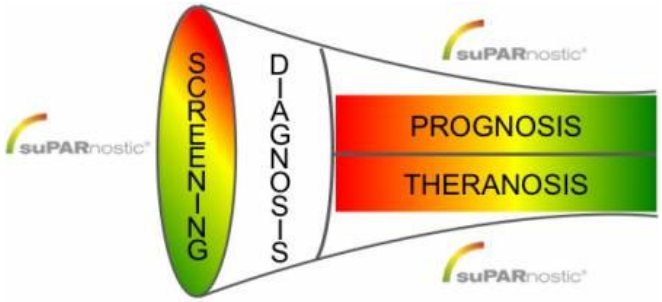
suPAR used in screening and theranosis



Independent research has confirmed suPARnostic as a novel marker for **risk prediction** in the **emergency room**.

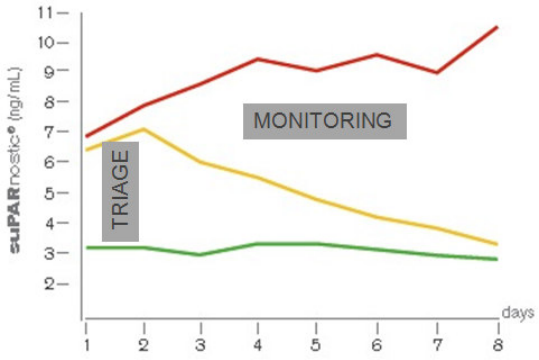
Recent studies prove that the suPAR protein has a role in inflammatory response and is expressed within the human body in situations involving life threatening infectious diseases. Translating into the simple fact that identifying a patient's suPARnostic® level upon presentation to hospitals or clinics through screening will enable clinicians to assess **which patients require immediate attention and further testing** in order to ensure timely treatment.

The following guidelines can be applied for the use of suPARnostic in the emergency room:

An individual classified as **"HEALTHY"** per the suPARnostic® spectrum and per other standard clinical parameters does **not require acute care.**

An individual classified as **"OBSERVATION"** and whose other standard clinical parameters are without pathological findings is not in need of acute attention, but **should be observed and investigated further:** If the patient's suPARnostic® level is rising further, an acute condition is developing and action needs to be taken swiftly; if the patient's suPARnostic® level stays constant at an elevated level, further investigation outside acute care might reveal an underlying condition.

An individual classified as **"CRITICAL"** needs **immediate acute care attention** as mortality risk is high.



suPARnostic® level <5

Low risk of death / complication suPAR stays stable

suPARnostic® level >5

Supervision: Is suPAR rising or falling ?

Rising: Predicts risk of death or complication

Falling: Predicts improvement / successful treatment

suPARnostic® is a vital tool in **critical care situations** that involve conditions which need to be monitored closely – a sepsis or potential sepsis case for example. Running a suPARnostic® test on

a patient makes it possible to practice theranosis, i.e. provides clinicians with information that aids in treatment and monitoring decisions.

For example, we recently found that suPARnostic® levels can predict both short- and long-term mortality in adult SIRS patients admitted to an emergency department. Our results demonstrate that suPARnostic® used either independently (AUC =0.80) or in combination with age (AUC=0.92) is **a strong predictor of mortality in SIRS patients suspected of community-acquired infections.** It is believed that mortality rates and recovery can be vastly improved by early accurate diagnosis and treatment of septic patients.

In addition, suPARnostic®'s ability to accurately track a patient's disease progression will serve to **reduce repeated testing and treatment costs**. Our studies clearly indicate the benefit of evaluating a patient's suPARnostic® level all the way from diagnosis to hospital discharge.

See www.suparnostic.com/index.php/docuoverview for references.

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