

|                                                       |                                                |                                            |                 |                  |
|-------------------------------------------------------|------------------------------------------------|--------------------------------------------|-----------------|------------------|
| Patient ID<br><b>SA01241091</b>                       | Patient Name<br><b>TESTINGRNV, REPORTS ABE</b> | Birth Date<br><b>1976-08-16</b>            | Sex<br><b>M</b> | Age<br><b>47</b> |
| Order Number<br><b>SA01241091</b>                     | Client Order Number<br><b>SA01241091</b>       | Ordering Physician<br><b>CLIENT,CLIENT</b> | Report Notes    |                  |
| Account Information<br><b>C7028846 DLMP Rochester</b> |                                                | Collected<br><b>03 Jun 2024 07:02</b>      |                 |                  |

## HCC Risk Panel with GALAD Score, S

### AFP-L3% and Total AFP, S

| Result Name                                                                                                                                                                                | Value     | Unit  | Reference Value | Performing Site |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-----------------|-----------------|
| <br> <b>Total AFP, S</b> | <b>50</b> | ng/mL | <4.7            | <b>SDL</b>      |
| <br> <b>%L3</b>          | <b>10</b> | %     | <10             | <b>SDL</b>      |

#### ADDITIONAL INFORMATION

The testing method is isotachopheresis with laser-induced fluorescence manufactured by WAKO and performed on the i30.

Values obtained with different assay methods or kits may be different and cannot be used interchangeably.

Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

Alpha-Fetoprotein and L3% values are not interpretable during pregnancy for the investigation of malignant disease.

#### Performing Site Legend

| Code | Laboratory                                          | Address                                    | Lab Director                 | CLIA Certificate |
|------|-----------------------------------------------------|--------------------------------------------|------------------------------|------------------|
| SDL  | Mayo Clinic Laboratories - Rochester Superior Drive | 3050 Superior Drive NW, Rochester MN 55905 | William G. Morice M.D. Ph.D. | 24D1040592       |



|                                                       |                                                |                                            |                 |                  |
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| Account Information<br><b>C7028846 DLMP Rochester</b> |                                                | Collected<br><b>03 Jun 2024 07:02</b>      |                 |                  |

| Result Name                                                                                                                  | Value     | Unit  | Reference Value | Performing Site |
|------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-----------------|-----------------|
| <br><b>Des-Gamma-Carboxy Prothrombin, S</b> | <b>45</b> | ng/mL | < 7.5           | <b>SDL</b>      |

ADDITIONAL INFORMATION

The testing method is isotachopheresis with laser-induced fluorescence manufactured by WAKO and performed on the i30.

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Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

**GALAD Model Score**

**2.39**

ADDITIONAL INFORMATION

Higher GALAD scores correlate with increased risk of hepatocellular carcinoma (HCC). The clinical performance of the GALAD score may be different in populations with different HCC prevalence. In addition, the clinical performance of the GALAD score varies based on the etiology of HCC and therefore may differ in different regions of the world.

The clinical sensitivity and specificity performance characteristics of the GALAD

**SDL**

score for HCC will be influenced by the selected GALAD score cut-off and study population. For example, in one population, at a cut-off of > -0.76, the GALAD score exhibited 91% sensitivity and 85% specificity for HCC detection. Using a GALAD score cut-off of > 0.88, which favors clinical specificity over sensitivity, the observed sensitivity was 80% for HCC detection with an observed specificity of 97%.

See reference article "GALAD Score for Hepatocellular Carcinoma Detection in Comparison with Liver Ultrasound and Proposal of GALADUS Score". Cancer Epidemiology and Prevention Biomarkers, 2019, 28(3), 531–538.

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