

Envisia Genomic Classifier helps Improve Multidisciplinary Diagnoses of Complex Interstitial Lung Disease

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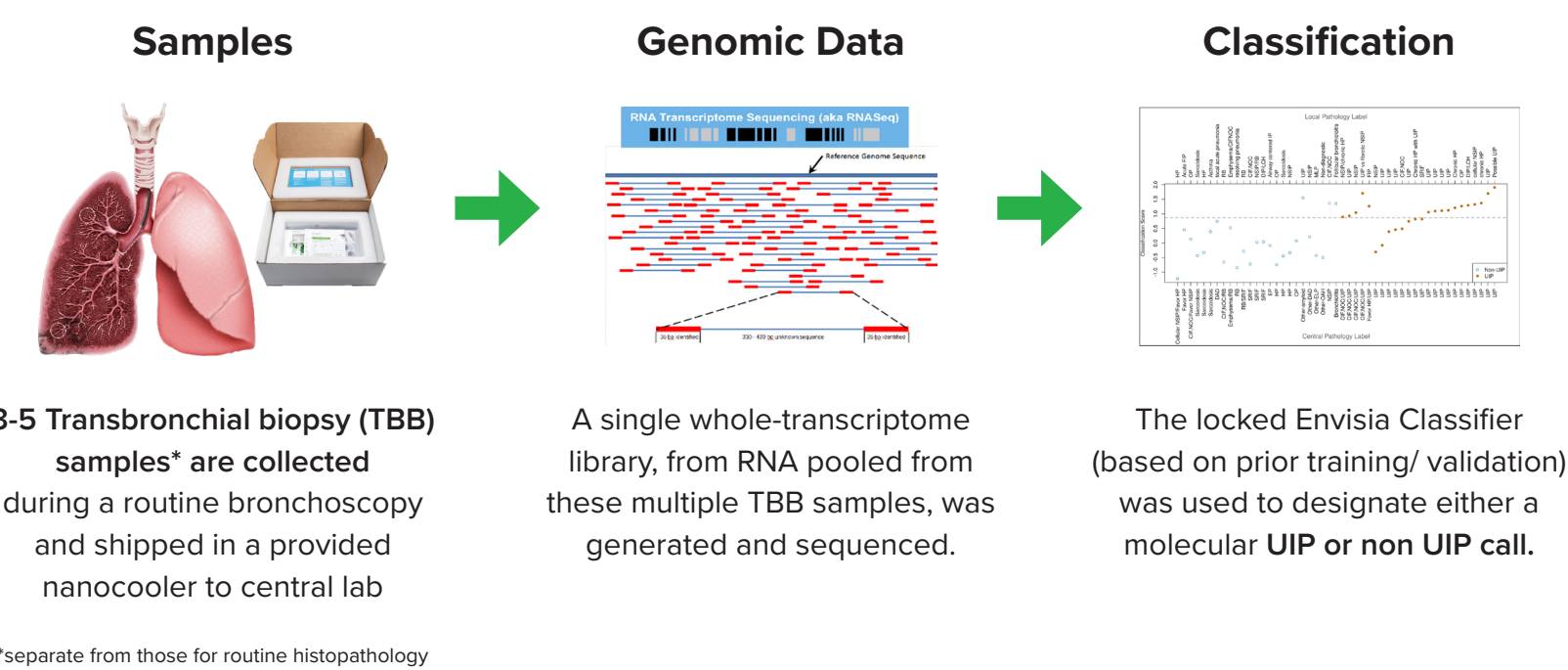
RATIONALE AND OBJECTIVE

- Interstitial lung disease (ILD) is a heterogeneous group for which determining an accurate diagnosis remains a challenge.
- Recent advances in diagnosing ILD include multidisciplinary discussion (MDD) and utilizing less invasive techniques to identify a usual interstitial pattern (UIP), especially in patients who are poor candidates for surgical lung biopsy.
- UIP is a fibrotic lung injury pattern associated with poor prognosis and few effective treatments.
- The Envisia Genomic Classifier (EGC) is a clinically validated molecular test for UIP in transbronchial biopsies.
- We describe the impact of EGC and histopathology in informing diagnoses in patients with ILD.

METHODS

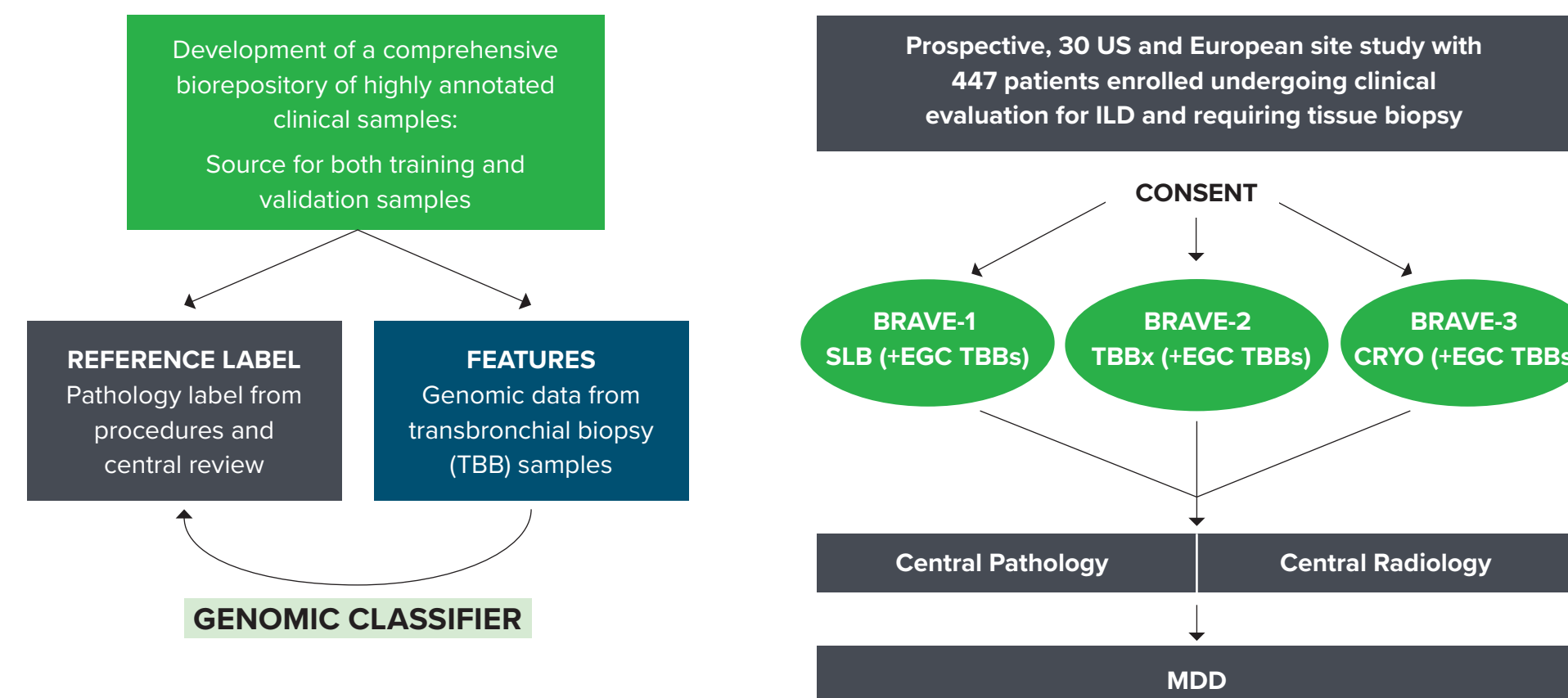
- Sixty-one patients from a prior independent clinical validation of EGC were included in this analysis
- These patients were initially enrolled in the BRAVE (Bronchial Sample Collection for a Novel Genomic Test) clinical sample collection study:
 - Underwent clinical evaluation for suspected fibrotic lung disease
 - Underwent standard-of-care (SOC) lung biopsies for histopathology
 - Underwent TBB samples collection for EGC
- HRCT scans were centrally interpreted by an expert radiologist according to Fleischner Society Guidelines.
- All patient cases were evaluated by a Multidisciplinary team including:
 - Expert ILD Pulmonologist
 - Expert ILD Radiologist
 - Expert ILD Pathologist
- Patient cases were initially evaluated with clinical information and HRCT scan interpretation by the pulmonologist who provided an ILD diagnosis with confidence level.
- Patient cases were then randomized to next sequentially receive EGC result and histopathology results.
- We assessed ILD diagnosis with confidence level for each patient by the expert MDD when:
 - Patient case presented with Clinical Factors and HRCT alone.
 - Patient case presented with Clinical Factors and HRCT and EGC/ Histopathology.

Envisia Genomic Classifier: Sample Collection, Processing, and Test Results



METHODS (CONT'D.)

The BRAVE Study Methodology



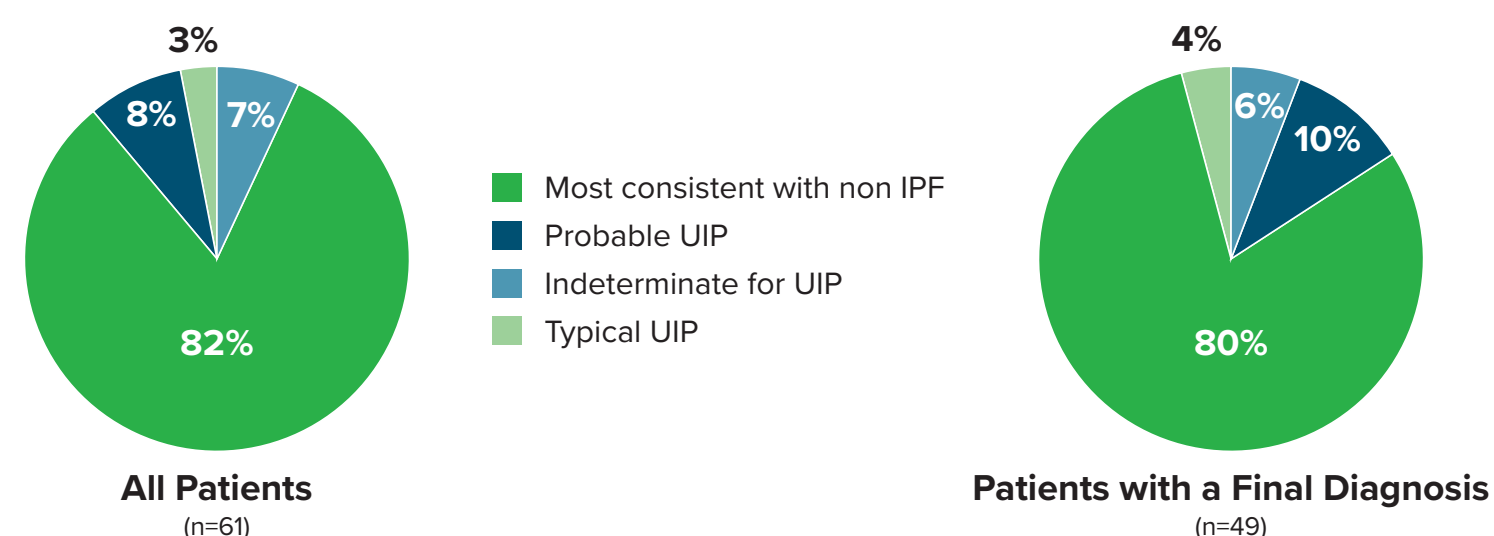
RESULTS

Clinical Demographics of all ILD patients and ILD patients with UIP

Variable	All (n=61)	UIP ++ (n=42)
Age (Years) Mean (SD)	63.3 (12.0)	67.5 (9.4)
Sex		
Women	26 (42.6%)	13 (31.0%)
Men	35 (57.4%)	29 (69.0%)
Smoker		
Current	4 (6.6%)	2 (4.8%)
Former	28 (45.9%)	19 (45.2%)
Never	29 (47.5%)	21 (50.0%)
HRCT pattern		
Typical UIP	2 (3.3%)	2 (4.8%)
Probable UIP	5 (8.2%)	5 (11.9%)
Indeterminate for UIP	4 (6.6%)	4 (9.5%)
Most consistent with non IPF	50 (82%)	31 (74%)

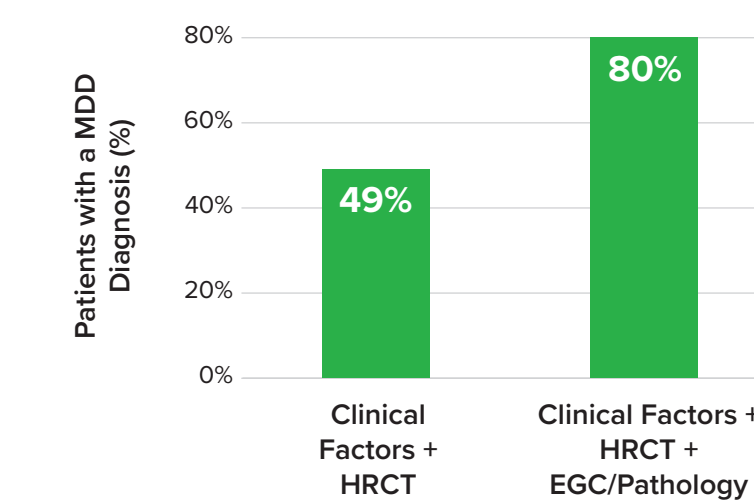
*UIP+ by either pathology or Envisia

HRCT Pattern Across All Patients and Patients with a MDD ILD Diagnosis

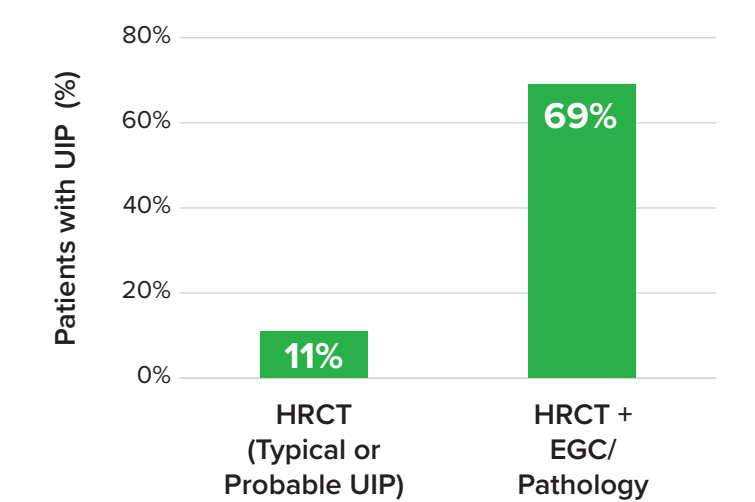


RESULTS (CONT'D.)

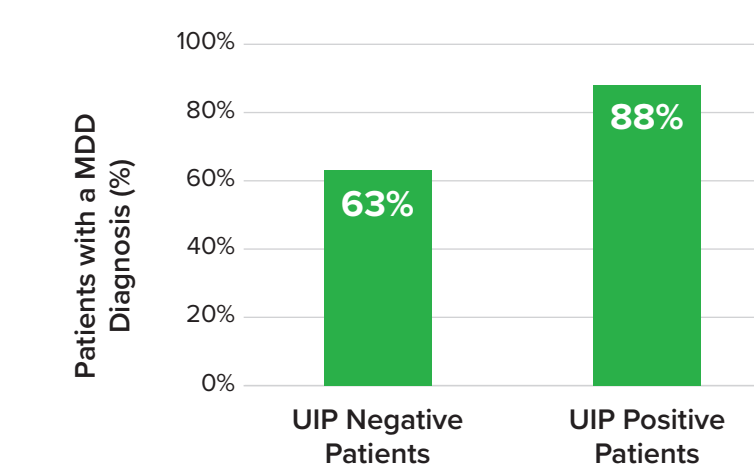
More patients have a Final MDD ILD Diagnosis when EGC/Pathology is added to Clinical Factors + HRCT (p-value = 0.0004)



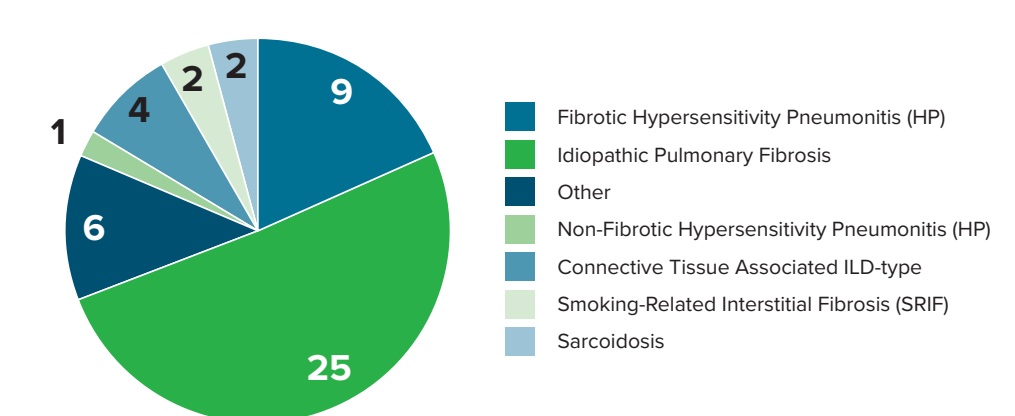
More patients with UIP are identified when EGC/Pathology is added to HRCT (p-value <0.0001)



UIP Positive Patients are more likely to have a Final MDD ILD Diagnosis (p-value = 0.036)



Final MDT Patient ILD Diagnoses (n=49)



CONCLUSIONS

- Among new ILD patients, making an early accurate diagnosis remains challenging.
- The addition of the Envisia Genomic Classifier and histopathology increased the number of Final MDD ILD Diagnoses.
 - Addition of EGC and histopathology identified more UIP+ ILD cases.
 - UIP+ ILD Patients are more likely to have a Final MDD ILD Diagnosis
- The Envisia Genomic Classifier assists in making a confident diagnosis in patients with diverse underlying ILD diagnoses.

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Disclosures

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