



# Delivering Improved Care in Rheumatology

The impact of Advanced Laboratory Testing:

AVISE CTD

#### Overview

- X Deficiencies of Standard Diagnostic Laboratory Tests (SDLTs) for differential diagnosis of SLE
- X Value of an early and accurate SLE diagnosis
- X Novel advances in differential diagnosis of SLE
  - Cell-bound Complement Activation Products (CB-CAPs)
  - AVISE Lupus/CTD innovative two-tier multianalyte assay panel (MAP)

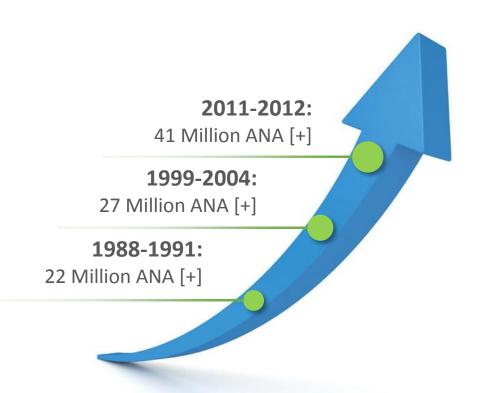
# Exagen: A Lab Committed to Solutions for Autoimmune Diseases

#### Exagen Inc. is focused on accuracy

- X Exclusive and specialized biomarkers including; EC4d,
  BC4d, PC4d, anti-C1q, anti-CarP and anti-PS/PT
- X A powerful algorithm validated by over a decade of research
- X Medical, clinical & technical consultation available
- X Quality results you can trust from a central laboratory



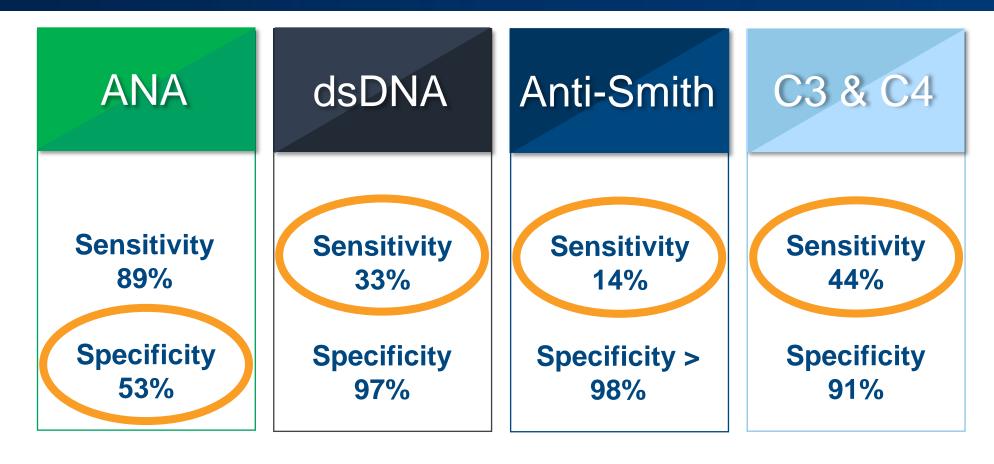
## The Frequency of Autoantibodies in the U.S. Population is Rising



- X Recent study findings suggests ANA prevalence reached 41 million in 2011-2012 up significantly from prior decades
- X ANA prevalence is up significantly among
  - Both sexes (especially men)
  - Older adults (≥ 50 yrs.)
  - Non-Hispanic whites



# Deficiencies of Standard Diagnostic Laboratory Tests (SDLTs)



None of these serological markers provides both sensitivity and specificity for the diagnosis of CTD or SLE



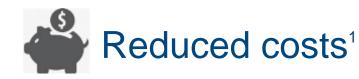
### Value of an Early SLE Diagnosis

#### Early diagnosis of SLE (within 6 months of onset) is associated with:



## Improved outcomes<sup>1</sup>

- ✓ Fewer flares
- ✓ Less severe flares
- ✓ Lower rates of hospitalization
- ✓ Reduced SDI (Systemic Lupus Damage Index)



- ✓ Reduced all-cause &SLE-related in-patient costs
- √ 53% reduction in total care costs over 10 years
- ✓ Diminished resource utilization

#### SLE - An Underestimated Cause of Death

CDC considers SLE as a "contributing factor", not a cause of death. which leads to underreporting. When SLE is considered the primary cause of death, statistics reveal:

#1

SLE is the number 1 single cause of death among females 15-24 years with chronic inflammatory diseases\*

5<sup>th</sup>

Fifth leading cause of death for Black and Hispanic females 15-24 years\*

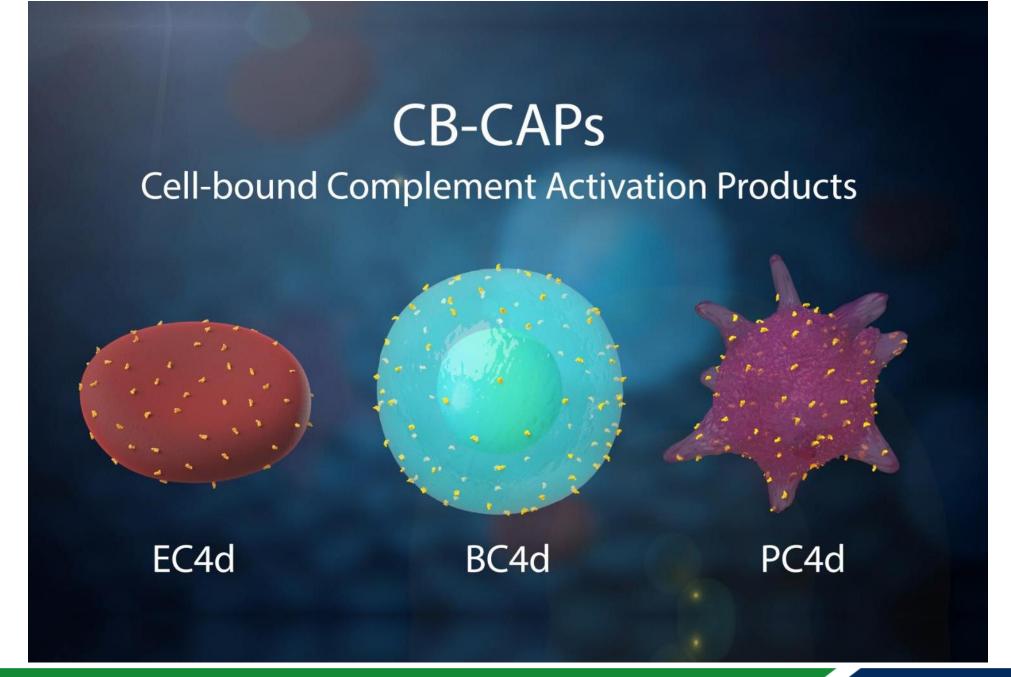
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One of the top 15 leading causes of death among females between 10-44 years\*

\*When unintentional injury, homicide, and suicide are excluded from this analysis.



# Cell-Bound Complement Activation Products (CB-CAPs) Video



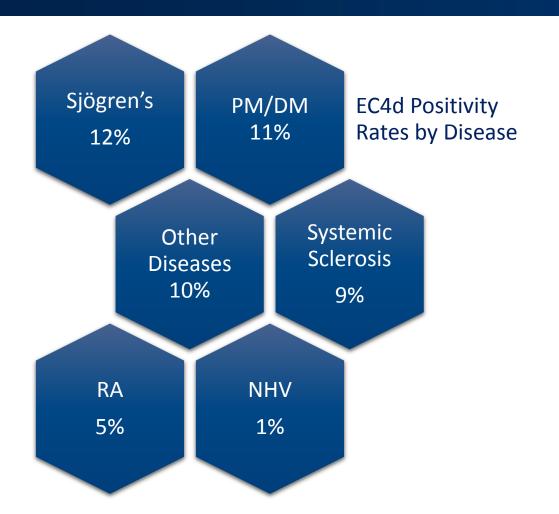


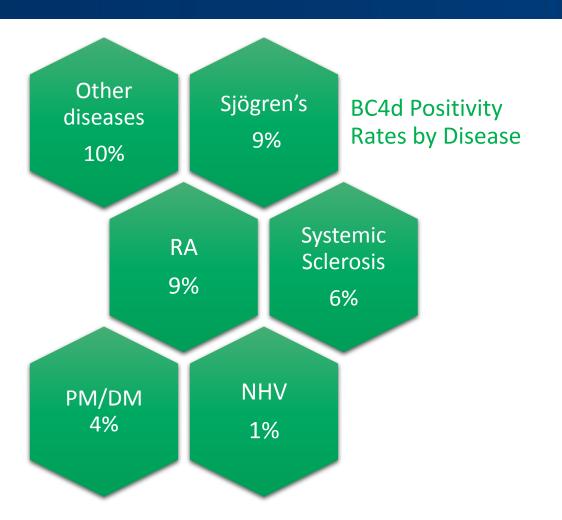
### Elevated CB-CAPs are Primarily Associated with SLE

#### CB-CAPs (EC4d & BC4d) are sensitive for SLE at low positive threshold levels

Low Positive	SLE
EC4d > 14 Units	46%
BC4d > 60 Units	53%
EC4d > 14 Units and/or BC4d > 60 Units	66%

## Elevated CB-CAPs Are Rarely Found in Other CTDs

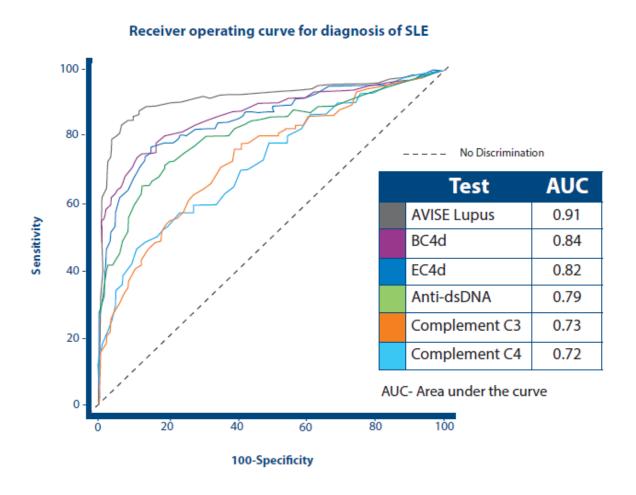


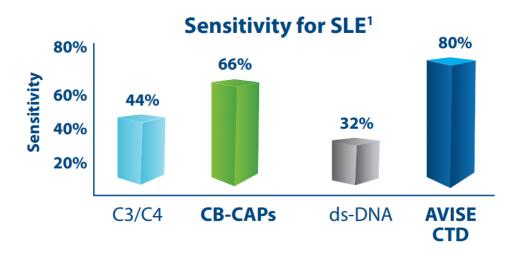


\*Other disease patients include Fibromyalgia, Vasculitis, Granulomatosis with Polyangiitis and Antiphospholipid Syndrome, NHV = Normal Healthy Volunteers



# AVISE Lupus is an Integrated Result with High Diagnostic Yield





- The ideal diagnostic marker will have a curve nearing the upper left corner
- AVISE Lupus is a 10 marker subcomponent of AVISE CTD including: ANA, anti-dsDNA, anti-Sm, EC4d, BC4d, plus 5 ENA autoantibodies
- AVISE Lupus and CB-CAPs outperform traditional biomarkers

#### What is AVISE CTD?



AVISE CTD is the only test incorporating CB-CAPs technology making it ideal for ANA positive patients or anyone suspected of having an autoimmune rheumatic disease



#### Markers Included in AVISE CTD

#### **SLE Associated Markers**

EC4d\*, BC4d\*, AVISE Lupus Index\*,

ANA by ELISA & HEp-2, Anti-dsDNA Confirmation by Crithidia, Anti-Smith

#### ENA Panel to help distinguish specific CTD

Anti-Smith Anti-U1RNP
Anti-Ro52 Anti-RNP70
Anti-Ro60 Anti-Scl-70
Anti-SS-B/LA Anti-CENP
Anti-Jo-1 Anti-RNA Pol III

RA Panel to help rule-in Rheumatoid arthritis

RF IgA

**RF IgM** 

APS Panel to help assess risk for thrombosis

Anti-Cardiolipin IgM

Anti-Cardiolipin IgG

Anti-B2-GP1 IgM

Anti-B2-GP1 IgG

Thyroid Panel to help diagnose autoimmune disorders

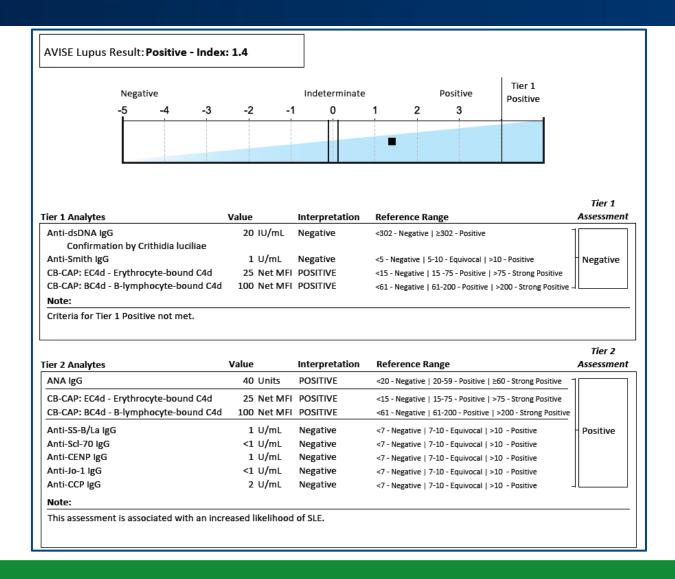
Anti-Thyroglobulin
Anti-Thyroid Peroxidase

Anti-Histone and anti-CarP available by request

\* EXCLUSIVE TO EXAGEN



#### **AVISE CTD Test Results**



AVISE Lupus Result is illustrated on a gradient of increasing likelihood for the presence of SLE\*

E Associated Analytes		Value	nterpretat	ion
ANA IgG		40	Units	POSITIVE
ANA by HEp-2	Titer:	1:320		POSITIVE
Nu	ıclear Pattern: Speckl	ed		
Cytople	asmic Pattern: Not Ob	served		
Anti-dsDNA IgG		20	IU/mL	Negative
Anti-dsDNA by Crithidi	a (confirmatory)	N/A		
Anti-Smith IgG		1	U/mL	Negative
CB-CAP: EC4d - Erythro	cyte-bound C4d	25	Net MFI	POSITIVE
CB-CAP: BC4d - B-lymp	hocyte-bound C4d	100	Net MFI	POSITIVE
ther Autoimmune Disease	Auta Antibadias	Malina		•
ro. racommane bisease i	Auto-Antibodies	Value	nterpretat	ion
Anti-U1RNP IgG	Auto-Antibodies		U/mL	Negative
	Auto-Antibodies	1		
Anti-U1RNP IgG	Auto-Antibodies	1	U/mL	Negative
Anti-U1RNP IgG Anti-RNP70 IgG	Auto-Antibodies	1 5	U/mL U/mL	Negative Negative
Anti-U1RNP IgG Anti-RNP70 IgG Anti-Ro52 IgG	Auto-Antibodies	1 5 8	U/mL U/mL	Negative Negative Negative
Anti-U1RNP IgG Anti-RNP70 IgG Anti-Ro52 IgG Anti-Ro60 IgG	Auto-Antibodies	1 5 8 5	U/mL U/mL CU	Negative Negative Negative Negative
Anti-U1RNP IgG  Anti-RNP70 IgG  Anti-Ro52 IgG  Anti-Ro60 IgG  Anti-SS-B/La IgG	Auto-Antibodies	1 5 5 5 1	U/mL U/mL CU CU U/mL	Negative Negative Negative Negative Negative
Anti-U1RNP IgG  Anti-RNP70 IgG  Anti-Ro52 IgG  Anti-Ro60 IgG  Anti-SS-B/La IgG  Anti-ScI-70 IgG		1 5 8 5 1 <1	U/mL U/mL CU CU U/mL U/mL U/mL	Negative Negative Negative Negative Negative Negative

#### **AVISE Result Report**

Page 2 contains values for all analytes with positives flagged for easy review

A Auto-Antibodies	Value Interpretation
Rheumatoid Factor IgM	2.0 U/mL Negative
Rheumatoid Factor IgA	1 U/mL Negative
Anti-CCP IgG	2 U/mL Negative
APS Auto-Antibodies	Value Interpretation
Anti-Cardiolipin IgM	2 CU Negative
Anti-Cardiolipin IgG	<6 CU Negative
Anti-β2 Glycoprotein 1 lgM	1 CU Negative
Anti-β2 Glycoprotein 1 lgG	<6 CU Negative
Thyroid Auto-Antibodies	Value Interpretation
Anti-Thyroglobulin IgG	<12 IU/mL Negative
Anti-Thyroid Peroxidase IgG	<4 IU/mL Negative



## **Clinical Applications**

Many clinical scenarios can benefit from the AVISE CTD test.

Most common points of utility include:

ANA+ Referrals

Overlapping
Symptoms/fibro

New Patient
Triage

Observation of undifferentiated
CTD

## AVISE Lupus: A Test Backed by Extensive Validation

2009-2013

2014-2015

2016-2019

#### CAPITAL & validation<sup>1</sup>

Putterman et al. Lupus Science and Medicine 2014.

Adult SLE and other autoimmune diseases

N=794

Sensitivity: 80% Specificity: 86%

#### Pediatric onset<sup>2</sup>

Hui-Yen et al. Lupus 2018.

Pediatric onset SLE and JIA

N=49

Sensitivity: 81% Specificity: 84%

#### SLE and FMS<sup>3</sup>

Wallace et al. Lupus Science and Medicine 2016.

Adult SLE vs. Fibromyalgia

N=150

Sensitivity: 60% Specificity: 100%

#### CLASS Study<sup>4</sup>

Ramsey-Goldman R, et al. A&R 2019.

Adult SLE (including probable SLE) and other autoimmune diseases

N=246

Sensitivity: 77% Specificity: 85%

X Learn more about published evidence supporting the clinical validity and clinical utility in the AVISE Lupus Evidence Module



### **AVISE Lupus Clinical Evidence Overview**

## ANALYTICAL VALIDITY

1. Dervieux et al., *J. Immunol. Methods*, 2016

## **CLINICAL VALIDITY**

- 1. Putterman et al., Lupus
  Science & Medicine, 2014
  (n=304 SLE, 490 controls),
  Sens.: 80%; Spec: 86%
- 2. Ramsey-Goldman et al.,

  Arthritis & Rheumatology,
  2019 (n=53 SLE, 92 pSLE, 101 other diseases),
  Sens.: 77%; Spec: 85%

## CLINICAL UTILITY

- Mossell et al., Open
   Rheumatology J., 2016 (n=23 SLE,
   23 controls)
- 2. Wallace et al., Lupus Science & Medicine, 2019 (n=145, 72 randomized to AVISE Lupus, 73 to SDLT arm)
- 3. Liang et al., Lupus Science & Medicine, 2020 (n=138) 2-year chart review. AVISE exhibited PPV=65% & NPV=90%



## Questions about AVISE CTD?