

PGT Seq

JUNO
GENETICS

PGT Seq

**PGT[A], increases
the chance of
a healthy birth
per embryo
transfer**



The most powerful and accurate embryo analysis on the market

Juno uses a unique PGT[A]Seq methodology, which is the only method in the world to have successfully demonstrated clinical validity in a non-selection study.

Our PGT[A]Seq strategy employs the latest next-generation sequencing methods, increasing the quality of the data obtained and yielding results of unparalleled accuracy.

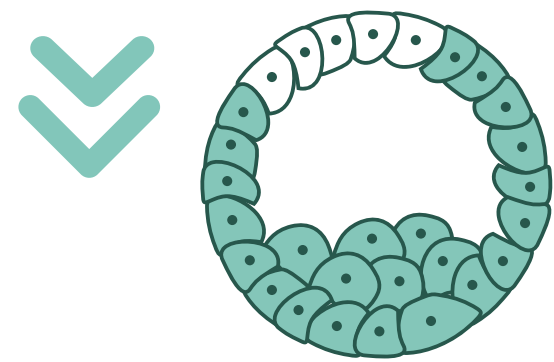


**PGTseq-A
has been
developed
following
extensive
analytical
and clinical
validation**

PGTA seq

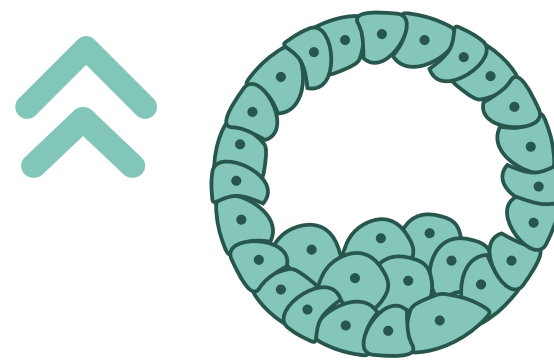
What is PGTseq-A?

Aneuploidy screening through Juno Genetics utilizes targeted next-generation sequencing (tNGS). PGTseq-A has been developed following extensive analytical and clinical validation studies and identifies whole chromosome aneuploidy (extra or missing whole chromosomes). PGTseq-A is greater than 98% accurate in screening for whole chromosome aneuploidy. PGTseq-A also can detect some cases of segmental aneuploidy.



REDUCTION IN MOSAIC EMBRYOS

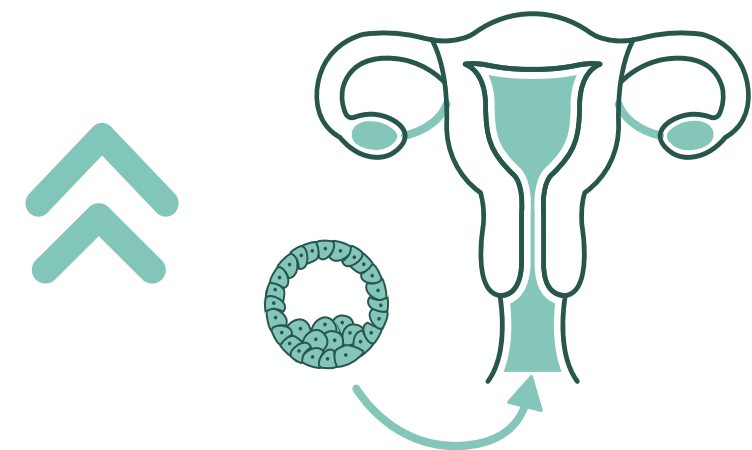
The enhanced accuracy of PGT[A]Seq prevents viable embryos from being incorrectly classified mosaic.



6% +1,525

MORE EUPLOID
EMBRYOS
REPORTED

EXTRA EMBRYOS
reported for transfer from a
dataset of 25,007 embryos
derived from 15 different
IVF clinics



+1,525

EMBRYOS AVAILABLE
to Transfer



PGTA seq

What is segmental aneuploidy?

Segmental aneuploidy refers to extra or missing genetic material from a part of a chromosome rather than from the whole chromosome.

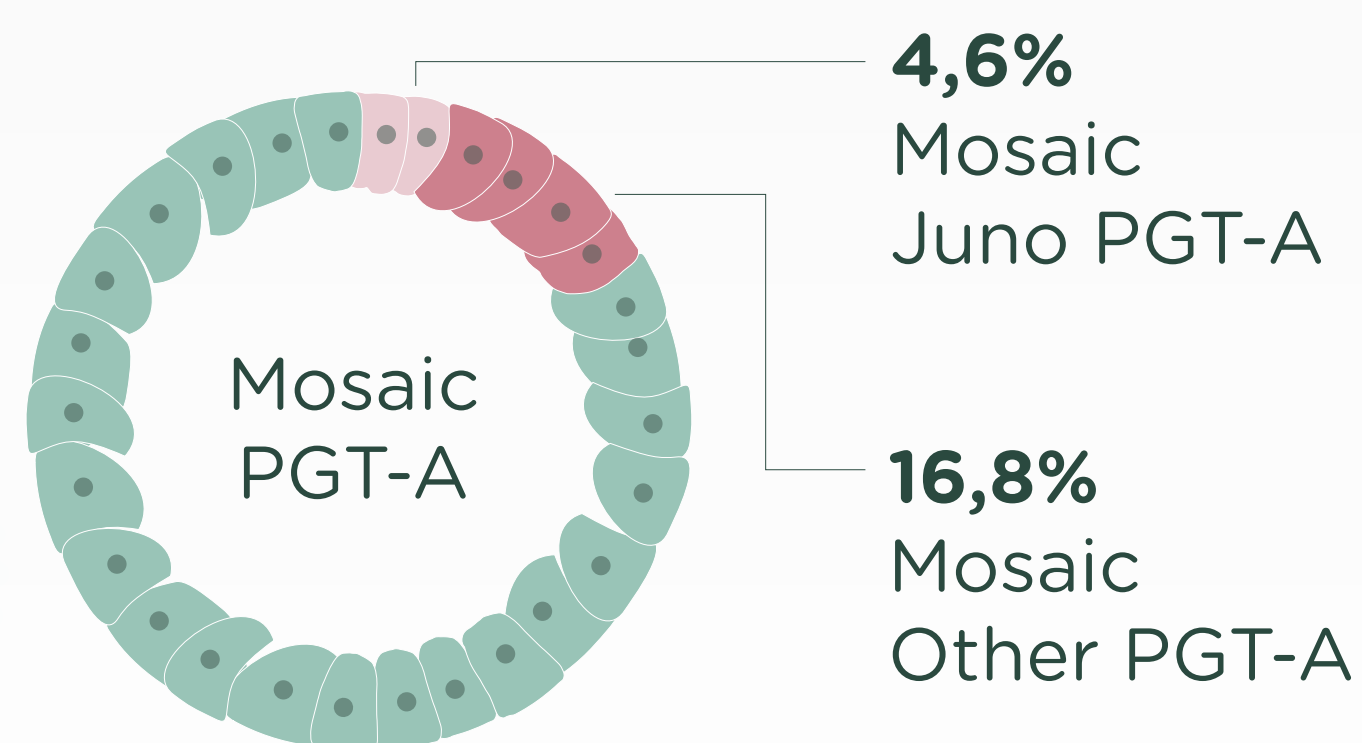
In an internal study where embryos had multiple biopsies performed, the segmental aneuploidy was identified in approximately 50% of rebiopsy samples. Studies have also shown that embryos with segmental aneuploidies can result in a normal pregnancy. However, there have been reports of segmental aneuploidies identified in an embryo biopsy sample that were confirmed to be present in the fetus and resulted in abnormal ultrasound findings.

What is mosaicism?

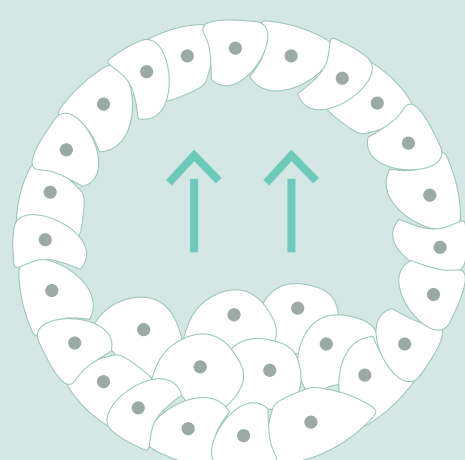
Mosaicism refers to a potential combination chromosomally normal and chromosomally abnormal cells in a single embryo biopsy sample. Some studies suggest a mosaic result is associated with an increased risk for implantation failure and miscarriage. However, there is no consensus, and these studies are not conclusive. Additionally, embryos with mosaic results have resulted in children who were healthy at birth.

Since the significance of mosaic range results is uncertain, Juno Genetics refers to them as secondary findings of uncertain clinical significance. You and your provider have the option to decide whether you would like Juno Genetics to report results in the mosaic range.

Mosaicisms overestimated by some PGT-A tests



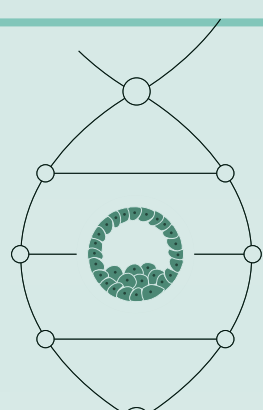
Advantages of using Juno PGT[A]Seq



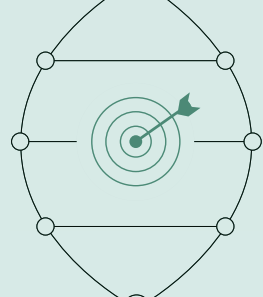
A high number of euploid embryos reported



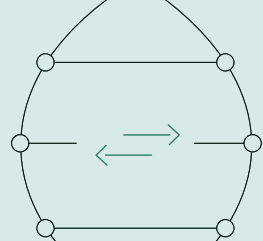
Improved clinical outcomes



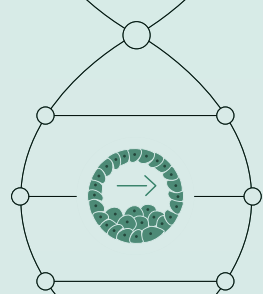
Predictive value proven in well-designed published studies. The most powerful embryo selection tool currently available



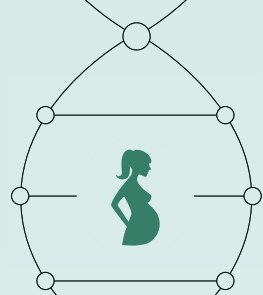
High accuracy, including detection of triploid embryos and detection of DNA contamination



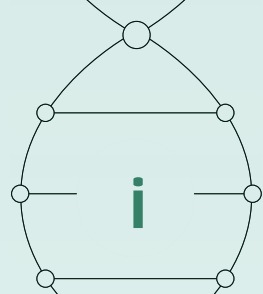
Avoids unsuccessful transfer of non-viable aneuploid embryos



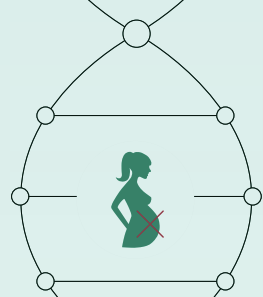
Permits high efficiency single embryo transfer (SET)



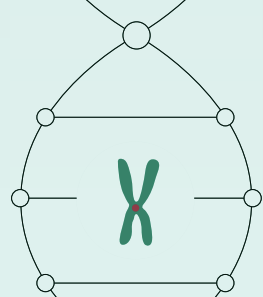
Faster time to pregnancy



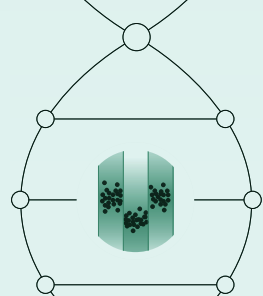
Provides information on likely potential of stored material and avoids storage of non-viable embryo



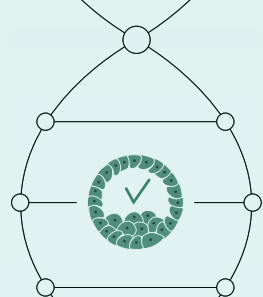
Reduced miscarriage rate



Reduced risk of aneuploid syndromes



Avoids incorrect classification of euploid embryos as abnormal or mosaic



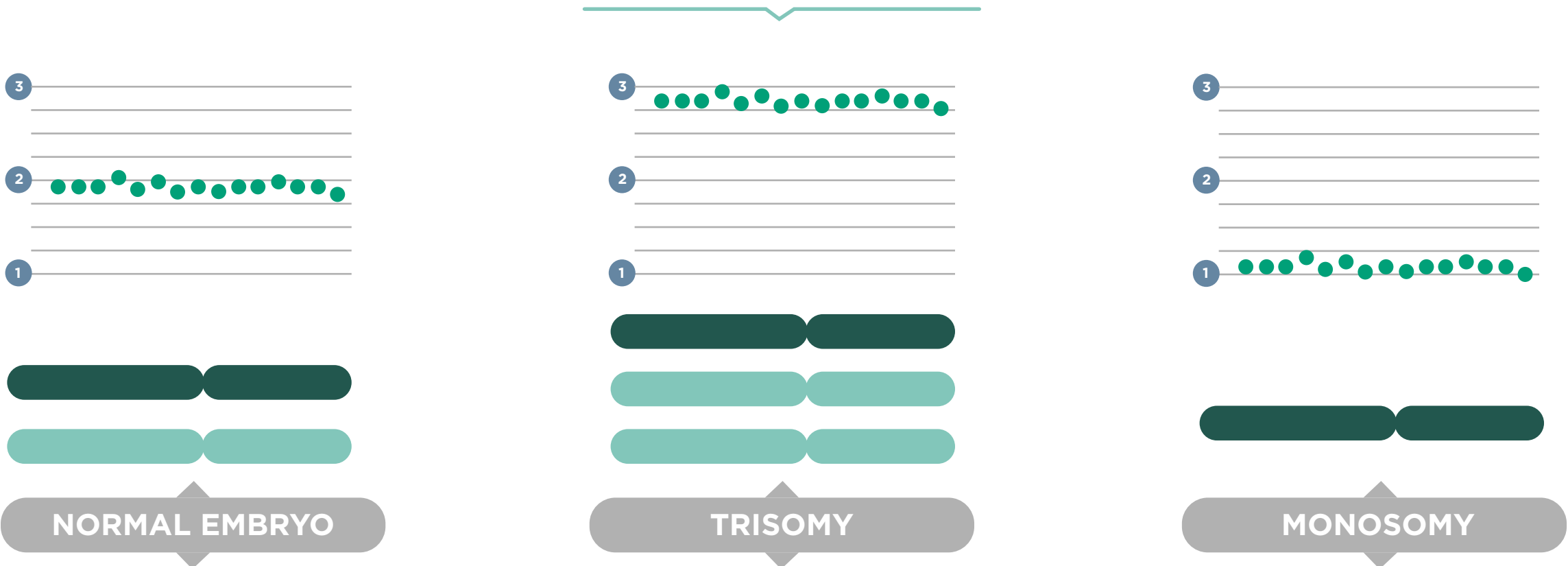
Compared to other methods, Juno PGT[A]Seq is associated with a higher proportion of embryos categorised as euploid

PGTA seq

Increased proportion of embryos classified euploid with respect to some other methods

1 NGS

Juno uses next-generation sequencing to measure the amount of DNA at thousands of sites on each chromosome. This allows the number of copies of the chromosome to be calculated with high accuracy.



2 SNPs

Juno looks at thousands of places where the DNA sequence can differ between individual chromosomes. Each of these sites of variation can be type 'A' or type 'B'. Normal, Trisomy and monosomy each have characteristic patterns of As and Bs



Together, the measurement of the amount of DNA and the analysis of the DNA sequence greatly increases the accuracy of PGT-A

Juno’s PGT-A Seq method

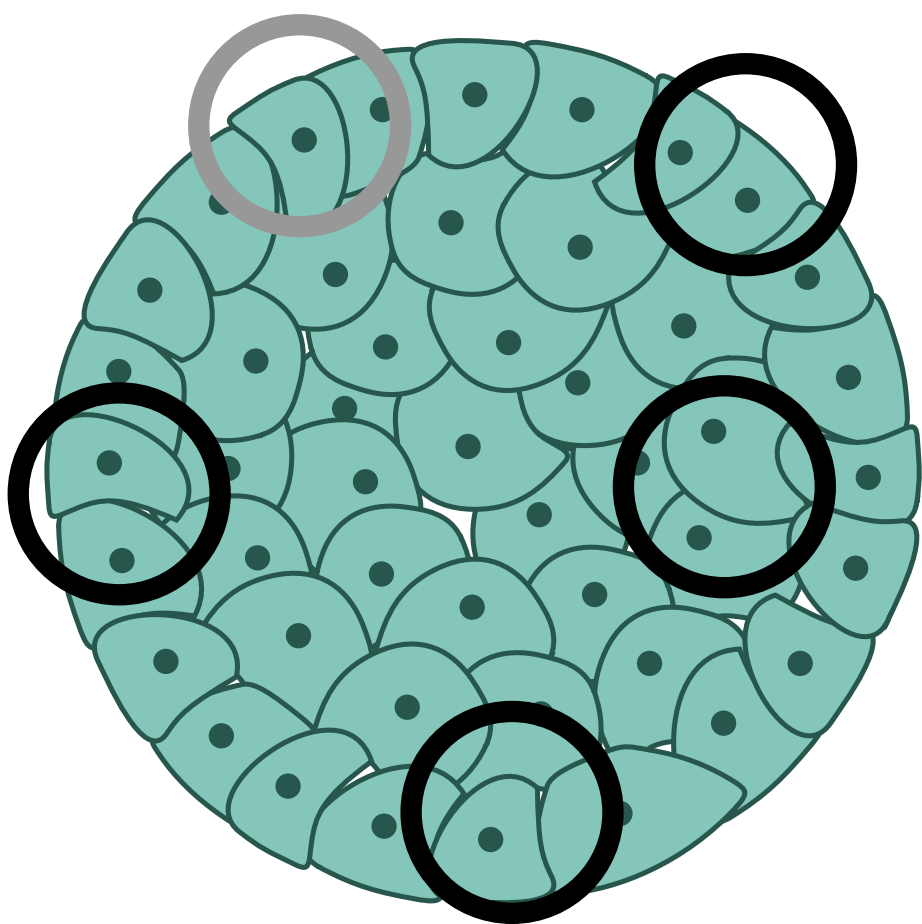
The most accurate available

PGTseq-A has been developed following extensive analytical and clinical validation studies and identifies whole chromosome aneuploidy (extra or missing whole chromosomes). PGTseq-A is greater than 98% accurate in screening for whole chromosome aneuploidy. PGTseq-A also can detect some cases of segmental aneuploidy.

Blastocysts with a routine PGT-A Seq result

Donated for research

Biopsied an additional 4 times



Original PGT-A Result

	EUPLOID	ANEUPLOID
PGT-A result confirmed in ≥1 other biopsy*	100%	99.6%
PGT-A result confirmed in all other biopsy*	98.5%	96.7%

*The concordance rates of an initial trophectoderm biopsy with the rest of the embryo using PGTseq, a targeted next-generation sequencing platform for preimplantation genetic testing-aneuploidy

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Juno's PGT-A Seq method

vs other PGT-A methods
JUNO'S PGT-A SEQ METHOD

Looking at multiple biopsies from the same embryo using competitors PGT-A methods, have often reported disagreement between different biopsies in 10-20% of embryos*

10-20%

More accurate than other methods

***A multicenter, prospective, blinded, nonselection study evaluating the predictive value of an aneuploid diagnosis using a targeted next-generation sequencing-based preimplantation genetic testing for aneuploidy assay and impact of biopsy**

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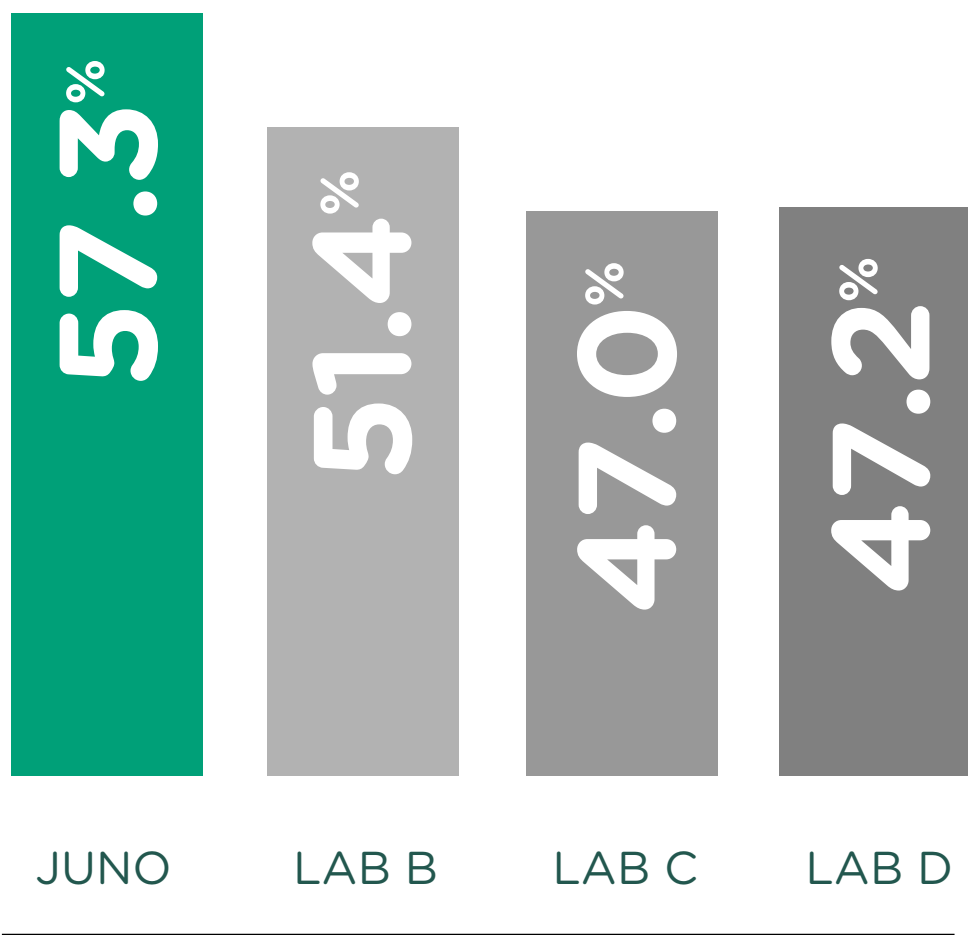


PGT-A Seq method

JUNO VS OTHER LABS



EMBRYOS CHARACTERISED EUPLOID
P VALUE <0.001 all versus JUNO

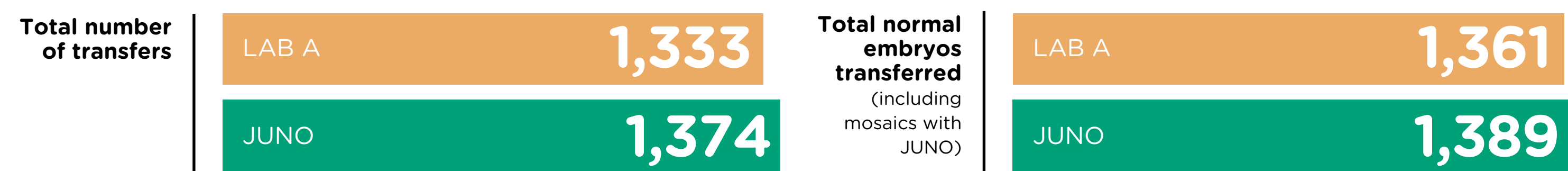
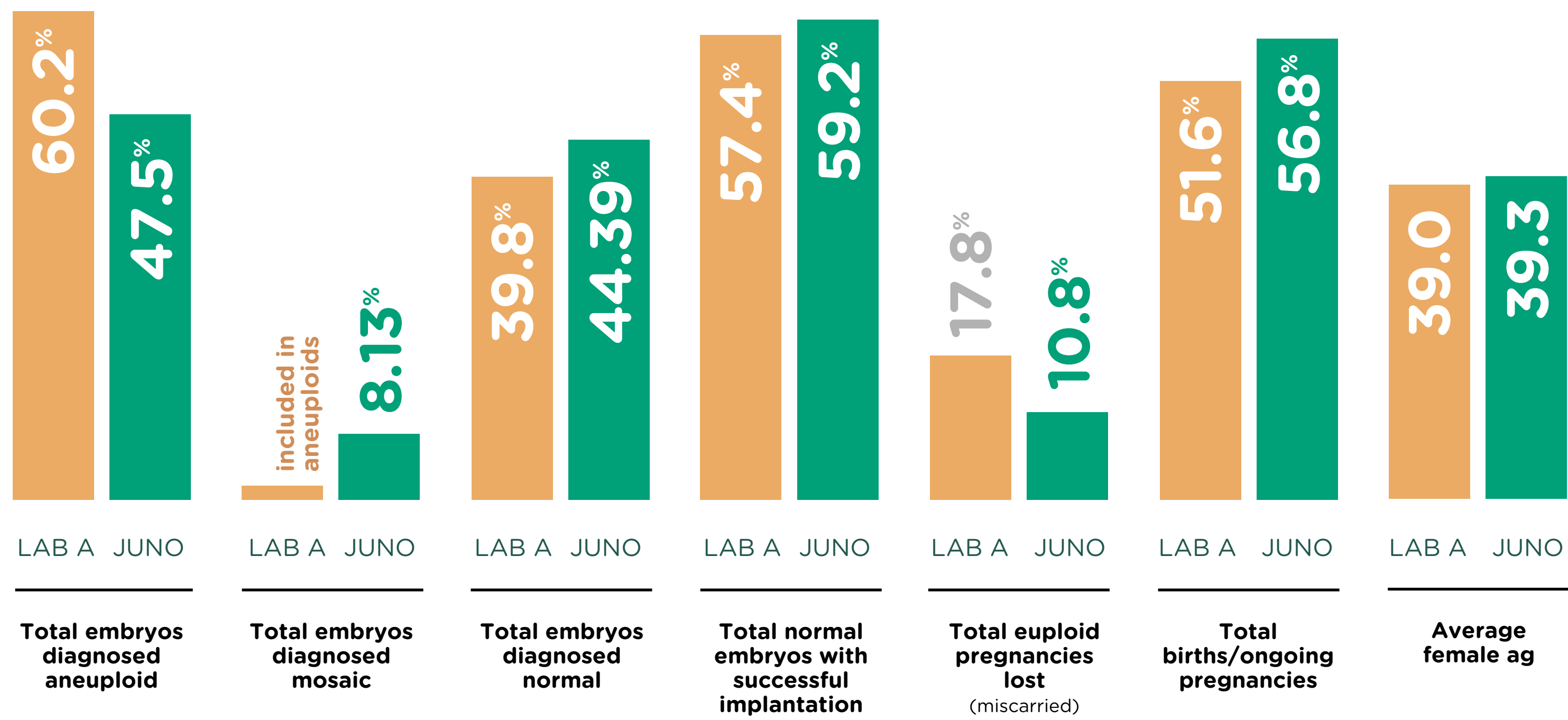


LIVE BIRTH RATE/OPR
P VALUE 0.060 other combined versus JUNO

Independent study conducted by Bardos et al (ASRM, 2021), comparing four PGT-A providers (one of which was Juno). The study, involving oocyte donation cycles, confirms that Juno classifies 10-20% more embryos euploid in young patients. Birth rates appear higher for Juno cycles (6-10%), although the study was not powered to look at that outcome.

JUNO vs other labs

PGT-A Seq method



LAB A (1st Jan 1, 2019 – 30th June, 2019).

JUNO (1st July, 2021 – 31st December, 2021).

In summary:

- 1. Results based on large numbers of embryos and cycles (7,583 embryos analysed by previous provider, 8,400 embryos tested by Juno)
- 2. **More embryos are classified euploid (normal) by Juno** (44.4% versus 39.8%, i.e. ~5% increase, $p<0.0001$)
- 3. **Ongoing pregnancy/live birth rate after switching to Juno was 5.2% higher** (2,300 procedures)
- 4. **Clinical miscarriages were reduced by more than one-third** ($p<0.0001$).

About JUNO

Juno has developed unique algorithms, techniques and processes, with the aim of increasing the chances for a healthy pregnancy

+30

years of research
carried out

+1900

scientific
publications

73

researchers

4

research centers

UK USA SPAIN

3 state-of-the-art laboratories

Juno Genetics is a state-of-the-art laboratory specialising in genetic testing. Our mission is to provide clinically useful information of the highest quality for couples who are planning to start a family, patients undergoing fertility treatments, and for women who are already pregnant.

The innovative tests offered by Juno Genetics are amongst the most technologically advanced and accurate available anywhere in the world.

The cutting-edge tests provided by Juno are the **result of world-class research carried out by an internationally renowned team of scientists.**

JUNO
GENETICS

**YOUR PARTNERS
in GENETIC HEALTH**

specialist in reproductive genetics

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