



Age/Sex	55/Female
Symptoms	Upper abdominal pain and chronic shortness of breath
Risk Factors	Family history of coronary artery disease (CAD) Current smoker; 20-year history Recently menopausal

Before Corus[®] CAD

Medications

- None

Clinical History

- Upper abdominal pain and shortness of breath
- Family history of CAD
- Current smoker; 20-year history

Physical Exam and Laboratory Findings

- Normal cardiac exam
- Lungs sound clear throughout
- EKG normal

“ I wanted some reassurance that her heart was OK because of her symptoms and family history. The Corus CAD results made the patient feel more comfortable as I followed her clinical course and pursued alternative causes. ”

– Primary Care Clinician

Corus CAD Test and Results

- Corus CAD score: 3
- Likelihood of obstructive CAD:* 2%

After Corus CAD

- Low Corus CAD score allowed clinician to investigate pulmonary causes
- Pulmonary referral resulted in CT scan, which showed central pulmonary nodule

In the absence of Corus CAD

The clinician would have referred the patient to cardiology for further evaluation. The low Corus CAD score helped the clinician exclude the diagnosis of obstructive CAD and changed the clinician's course of action.

Corus CAD
Score:

3

CardioDx®

CardioDx, Inc., a molecular diagnostics company specializing in cardiovascular genomics, is committed to developing clinically validated tests that empower clinicians to better tailor care to each individual patient. Strategically focused on coronary artery disease, CardioDx is committed to expanding patient access and improving healthcare quality and efficiency through the commercialization of genomic technologies.

Corus® CAD Intended Use

The Corus CAD test is a quantitative in vitro diagnostic test performed in a single laboratory, using age, sex, and the gene expression profile of cells found in peripheral blood specimens to help a clinician identify the likelihood that a patient has coronary artery stenosis of at least 50%. The test should be performed on patients with a history of chest pain, with suspected anginal equivalent to chest pain, or with a high risk of coronary artery disease (CAD), but with no known prior myocardial infarction or revascularization procedures. The test is not intended for patients with acute myocardial infarction, high-risk unstable angina, systemic infectious or systemic inflammatory conditions, diabetes, or who are currently taking steroids, immunosuppressive agents, or chemotherapeutic agents.

The test is performed on a blood specimen obtained from the patient. The test incorporates age, sex, and the expression levels of multiple genes using an algorithm with weighted gene expression levels to generate a quantitative score. The results of the test should be used by clinicians in conjunction with other tests and clinical information when assessing a patient's CAD.

The Corus CAD test is for prescription use only. The test is not intended to be used to screen for stenosis among patients who are asymptomatic and not considered at high-risk for CAD, to predict or detect response to therapy, or to help select the optimal therapy for patients.

*Obstructive CAD is defined as at least one atherosclerotic plaque causing $\geq 50\%$ luminal diameter stenosis in a major coronary artery (≥ 1.5 mm lumen diameter) as determined by invasive quantitative coronary angiography or computed tomography angiography (≥ 2.0 mm lumen diameter).

CardioDx

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Age/Sex	63/Female
Symptoms	Heartburn and nausea not associated with meals
Risk Factors	Hyperlipidemia and high cholesterol Obesity with BMI of 31.5

Before Corus® CAD

Medications

- Crestor® (10 mg)
- Aspirin (81 mg)
- Niaspan® (1000 mg qHS)

Clinical History

- Hyperlipidemia and high cholesterol
- Obesity with BMI of 31.5

Physical Exam and Laboratory Findings

- Normal cardiac exam
- EKG normal

“The Corus CAD test was useful in saving my patient from an expensive cardiac evaluation.”

– Cardiologist

Corus CAD Test and Results

- Corus CAD score: 7
- Likelihood of obstructive CAD:* 3%

After Corus CAD

- No further cardiac workup performed due to low Corus CAD score and clinician evaluation
- Cardiologist advised patient about the risk of cardiovascular disease
- Patient started on weight management and exercise programs

In the absence of Corus CAD

The cardiologist would have pursued a nuclear stress test. The low Corus CAD score helped reclassify the patient's current cardiac risk from moderate to low, prompting the cardiologist to change the planned course. The cardiologist held off on further cardiac testing with the plan to follow the patient clinically. At six-month follow-up, patient had lost 10 lbs and reported her symptoms had subsided.

Corus CAD
Score:

7

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Age/Sex 44/Male

Symptoms Burning sensation in upper body and back pain

Before Corus® CAD

Medications

- Ibuprofen

Clinical History

- Burning sensation in upper body and back pain
- Pain lasts up to one hour
- Father died of MI at 50 years old

Physical Exam and Laboratory Findings

- Normal cardiac exam; no carotid bruits
- Normal EKG
- Normal cholesterol with low HDL (29)
- Modestly elevated APO-B

“The low Corus CAD score helped me to exclude CAD and get to the root cause of the patient’s symptoms.”

– Primary Care Clinician

Corus CAD Test and Results

- Corus CAD score: 12
- Likelihood of obstructive CAD:* 6%

After Corus CAD

- Clinician suspended further cardiac testing due to low Corus CAD score
- Further workup indicated costochondritis; patient prescribed increase in ibuprofen

In the absence of Corus CAD

The clinician would have referred the patient to cardiology for a consult and nuclear stress test. The low Corus CAD score, along with the patient’s clinical presentation, prompted the clinician to suspend the cardiology referral and pursue other causes for the patient’s symptoms.

Corus CAD
Score:

12

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