IBD Precis™

Test Report

SAMPLE

Patient Name: **Sample Patient**

Ordered by: **Sample Physician**

DOB: **MM/DD/YYYY**	Sex: **F**	MRN/Patient ID: **12345678910**
Order ID: **12345678910**		Primary ICD Code: **A12.3456**

Report Recipient:	Contact Info:
Example Physician Office **555 Example Street, Suite 123456** **City, State 99999 USA**	**Phone:** **555-555-5555** **Fax:** **555-555-5555**

Ordered	Collected	Sample Type	Reported	Sender Sample ID	Prometheus Sample ID
08/29/2025	**08/28/2025 12:00 PM**	**Serum**	**09/01/2025**	**109876543210**	**SV24681012**

Results

Pattern Consistent with IBD
Crohn's Disease

	3 **Positive CD-oriented antibody(ies)**						0 **Positive UC-oriented antibody(ies)**		
Assay	ASCA IgA	ASCA IgG	Anti-OmpC IgA	Anti-CBir1 IgG	Anti-A4-Fla2 IgG	Anti-FlaX IgG	Anti-αvβ6 IgG	Anti-PR3 IgG	pANCA DNAse Sensitive Pattern
Result	**32.4 EU/mL Positive**	4**5.6 EU/mL Positive**	**4.1 EU/mL Negative**	20**.6 EU/mL** Negative	**35.0 EU/mL Negative**	38.1 **EU/mL Positive**	1.2 **U/mL** Negative	**9.2 CU Negative**	**Not Detected**
Ref. Range	< 10.9 EU/mL	< 20.5 EU/mL	< 6.1 EU/mL	< 53.9 EU/mL	< 39.0 EU/mL	< 36.7 EU/mL	< 3.2 U/mL	< 20.0 CU	Not Detected

- Patients positive for ASCA IgA and IgG are more likely to have fibrostenosing disease compared to ASCA-negative patients.[7]
- Multiple CD-oriented antibodies and higher concentrations correlate with risk of more complicated disease and faster progression.[1, 4-6]

Clinical Interpretation:

- This test has demonstrated 80% sensitivity and 79% specificity in distinguishing IBD from non-IBD in adult populations and 80% sensitivity and 67% specificity in pediatric populations.[1] Results should be interpreted in the context of other clinical and diagnostic findings.
- For patterns consistent with IBD, the test demonstrated 92% sensitivity and 73% specificity for differentiating CD from UC in adults, and 92% sensitivity and 83% specificity in pediatrics.[1]
- A pattern not consistent with IBD does not exclude disease, it may reflect seronegative disease or disease in the presence of IBD serologic markers not yet identified.
- CD patients treated early with advanced therapies were more likely to achieve sustained steroid- and surgery-free remission, and endoscopic remission than those on step-up therapy: 79% vs. 15% and 67% vs. 44%, respectively.[11]
- Serologic antibodies may precede the diagnosis of IBD, supporting early disease identification and risk assessment as demonstrated by at least two longitudinal studies:
  - Anti-αvβ6 antibodies were detected in patients prior to a diagnosis of ulcerative colitis (UC) at the following rates in contrast to only 2.7% of healthy controls across all time points[2]:
    - 12% up to 10 years before diagnosis
    - 21% at 4 years prior
    - 31% at 2 years prior
    - 52% at the time of diagnosis
  - A median of six years before diagnosis, 65% of CD patients had developed at least one anti-microbial antibody, with both titers and the number of CD-oriented antibodies increasing before diagnosis.[3]

Test Description: IBD Precis is a serological aid in the diagnosis, classification, and clinical assessment of inflammatory bowel disease (IBD). It uses proprietary biomarkers and an algorithm to distinguish patterns consistent or not consistent with IBD, differentiate Crohn's disease (CD) from ulcerative colitis (UC), and provides insights on colonic involvement and/or risk of complications. Biomarkers are assessed via several technology platforms including ELISA, chemiluminescence, and indirect immunofluorescence integrated with DNase sensitivity analysis.

References: 1. Data on File. **2.** Livanos AE et al. *Gastroenterology*. 2023 Apr;164(4):619-629. **3.** Choung RS et al. *Aliment Pharmacol Ther*. 2016 Jun;43(12):1300-1310. **4.** Choung RS et al. *Clin Gastroenterol Hepatol*. 2023 Oct;21(11):2928–2937.e12. **5.** Torres J et al. *Gastroenterology*. 2020 Jul;159(1):96-104. **6.** Dubinsky MC et al. *Clin Gastroenterol Hepatol*. 2008 Oct;6(10):1105-1111. **7.** Abreu et al. *Clin Perspect Gastroenterol*. 2001;4(3);155-164. **8.** Pertsinidou E et al. *J Crohns Colitis*. 2025;19(5):jjaf062. **9.** Livanos A et al. *J Crohns Colitis*. OP28. 2025;19:i56-i58. **10.** Andalucía C et al. *Diagnostics (Basel)*. 2023 Dec 16;13(24):3682. **11.** Noor NM et al. *Lancet Gastroenterol Hepatol*. 2024 May;9(5):415-427.

Report Notes:

Test results should be used in conjunction with other clinical and diagnostic findings. The healthcare provider is responsible for the use of this information in the management of their patient. The test was developed and its performance characteristics determined by Prometheus. It has not been cleared or approved by the U.S. FDA. The test is used for clinical purposes and should not be regarded as investigational or for research. Prometheus is CAP-accredited (6805501) and CLIA-certified (05D0917432) as qualified to perform high complexity testing. The test may be covered by one or more U.S. pending or issued patents - refer to prometheuslabs.com/patents. Prometheus and IBD Precis are trademarks or registered trademarks of Prometheus Laboratories Inc., San Diego, California. All other trademarks and service marks are the property of their respective owners. ©2025 Prometheus Laboratories Inc. All rights reserved.

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