

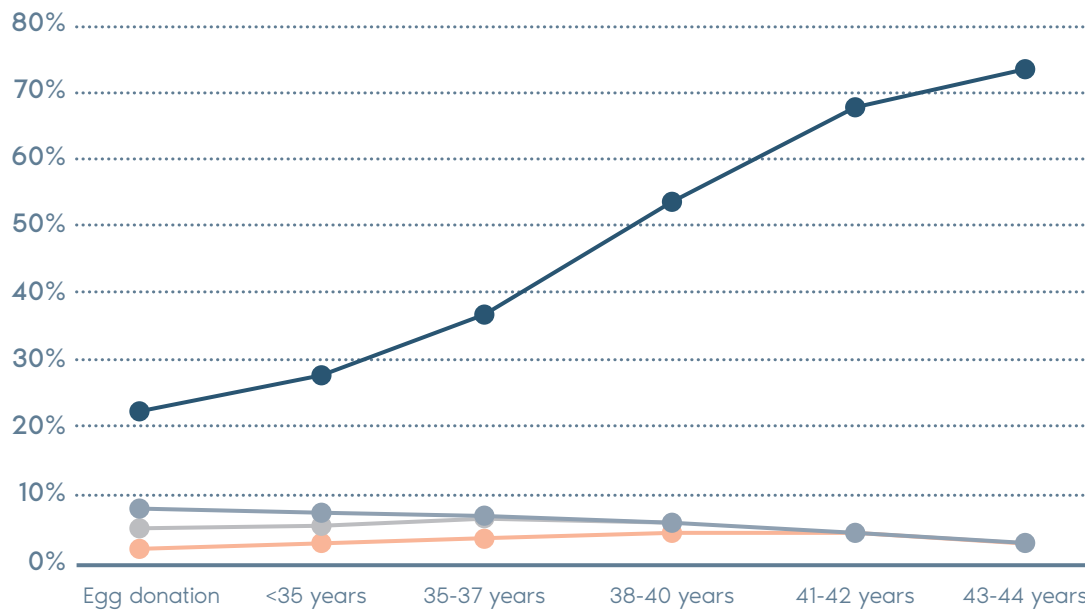
PGT-A is a genetic test performed on embryos to identify numerical chromosomal abnormalities (aneuploidy).

By analysing all embryos generated in an IVF treatment cycle, those free of chromosomal aneuploidy can be selectively transferred.

As a result, the pregnancy rates per transfer are significantly increased and the miscarriage rates decreased.

Igenomix uses an advanced bioinformatics algorithm developed in-house using 100,000 embryo samples to provide accurate results.

INCIDENCE OF ANEUPLOIDY AND MOSAICISM ACCORDING TO FEMALE AGE



Uniform aneuploidies: whole chromosome aneuploidies uniformly distributed in the biopsied cells.

High degree mosaicism: whole chromosome aneuploidies in 50-70% of the biopsied cells.

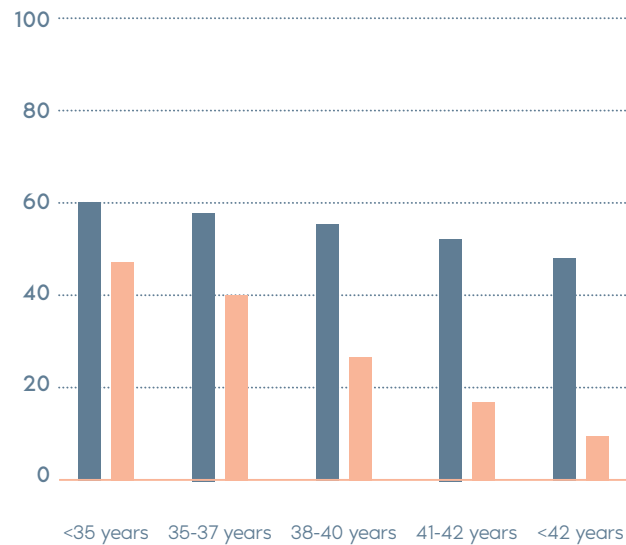
Low degree mosaicism: whole chromosome aneuploidies in 30-50% of the biopsied cells.

Segmental aneuploidies: aneuploidies observed for a small segment of the chromosome (duplications/deletions >10Mb).

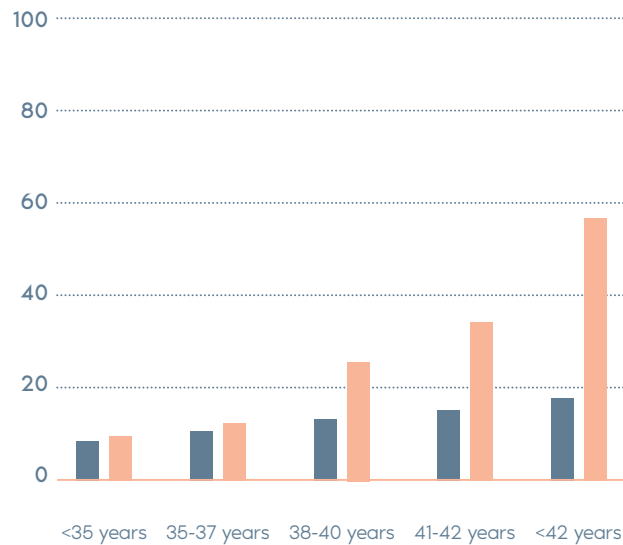
- Uniform aneuploidies
- High degree mosaicism
- Low degree mosaicism
- Only segmental aneuploidies

Clinical Outcome with and without PGT-A based on SART 2016 public database

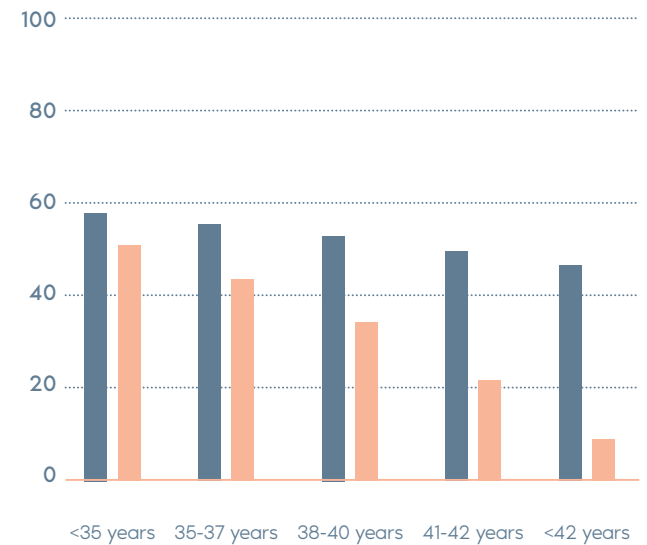
IMPLANTATION RATES



MISCARRIAGES RATES



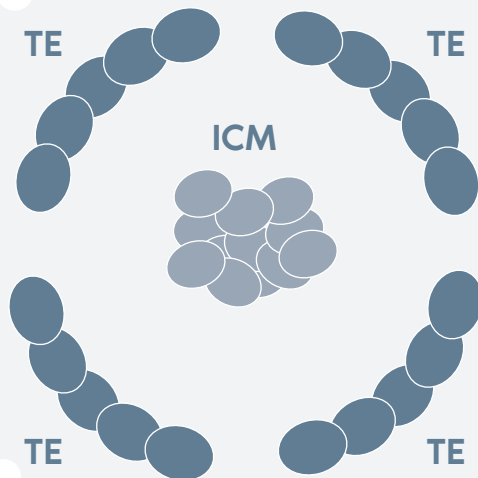
DELIVERY RATES PER TRANSFER



IVF with PGT-A

IVF without PGT-A

High concordance rates for uniform whole chromosome aneuploidy between multiple trophoctoderm biopsies and the inner cell mass of the blastocyst.



n=312 biopsies analyzed

Full-karyotype concordance per sample = 98.7%
(n=308/312; 95%CI=96.75-99.65)

SENSITIVITY = 100.00%
n=40/40 [95%CI= 88.30-99.13]

SPECIFICITY= 99.26%
n=270/274 [95%CI=99.90-100.00]

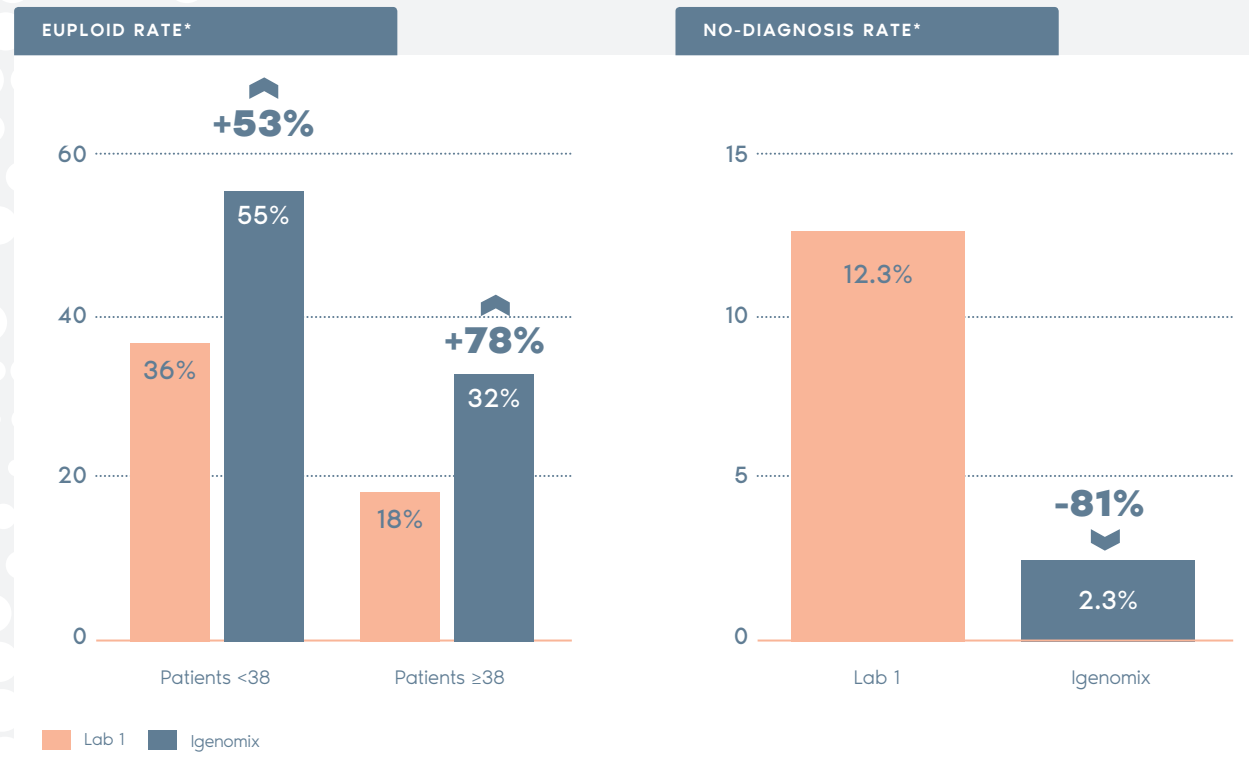
Per chromosome concordance = 99.9%
(n=7171/7176; 95%CI=99.84-99.98)

SENSITIVITY = 95.83%
n=69/72 [95%CI= 88.30-99.13]

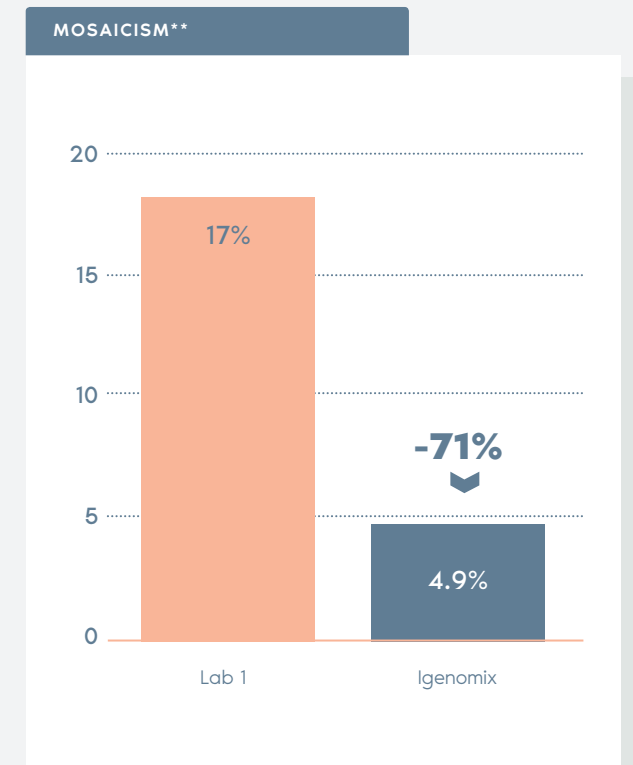
SPECIFICITY= 99.97%
n=7102/7104 [95%CI=99.90-100.00]

Independent studies back our statistics

Abstract - ASRM 2018



Poster - PGDIS 2019



*ABSTRACT - ASRM 2018: A comparison of diagnostic results of Preimplantation Genetic Testing for Aneuploidy (PGT-A) from reference laboratories during a period of transition; trends and inferences for patient care. D. Ioannou, M. D. Baker, S. D. Jones, I. R. Grass, K. A. Miller. Embryology, IVF Florida Reproductive Associates, Margate, FL.

**POSTER - PGDIS 2019: Clinical comparison of two pgt-a PLATFORMS UTILIZING DIFFERENT THRESHOLDS TO DETERMINE PLOIDY STATUS. D. Monahan, G. Harton, D. Griffin, M. Angle, C. Smikle. Laurel Fertility Care, San Francisco, CA.