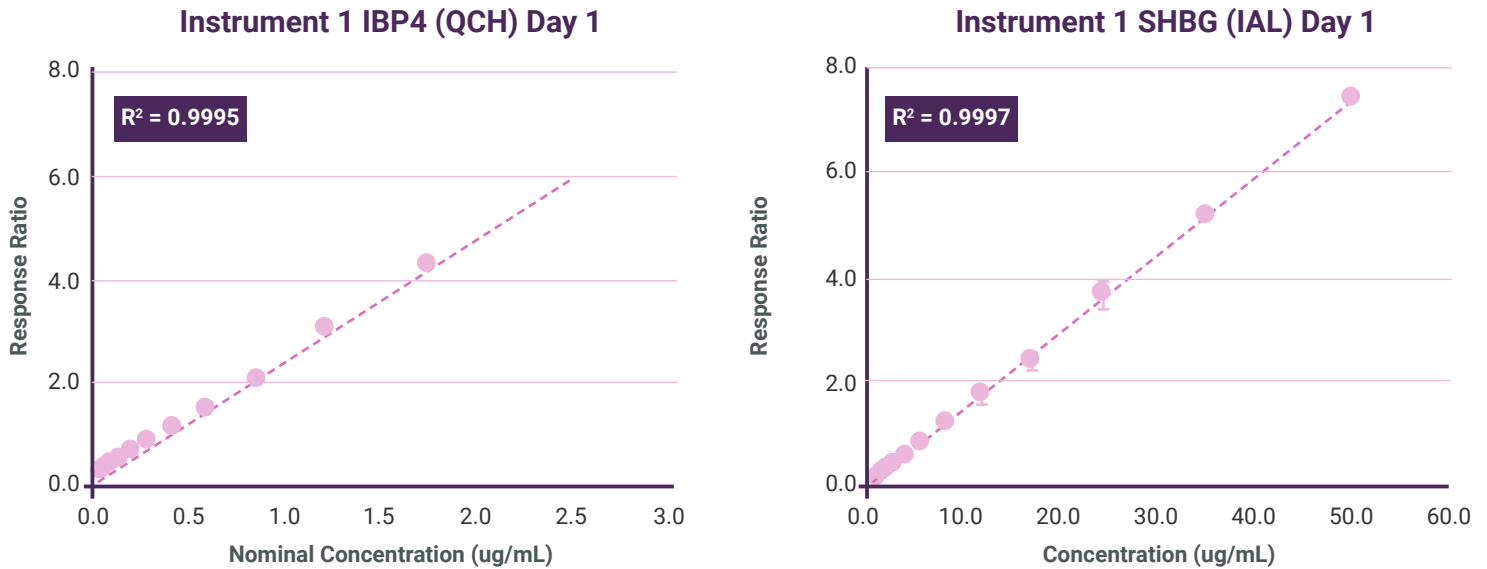


Table 2. Linearity test accuracy results for IBP4

Values in green were deemed to meet all linearity acceptance criteria for IBP4.

Sample	Concentration (ug/mL)	Lowest Observed RR *LLOQ	Highest Observed RR **ULOQ	INST 1 Day 1 (% bias)	INST 2 Day 1 (% bias)	INST 1 Day 2 (% bias)	INST 2 Day 2 (% bias)	INST 1 Day 3 (% bias)	INST 2 Day 3 (% bias)
Cal1	0.02	0.200*	0.308	-16.4	-15.6	-14.2	-19.8	-3.4	-11.0
Cal2	0.03	0.224	0.323	-12.2	-17.3	-2.5	-19.3	-19.7	-15.2
Cal3	0.05	0.246	0.351	0.6	-11.7	-7.7	-5.9	11.6	-5.5
Cal4	0.07	0.289	0.447	-5.7	-10.6	16.3	6.7	3.0	-13.8
Cal5	0.10	0.361	0.518	-2.3	-4.4	0.8	-10.0	4.7	8.2
Cal6	0.14	0.421	0.679	1.5	-1.9	-8.7	-12.9	4.6	3.7
Cal7	0.21	0.584	0.788	-2.6	0.2	-0.5	-1.2	-4.6	-4.1
Cal8	0.29	0.751	1.062	1.1	5.3	0.3	-0.3	-2.3	-4.5
Cal9	0.42	1.087	1.393	0.9	-0.6	3.9	5.3	-0.4	-0.6
Cal10	0.60	1.222	2.083	0.6	0.6	-0.4	1.4	0.7	3.6
Cal11	0.86	1.836	2.921	3.6	5.8	-0.1	2.5	4.5	5.8
Cal12	1.23	2.922	3.838	-1.9	-2.7	-0.7	1.5	-3.4	-3.9
Cal13	1.75	3.870	5.431**	0.0	-0.2	0.3	-1.7	-0.4	0.7

After applying a linear fit across a range of nominal concentrations that yield the best calculated accuracy of the IBP4 concentration, a range of nominal concentrations was found that: yielded a good correlation for all instruments; covered the range of response ratios expected for the intended use patient population; and yielded bias values within $\pm 20\%$. There was no systematic bias in the accuracy values and accordingly, the assay was deemed to yield acceptable results across all instruments.

Performance Characteristics

Table 3. Signal to background ratio at lower limit of quantitation

Protein	Sample	Instrument 1			Instrument 2		
		Average Signal (RR)	Background (UTAK Blank Serum)	Ratio	Average Signal (RR)	Background (UTAK Blank Serum)	Ratio
SHBG	Cal2	0.106	0.001	106	0.100	0.001	100
IBP4	Cal1	0.245	0.001	245	0.232	0.001	232

The ratio obtained by dividing the signal obtained at the LLOQ by the background signal was found to be ≥ 5 times the analyte response at the zero calibrator. Accordingly, the assay was deemed to yield acceptable results across all instruments.

Table 4. Imprecision at lower limit of quantitation

Protein	Sample	Concentration (ug/mL)	INST 1 Day 1 (% CV)	INST 2 Day 1 (% CV)	INST 1 Day 2 (% CV)	INST 2 Day 2 (% CV)	INST 1 Day 3 (% CV)	INST 2 Day 3 (% CV)
SHBG	Cal2	0.69	5%	7%	9%	9%	5%	7%
IBP4	Cal1	0.02	5%	4%	10%	10%	8%	4%

Table 5. Linearity test linear fit results for SHBG

Both instruments yielded linear correlation coefficients that met acceptance criteria for SHBG linearity.

Instrument	Correlation Coefficient (R ²)	Pass/Fail (R ² > 0.99)
Instrument 1	0.9997	PASS
Instrument 2	0.9995	PASS

Table 6. Linearity test linear fit results for IBP4

Both instruments yielded linear correlation coefficients that met acceptance criteria for IBP4 linearity.

Instrument	Correlation Coefficient (R ²)	Pass/Fail (R ² > 0.99)
Instrument 1	0.9995	PASS
Instrument 2	0.9988	PASS

Assay Reportable Range

The PreTRM Test is a qualitative assay that reports the risk of spontaneous preterm birth before 37 weeks gestation as either “higher risk” or “not higher risk,” based on a validated decision threshold applied to a proprietary regression of the proteomic score and clinical risk factors. Numeric risk percentages are not reported. The range of proteomic scores observed in validation studies is documented for internal quality control purposes but is not clinically reported. Analytical performance characteristics, including sensitivity, specificity, and predictive values, are provided in the assay validation summary.

Performance Characteristics

Analytical Specificity/Interference

Interference and specificity were evaluated by spiking a pooled serum sample derived from our intended use population with two levels of Triglyceride Rich Lipoproteins, conjugated and unconjugated bilirubin, and hemolysate at levels considered clinically high and pathological. No significant shift in the results ($p \geq 0.05$) was detected at any level of interference. Additionally, no level of interference shifted the retention time in a way that prevented specific identification of the target analyte or changed its qualitative to quantitative transition ratio significantly.

Precision – Intra-batch (Repeatability)

Intra-batch precision was evaluated by testing samples (N = 32 for each sample type) that represented high, low and threshold test results from our intended use population. These samples were analyzed repeatedly within a day to demonstrate that the assay could yield CVs $\leq 20\%$. Samples were tested for both response ratios and proteomic score, but the score result is used in clinical decision making.

Table 7. Within-batch imprecision (repeatability) of analytes by batch

SAMPLE	Analyte/Score	N	% CV	Pass/Fail
High	IBP4	31*	1.3	Pass
	SHBG	31*	0.9	Pass
	Score	31*	4.2	Pass
Low	IBP4	32	4.4	Pass
	SHBG	32	3.3	Pass
	Score	32	4.0	Pass
Threshold	IBP4	32	9.0	Pass
	SHBG	32	1.7	Pass
	Score	32	3.3	Pass

* One replicate dropped owing to liquid handling issue

The method demonstrated acceptable repeatability.

Precision – Interbatch (Reproducibility)

Interbatch precision was evaluated by testing samples (N = 96 for each sample type) that represented high, low and threshold test results from the intended use population. These samples were analyzed repeatedly across 12 batches spread over 5 days across all test systems and personnel, to demonstrate that the assay could yield overall CVs of $\leq 20\%$ across that time frame.

Table 8. Interbatch imprecision (reproducibility) of analytes

SAMPLE	Analyte/Score	N	% CV	Pass/Fail
High	IBP4	95*	5.3	Pass
	SHBG	95*	4.8	Pass
	Score	95*	5.5	Pass
Low	IBP4	96	6.0	Pass
	SHBG	96	5.1	Pass
	Score	96	5.1	Pass
Threshold	IBP4	96	5.3	Pass
	SHBG	96	2.1	Pass
	Score	96	1.2	Pass

* One replicate dropped owing to liquid handling issue

The method demonstrated acceptable reproducibility.

REFERENCES: 1. Martin JA, Hamilton B, et al. Births: Final Data for 2012. National Vital Statistics Report. Centers for Disease Control and Prevention. 2013;62:9. 2. Saade GR, Boggess KA, Sullivan SL et al. Development and validation of a spontaneous preterm delivery predictor in asymptomatic women. An J Obstet Gynecol May 2016;214(5):633.e1-24. 3. Bradford C, Severinsen R, Pugmire T, Rasmussen M, Stoddard K, Uemura Y, Wheelwright S, Mentinova M, Chelsky D, Hunsucker SW, Kearney P, Hickok D, Fleischer TC, Ichetovkin I, Boniface JJ, Critchfield GC, Peltier JM: Analytical validation of protein biomarkers for risk of spontaneous preterm birth.