

# Meet Mike

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





### Mike's Patient Profile

AGE	61					
RACE	Caucasian					
LOCATION	Henderson, Nevada, close to a large transplant center					
CLINICAL NOTES	<ul> <li>End-Stage Renal Disease (ESRD) due to diabetes associated with hypertension, obesity (BMI 33) and non-obstructive coronary artery disease (CAD)</li> <li>cPRA was 98%</li> <li>No DSA detected pre-transplant</li> <li>Transplant: July 2020 from a deceased donor renal transplant (DDRT) with kidney donor profile index (KDPI) of 70%</li> <li>Transplant was complicated by <b>DGF</b>, hemodialysis on post-operative days # 1, 3, 8, 11, 14, 18</li> <li>On post-operative day #17, due to prolonged DGF, biopsy was negative for rejection, but <b>acute tubular injury</b> with isometric vacuolization (<b>possible calcineurin inhibitor (CNI) toxicity</b>), moderate arteriosclerosis (donor derived), C4d negative, interstitial fibrosis and tubular atrophy (IFTA) 5%</li> <li>On post-operative day #18, <b>Prospera result was 0.29%</b></li> <li>Tacrolimus dose reduced after biopsy (trough was 11.5 prior to biopsy)</li> </ul>					
RECENT VISIT	<ul> <li>August 2020 - CNI trough was 7.5. Serum creatinine (Cr) was 3 mg/dL and Prospera of 0.73% on 8/12/20</li> <li>September 2020 - Cr was 1.4 mg/dL</li> <li>November 2020 - Cr ranged from 1.4 to 1.6 mg/dL and Prospera 1.94%</li> <li>March 2021 - Cr was 2 mg/dL and Prospera was 2.34% early in the month which prompted a biopsy; Cr. was 1.71 mg/dL late in the month</li> <li>April 2021 - Cr. was 1.8 mg/dL; biopsy showed grade 1A T-cell mediated rejection (Banff 2019 classification), moderate glomerulitis, severe peritubular capillaritis, and mild transplant glomerulopathy by electron microscopy only, IFTA (20%), mild arteriosclerosis. C4d is negative by immunofluorescence. C12 2950 MFI DSA positive</li> <li>Acute cellular rejection was treated with solumedrol pulse; new DSA treated with IVIG x 2 and rituximab</li> <li>April 2021 - Cr was down to 1.5 mg/dL at end of the month</li> </ul>					

#### Treatment Plan with Prospera

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Monthly assessments with Prospera to determine if results are within range of previously established baseline.



March 2021 Prospera result and increasing Cr prompted biopsy which led to changes in medication.

### Impact of Prospera Surveillance

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



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Creatinine is a lagging indicator of rejection—this patient's creatinine was **stable at 1.4 - 1.6 mg/dL**, yet the **Prospera rose above 1%**.

#### **KEY TAKEAWAY**

Monitoring kidney transplant recipients with Prospera may help identify subclinical rejection and allow for earlier treatment instead of relying on serum creatinine alone.



lov 1 2020	Dec 1 2020	Jan 1 2021	Feb 1 2021	Mar 1 2021	Date of blood draw



Performing a biopsy when the Prospera rose above 1% at four months post-transplant may have detected rejection earlier.

#### 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 physicians and their stories about Prospera: Visit us natera.com/prospera-for-any-type



Transplant assessment

The test described has been developed and its performance characteristics determined by the CLIA-certified laboratory performing the test. The test has not been cleared or approved by the US Food and Drug Administration (FDA). Although FDA is exercising enforcement discretion of premarket review and other regulations for laboratory-developed tests in the US, certification of the laboratory is required under CLIA to ensure the quality and validity of the tests. CAP accredited, ISO 13485 certified, and CLIA certified. © 2021 Natera, Inc. All Rights Reserved.