natera™ | Prospera™ Transplant assessment

Meet Mary

Regular Prospera testing helps minimize the risk of Mary's unique clinical factors leading to transplant rejection

Clinical Factors that May Indicate Risk for Transplant Rejection	Donor-specific alloantibody (DSA) detected	History of rejection	Non-adherence to anti-rejection medication	High Calculated Panel Reactive Antibody (cPRA)	Delayed Graft Function (DGF) occurrence	Decreased immune suppression due to infection and/or adverse effects	Geographic distance or access to transplant center
Factors Covered in Mary's Case Example	✓	✓	✓				✓

Mary's Patient Profile

AGE	31
RACE	African American
LOCATION	Laurel, Mississippi, a small town about 120 miles from the transplant center
CLINICAL NOTES	• End stage renal disease (ESRD) due to Goodpasture syndrome • **Second kidney transplant** in 2015 when she was 25; her calculated panel reactive antibody (cPRA) at the time was 98%, DSAs have been detected • Lives far from the transplant center and often has trouble finding transportation to her appointments
RECENT VISIT	• Presented to her transplant nephrologist in September 2020 with an increased serum creatinine (sCr) level and a Prospera result of 2.69% • A biopsy confirmed antibody-mediated rejection (ABMR)

Treatment Plan with Prospera

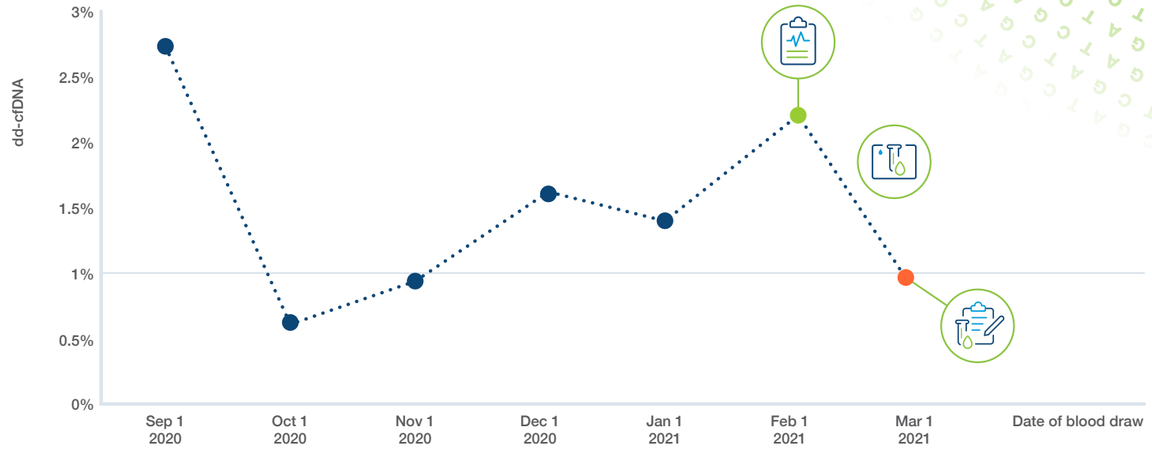
Monthly surveillance with Prospera due to Mary's higher risk for rejection and the need to identify rejection as soon as possible.

Treated with plasmapheresis, IVIG, rituximab and high dose steroids.

Creatinine levels decreased, but did not go back to baseline.

Impact of Prospera Surveillance

Mary's physician used the Prospera result each month to assess if treatment was working.



Mary's Prospera result continued to rise after an initial decline, spiking to 2.21 in Feburary 2021. This prompted the physician to meet with Mary to understand what might be causing the change.

He increased her steroid dose and reminded Mary how to take tacrolimus as she had not been taking it correctly.

After surveilling with Prospera later in the month to determine if results had improved (which they did), the physician was able to taper the steriods.

KEY TAKEAWAY

Prospera surveillance testing allowed Mary's doctor to closely track drastic fluctuations from the baseline result, which served as an early warning sign that something more problematic may soon occur. The subsequent results led to a confirmatory biopsy and a modification in treatment—which ultimately may have saved the graft in this complex patient.

Prospera-powered monitoring for any transplant patient

Let's get started

Explore using Prospera for more frequently across a broader spectrum of patients through these options with Natera:

Request a clinical discussion between you and a local transplant nephrologist to hear why and how they have implemented surveillance monitoring with Prospera. Email **prospera@natera.com** to get connected.

Discuss potential surveillance options for your patient types with our clinical team to incorporate Prospera in your practice. Email **prospera@natera.com** to set up a clinical discussion.

Utilize the Natera physician portal to enable automatic scheduling of routine Prospera standing orders to certain patient cohorts. Reach out to your **Natera Sales Representative** for a demo.

View videos of other phsyicians and their stories about Prospera:
Visit us **natera.com/prospera-for-any-type**

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