CareDx®

HeartCare®

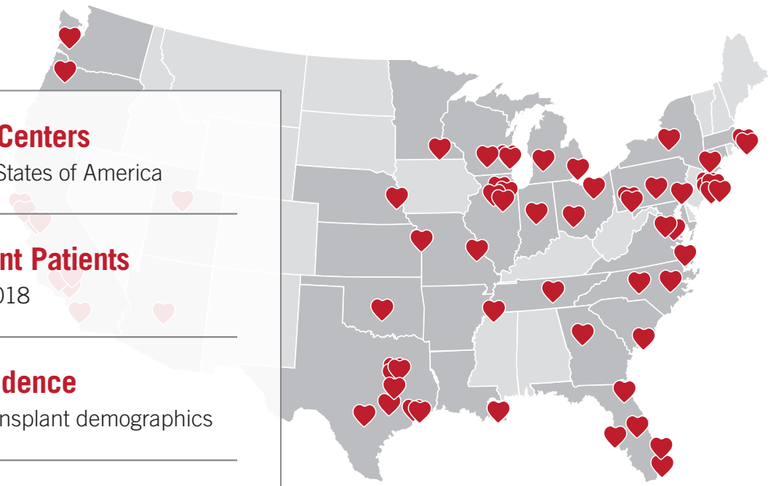
Be more SHORE with HEARTCARE

Presenting the Inaugural Publication from

The **Surveillance HeartCare Outcomes Registry** (SHORE)

- **A Landmark Prospective, Observational, Surveillance Study**
- **One of the Largest Multi-Center Registries in Heart Transplant**

Sam D, heart transplant recipient, and his wife



67 Transplant Centers
across the United States of America

2732 Transplant Patients
monitored since 2018

Real-World Evidence
Represents US Transplant demographics

Surveillance Testing
6,363 Samples of HeartCare

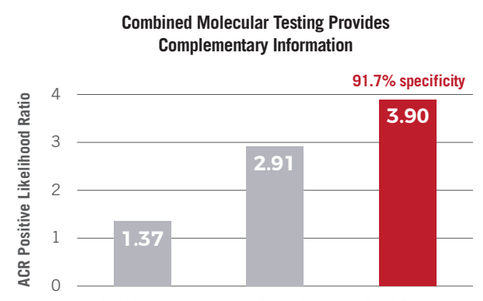
Excellent Outcomes
2-Year Survival Rate of 94.9%, with 97.3% of Patients Having Normal Graft Function

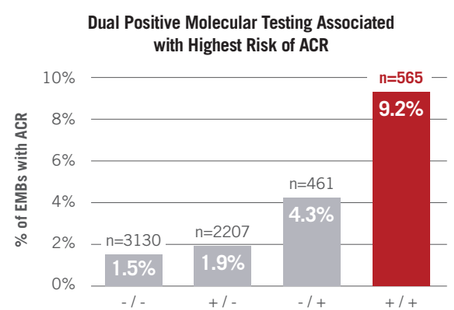
Enhance your ACR surveillance strategy with the dual power of AlloMap and AlloSure in HeartCare

Data Set 2: SHORE Publication[2]

Scan the QR code to read the publication

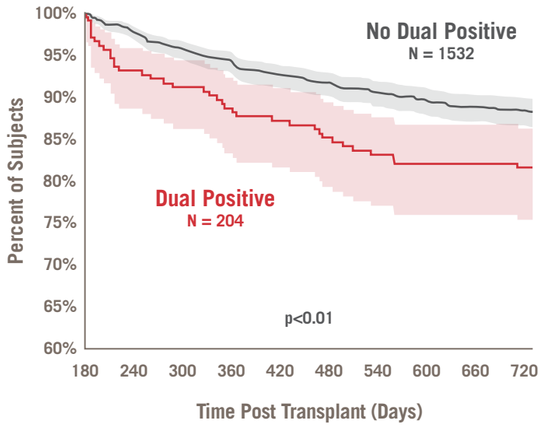
Dual positive HeartCare results better identified Acute Cellular Rejection than either dd-cfDNA (AlloSure) or GEP (AlloMap) alone



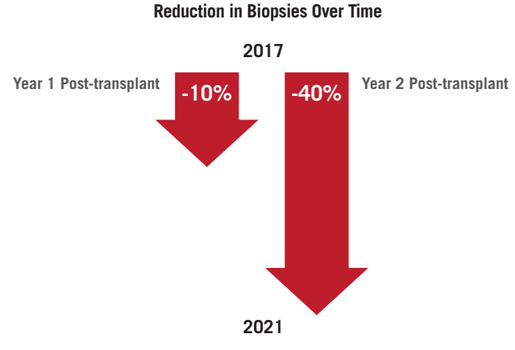


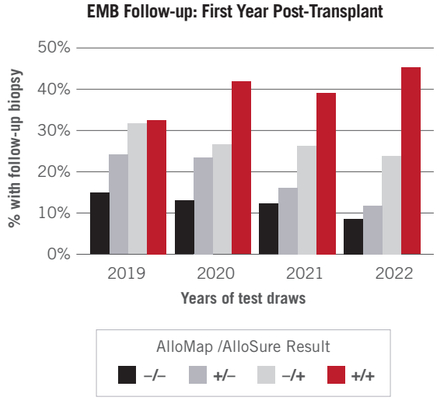
Data Set 1: Late Breaking Abstract at ISHLT 2024[1]

Patients with at least one dual positive HeartCare result (AlloMap +/AlloSure +) result in the first 6-months post-transplant **were more likely to experience graft dysfunction or death by 2-years post-transplant**



Patients monitored with HeartCare had fewer biopsies over time, with **fewest biopsies given to patients without dual positive HeartCare results**.

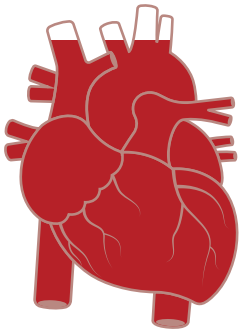




+AlloMap was defined as a value ≥30 in the first 6 months or ≥34 beyond 6 months post-transplant

+AlloSure was defined as a level ≥0.20% at any time post-transplant

Patients surveilled with HeartCare in SHORE had excellent outcomes[2]:



At 2 Years Post-Transplant:

- ✓ **94.9%** survival rate
- ✓ **97.3%** of surviving patients had normal graft function
- ✓ **61%** mean LVEF for surviving patients

New ISHLT guidelines support the use of HeartCare in routine monitoring of heart transplant patients[3], recommending:

- Use of **AlloMap** starting at **two months post-transplant**
- Use of **AlloMap** and donor-derived cell-free DNA (**dd-cfDNA- AlloSure**) for **routine post-transplant monitoring**
- Remote use of **AlloMap** and **dd-cfDNA (AlloSure)** for heart **transplant surveillance**

References to ISHLT are offered solely to support AlloMap's FDA indications and should not be construed as supporting any other use. AlloMap should be solely used in conjunction with standard clinical assessment

References:

1. Khush, K., Uriel, N., Shah, P., et. al. Heart Transplant Outcomes in the Contemporary Era: Results from the SHORE Registry. J Heart Lung Transplant. 2024; 43(4):s42. doi: 10.1016/j.healun.2024.02.083
2. Khush KK, Hall S, Kao A, et. al. Surveillance with Dual Non-invasive Testing for Acute Cellular Rejection After Heart Transplantation: Outcomes from the Surveillance HeartCare Outcomes Registry (SHORE). *J Heart Lung Transplant.* 10.1016/j.healun.2024.05.003
3. Velleca A, Shullo MA, Dhital K, et al. The International Society for Heart and Lung Transplantation (ISHLT) guidelines for the care of heart transplant recipients. *J Heart Lung Transplant.* 2023;42(5):e1-e141. doi:10.1016/j.healun.2022.10.015

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