



Be in the Know.

ImmuKnow®

“*[With the ImmuKnow assay], we may be able to target early levels of T cell activity after transplant to have an impact on the severity of HCV recurrence.*”

—Cabrera, et al. *Liver Transpl.* 2009¹

Being in the Know Gives You Crucial Insight for Individualized Patient Management

- ImmuKnow assay results help you define a range of stable immune function for each of your patients
- ImmuKnow assay results that lie outside an individual patient's defined stable range may help indicate increased risk of infection or rejection
- Combined with individual patients' clinical factors and other routine monitoring tests, ImmuKnow assay results help guide decisions in therapy to avoid over- or under-immunosuppression

“
...infectious
complications are a major
source of morbidity and
mortality in transplant
recipients...”

—American Society of Transplantation, 2006⁶

You Know About the Risk of Over-immunosuppression

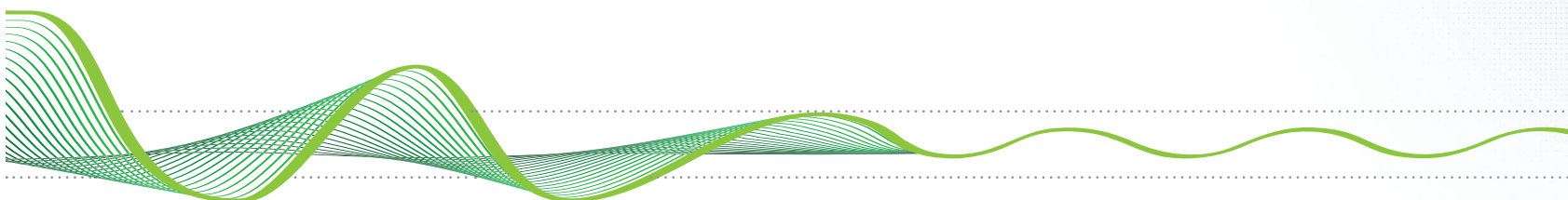
- Potent immunosuppressive drugs have reduced the incidence of allograft rejection while increasing susceptibility to infection and malignancy²
- Over-immunosuppressed patients are at increased risk for opportunistic infections, including reactivation of latent viral infections²
- 50%-75% of transplant patients will have evidence of microbial invasion in the first year posttransplant³
- Immunosuppressant drug labeling must now include stronger warnings about the increased risk for viral infections related to over-immunosuppression⁴
- The FDA recently recommended that transplant patients be monitored closely for signs of over-immunosuppression to reduce the risk of infection⁴
- Immunosuppressant drug monitoring is insufficient for determining the level of immunosuppression or directing changes in treatment regimens⁵

“
...serial measurements
of the [ImmuKnow]
immune cell function
assay in kidney transplant
recipients might be used
to identify patients who
require more intensive
monitoring for the
development of BK virus
nephropathy.”

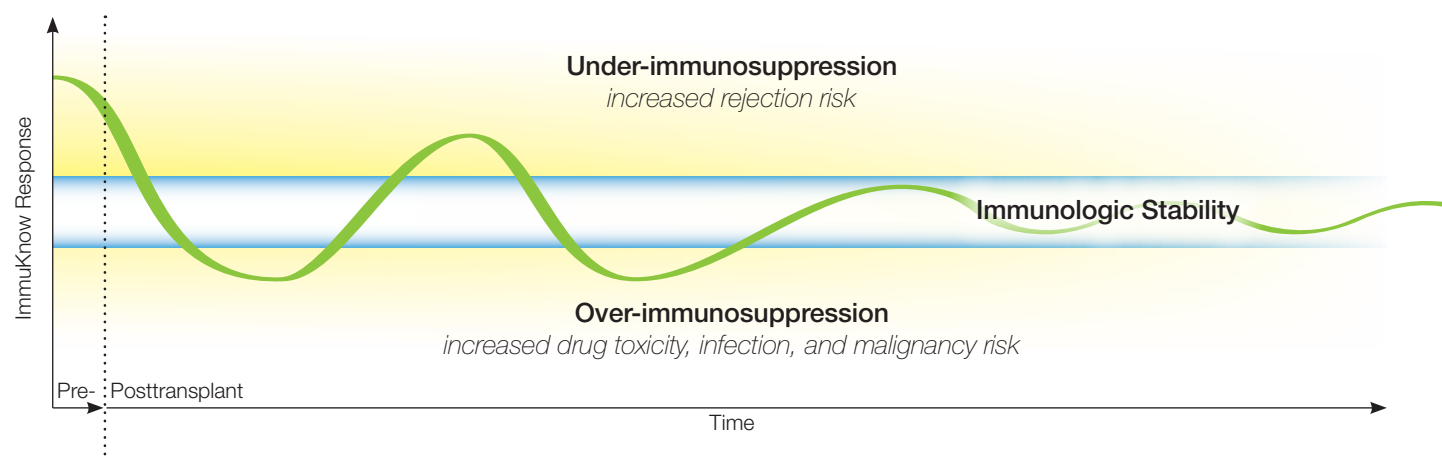
—Batal, et al. *Am J Clin Pathol.* 2008⁹

Assessing Global Immune Function Over Time Puts You in the Know

- ImmuKnow detects changes in CD4 cell ATP production, a known biomarker of global immune function^{7,8}
- Used over time, the ImmuKnow assay provides important qualitative information about changes in immune function
- Working from a baseline established for each patient, the ImmuKnow assay is repeated regularly for longitudinal, individualized assessment of changes in global immune status



Longitudinal Assessment of Posttransplant Immune Status



Get to Know Immuknow

- Immuknow—the only FDA-cleared assay that detects changes in global immune function over time
- Helps identify transplant patients at risk of infection due to over-immunosuppression
- Helps guide decisions in therapy to avoid over- or under-immunosuppression

Patient Immune System Monitoring**

Time	Interval
Pretransplant	▶ Test as needed to establish baseline values
Months 1-6	▶ Test every 2 weeks
Months 7-12	▶ Test monthly
After Year 1	▶ Perform routine monitoring (at minimum, test quarterly)

*Additional assays may be required in the event of changes in clinical status or posttransplant complications

**Based on therapeutic drug monitoring recommendations described in immunosuppressant agent prescribing information

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“[The ImmuKnow assay] may be useful in identifying [lung transplant] patients with fungal colonization who are at risk for progressing to fungal disease and might benefit from antifungal prophylaxis and close monitoring of immunosuppression.”

—Husain, et al. *Transplantation*. 2009¹²

Know the Facts on ImmuKnow

- The utility of the ImmuKnow assay has been well characterized and validated
 - Over 400,000 assays run
 - 25 prospective and interventional studies in more than 1000 transplant recipients
 - More than 120 clinical studies
- To date, global immune status monitoring has been used to:
 - Identify kidney,¹⁰ liver,¹ lung,^{11,12} and heart¹³ transplant patients with low immune response, which has the potential to lead to infection
 - Define immunologic stability in various solid organ transplant patients^{13,14}
 - Longitudinally assess changes in transplant patients' immune status, giving clinicians an additional tool in treatment optimization decisions^{1,13-15}
- The ImmuKnow assay is FDA cleared and reimbursable

SPOT GLUED P.I.
4.0625 X 2.25

Be in the know.

Add ImmuKnow to your transplant patient monitoring test strategy.

In the Know

ImmuKnow®

References 1. Cabrera R, Ararat M, Soldevila-Pico C, et al. Using an immune functional assay to differentiate acute cellular rejection from recurrent hepatitis C in liver transplant patients. *Liver Transpl*. 2009;15:216-222. 2. Fishman JA. Infection in solid-organ transplant recipients. *N Engl J Med*. 2007;357:2601-2614. 3. American Society of Transplantation. Infectious disease guidelines for transplantation. *Am J Transplant*. 2004;4(suppl 10):5-166. 4. The US Food and Drug Administration. Information for healthcare professionals: immunosuppressant drugs: required labeling changes. <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/DrugSafetyInformationforHealthcareProfessionals/ucm171654.htm>. Accessed August 14, 2009. 5. The US Food and Drug Administration. Class II Special Controls Guidance Document: cyclosporine and tacrolimus assays; guidance for industry and FDA. 2002. <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm092778.htm>. Accessed August 19, 2009. 6. Humar A, Michaels M. American Society of Transplantation recommendations for screening, monitoring and reporting of infectious complications in immunosuppression trials in recipients of organ transplantation. *Am J Transplant*. 2006;6:262-274. 7. Augustine NH, Pasi BM, Hill HR. Comparison of ATP production in whole blood and lymphocyte proliferation in response to phytohemagglutinin. *J Clin Lab Anal*. 2007;21:265-270. 8. Sottong PR, Rosebrock JA, Britz JA, Kramer TR. Measurement of T-lymphocyte responses in whole-blood cultures using newly synthesized DNA and ATP. *Clin Diagn Lab Immunol*. 2000;7:307-311. 9. Batal I, Zeevi A, Heider A, et al. Measurements of global cell-mediated immunity in renal transplant recipients with BK virus reactivation. *Am J Clin Pathol*. 2008;129:587-591. 10. Sánchez-Velasco P, Rodrigo E, Valero R, et al. Intracellular ATP concentrations of CD4 cells in kidney transplant patients with and without infection. *Clin Transplant*. 2008;22:55-60. 11. Bhorade SM, Janata K, Vigneswaran WT, Alex CG, Garrity ER. Cylex ImmuKnow assay levels are lower in lung transplant recipients with infection. *J Heart Lung Transplant*. 2008;27:990-994. 12. Husain S, Raza K, Pilewski JM, et al. Experience with immune monitoring in lung transplant recipients: correlation of low immune function with infection. *Transplantation*. 2009;87:1852-1857. 13. Kiyosaki K, Kobashigawa J, Patel J, et al. The benefit of immune monitoring (Cylex): a review of 864 immune monitoring assays in heart transplantation. Presented at: The International Society for Heart and Lung Transplantation 29th Annual Meeting and Scientific Sessions; April 22-25, 2009; Paris, France; Abstract 511. 14. Knight RJ, Kerman RH, McKissick E, et al. Selective corticosteroid and calcineurin-inhibitor withdrawal after pancreas-kidney transplantation utilizing thymoglobulin induction and sirolimus maintenance therapy. *Clin Transplant*. 2008;22:645-650. 15. Kowalski RJ, Post DR, Mannon RB, et al. Assessing relative risks of infection and rejection: a meta-analysis using an immune function assay. *Transplantation*. 2006;82:663-668.

CYLEX
incorporated

8980-I Old Annapolis Rd, Columbia, MD USA 21045 | www.cylex.net
410.964.0236 or toll free 888.33.CYLEX | Fax 410.964.0367 | contact@cylex.net

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