

Early detection. It makes a difference.

Chronic disease impacts underserved populations disproportionately.



CE-labeled IVD (EU)

Early detection of renal impairment and cardiovascular risk provides the best chance for improved patient care outcomes, allowing for clinical intervention at the earliest, most treatable stages.

For underserved populations, early intervention can be especially critical.

“Chronic diseases disproportionately impact underserved communities, with Black, Hispanic and Native American communities significantly underrepresented in routine interventional strategies, inpatient or home dialysis, transplant waitlists and surgical intervention.”

— Lovell A. Jones, PhD, FHDR*

- One in 3 American adults is at risk for chronic kidney disease, and most don't know it.**
 - Blacks are 3 times more likely to develop kidney failure than whites.
 - Hispanics are nearly 1.5 times more likely than non-Hispanics to develop kidney failure.
 - Blacks are under-represented on kidney transplant waitlists throughout the US, as well as having a life expectancy four years lower than whites.†
- Same creatinine levels:
 - Non-Blacks qualify for kidney transplantation when Blacks don't.
 - Results were so inaccurate the federal government required all US transplant centers to re-evaluate their waitlists using a less biased assessment.

Numares Health

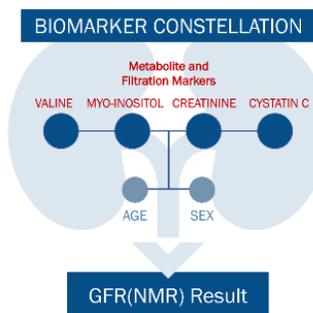
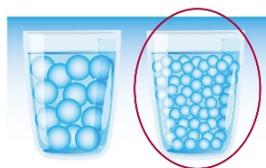
Discoveries for more accurate results

Renal: GFR(NMR)

- Combines two novel biomarkers, valine and myo-inositol, with creatinine and cystatin C.
- Improves accuracy: More closely correlates with mGFR than standard eGFR equations.
- Overcomes bias: Accounts for non-renal factors, including comorbidities, race, age, BMI and muscle mass.

Cardiovascular: *lipoFIT*[®]

- Determines how many lipoprotein particles are in a sample and what size they are, in addition to cholesterol concentration.
- Provides more specific measurement when LDL cholesterol and LDL particle number are discordant, often occurring in patients with metabolic diseases, like diabetes.



Current standard tests.

Here's what they miss.

Renal

- 30-year-old eGFR test measures one biomarker, creatinine.
- eGFR doesn't account for comorbidities, race, age, BMI or muscle mass.

Cardiovascular

- About 50% of patients hospitalized for coronary artery disease show normal LDL-C levels. This current standard lipid testing doesn't accurately capture risk.
- Lacks specifics for cholesterol and lipoprotein subclasses (quantity, particle size, etc.), a better risk indicator.
- Comorbidities can mask actual risk by confounding the results.

Chronic diseases.

Impacting individuals, families and communities.

Chronic kidney disease (*Centers for Disease Control and Prevention*)

- Incidence: 10th leading cause of death in the US.
- More than 1 in 7 adults have the disease, an estimated 36 million in the US. An estimated 90% don't know they have CKD. Having diabetes or hypertension increases CKD risk.
- Mortality: Over 54,300 people died in the US in 2021.
- Health care costs: About \$124 billion per year for Medicare costs.

Heart disease (*Centers for Disease Control and Prevention*)

- Incidence: Heart disease is the leading cause of death in the US.
- Mortality: One person dies every 33 seconds from cardiovascular disease. About 695,000 people died in the US in 2021 – one in every five deaths.
- Health care costs: About \$239.9 billion per year (2018 to 2019). This includes the cost of health care services, medicines and lost productivity due to death.

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**National Kidney Foundation.

† Source: Kaballo MA, et al. Clin Kidney J. 2018. PMID: 29942504;PMCID: PMC6007575.

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