VitaGraft™ Liver

Personalized Transplant Monitoring

Confidently manage your liver transplant patients

Fast turnaround time. Improved outcomes.

VitaGraft Liver Process Overview

Bringing cell-free DNA technology to liver transplant patients

Step 1
Post-transplant patient blood sample drawn

Step 2
Send samples to Oncocyte's CAP/CLIA certified laboratory

Step 3
dd-cfDNA measured using dd-PCR

Step 4
Risk for active rejection reported

VitaGraft™ Liver is a blood-based transplant monitoring test that quantifies the concentration of donor-derived cell-free DNA following liver transplantation.

Clarify elevated liver enzyme results

Even in cases of mild elevation, dd-cfDNA's increased sensitivity provides an independent diagnostic value separate from conventional liver function tests (LFTs), paving the way for next steps in patient care.[1,2]

Perform biopsies with confidence

VitaGraft Liver delivers accurate results with a 97% NPV* and 96.5% area under the curve (AUC), aiding clinical decision making regarding the need for biopsy.[1]

Detect early signs of injury

dd-cfDNA showed graft damage 5-15 days before biopsy-proven rejection and sooner than standard LFTs.[1]

*Calculated at a 25% rejection prevalence.

Practical. Fast. Evidence-based.

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VitaGraft Liver™
Personalized Transplant Monitoring

Clinical Summary

- Clinically validated in 200+ patients with over 600 samples, VitaGraft Liver shows a highly significant ability to discriminate between stable patients and those experiencing rejection[1,2] (Figure A.)
- VitaGraft Liver is incredibly accurate with a 97% NPV* and 96.5% area under the curve[1] (Figure B.)
  - **90.3%** Sensitivity
  - **92.9%** Specificity
  - **97%** Negative Predictive Value*
  - **81%** Positive Predictive Value*
- In a clinical study of 103 samples, there was a highly significant segregation towards patients with elevated dd-cfDNA (≥10%) and tacrolimus blood concentrations below the target concentration of 8–12 mg/L[3]
- In a multivariable logistic regression analysis, no combination of LFTs had an equal or better diagnostic value than dd-cfDNA[1]

*Calculated at a 25% rejection prevalence.

Figure A. VitaGraft Liver patient comparison between stable, HCV-positive, and biopsy-proven acute rejection[1]

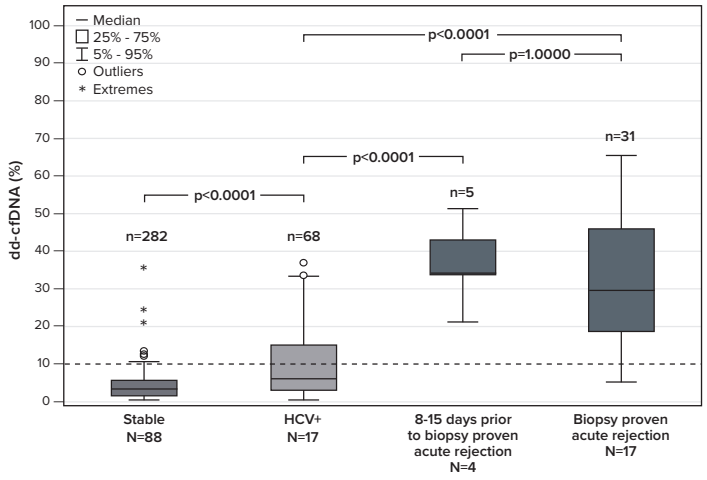
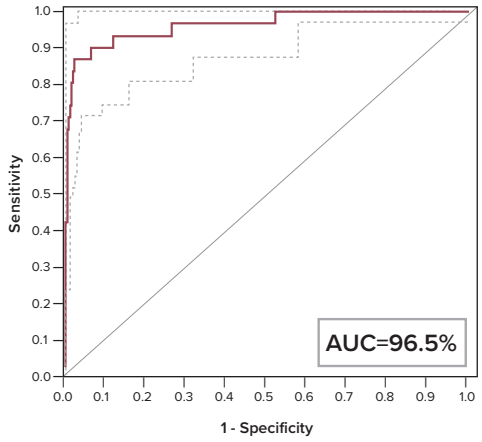
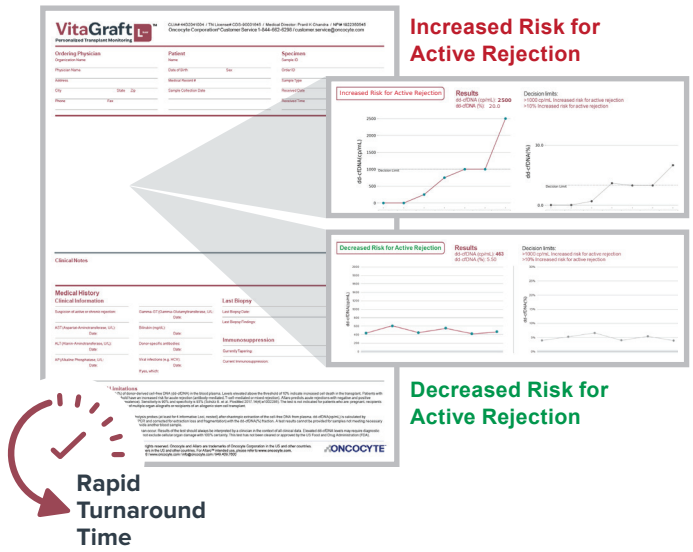


Figure B. Receiver Operating Characteristic (ROC) curve for VitaGraft Liver[1]



All graft-derived cell-free DNA percentage values were considered (n=282 samples from stable periods and n=31 samples during biopsy-proven acute rejection). The upper and lower limits of the 95% CI are shown as dashed lines.

Clinically actionable results available within 48 hours



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. Schütz E, Fischer A, Beck J, et al. (2017) Graft-derived cell-free DNA, a noninvasive early rejection and graft damage marker in liver transplantation: A prospective, observational, multicenter cohort study. PLoS Med 14(4):e1002286. **2.** Baumann AK, Beck J, Kirchner T, et al. (2022) Elevated fractional donor-derived cell-free DNA during subclinical graft injury after liver transplantation. Liver Transpl 28(12):1911 **3.** Oellerich M, Schütz E, Kanzow P, et al. (2014) . Use of graft-derived cell-free DNA as an organ integrity biomarker to reexamine effective tacrolimus trough concentrations after liver transplantation. Ther Drug Monit 36(2):136

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