

Confidently monitor your kidney transplant patients

Dependable and accurate results delivered

Step 1

Post-transplant patient blood sample drawn at transplant facility or local laboratory*

Step 2

Step 3

Send samples to Oncocyte's CAP/CLIA certified laboratory

dd-cfDNA measured

using dd-PCR



Step 4 Risk for active rejection reported



Fast turnaround time. Improved outcomes.

VitaGraft[™] **Kidney** is a blood-based transplant monitoring test that quantifies the concentration of donorderived cell-free DNA following kidney transplantation.

Rule out suspected injury

86% of unnecessary biopsies triggered by elevated plasma creatinine in stable patients may be avoided using VitaGraft Kidney dd-cfDNA technology.¹

Taper immunosuppression

Better personalize the minimum effective dose for each patient.¹

Detect injury early

Use VitaGraft Kidney with improved turnaround times in for-cause clinical scenarios.¹

Practical. Fast. Evidence-based.

*For the first test we require a one-time urine sample in addition to blood to set the assay for the patient. Thereafter, we require blood only for all subsequent tests.

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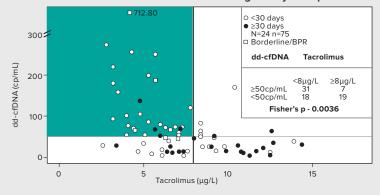


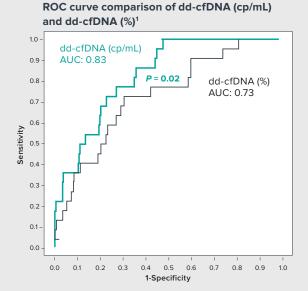
Clinical Summary

- Validated in 345 kidney transplant patients with over 2,570 samples for up to 5 years following transplantation.^{1,2}
- For long-term surveillance, measurement of absolute dd-cfDNA concentrations appears to be superior to dd-cfDNA fractional abundance to minimize false positive results.^{1,2}
 - Area Under the Receiver Operating Characteristic (AUC_{ROC}) curve for absolute quantity of dd-cfDNA (cp/mL) showed an increase of 14% compared to relative quantification of dd-cfDNA (%) in discriminating stable phase (n=395) from **biopsy-proven rejection** (n=22).¹
 - High NPV of 91%* to rule out injury.¹

*Calculated at 25% prevalence using biopsy-proven samples. n = number of samples

Association found between increased dd-cfDNA values and low tacrolimus concentrations following kidney transplantation¹





- dd-cfDNA (cp/mL) may aid clinical care in finding the minimum effective immunosuppressive dose for kidney transplant patients.¹
 - There were a significantly higher proportion of samples with elevated dd-cfDNA (cp/mL) and lower tacrolimus levels (<8µg/L) compared to the samples with higher tacrolimus concentrations.¹

View our VitaGraft Kidney Report

Clear, concise results provided. Absolute quantification measured.



We're here to help

Oncocyte Customer Service can answer any questions you have. Please contact us at:

Phone: +1-844-ONCOCYTE (1-844-662-6298) customer.service@oncocyte.com

We do not want cost to be a barrier for testing, patients can call (844-679-6600) or fax (949-271-4972) to see if they qualify for our financial assistance program.

REFERENCES 1. Oellerich M, Shipkova M, Asendorf T, et al. (2019) Absolute quantification of donor-derived cell-free DNA as a marker of rejection and graft injury in kidney transplantation: Results from a prospective observational study. Am J Transplant 19(11):3087. 2. Schutz E, Asendorf T, Beck J, et al. (2020) Time-dependent apparent increase in dd-cfDNA percentage in clinically stable patients between one and five years following kidney transplantation. Clin Chem 66(10):1290.

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