# MapperHealth™

## Genomic Health Solutions

MAYO CLINIC
GENOMIC HEALTH LAB

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GENOMIC HEALTH LAB

For over a hundred years, **Mayo Clinic** has been guided by its primary value:

**The needs of the patient come first.**

This uncompromising commitment to its patients has made Mayo Clinic the **#1 hospital in the world** and the **most trusted name in medicine.**

MapperHealth™

Guided by this philosophy, **MapperHealth** and **Mayo Clinic** have developed a suite of genomic health solutions that **replace clinical guesswork with DNA-guided precision**.

A decade of validation proves that combining patient-centric care with MapperHealth's DNA-guided insights delivers something rarely seen in medicine: **superior health outcomes** and **significant cost savings.**

*1. MapperHalth guarantees that your medical and pharmacy spend savings will exceed the total cost of sequencing, or we refund the difference.*

*Our Mission*

# Solve the Lack of Precision in Healthcare

*Starting With Your DNA*

*1. MapperHealth guarantees that your medical and pharmacy spend savings will exceed the total cost of sequencing, or we refund the difference.*

**MAYO CLINIC**
GENOMIC HEALTH REPORT

Mayo Clinic's **Genomic Health Report** screens for 12 life-threatening conditions, including six of the top seven causes of death in the U.S. By identifying potentials risks 8.9–10.8 years earlier than standard age-based screening, it enables proactive, low-cost interventions.

**MAYO CLINIC**
GENOMIC MEDICATION REPORT

Mayo Clinic's **Genomic Medication Report** identifies medications likely to be safe and effective and flags those that are ineffective or potentially dangerous, leading to superior health outcomes and significant cost savings.[1]

Powered by MapperHealth.

# The “Gold Standard” of Precision Medicine

> “We have fully integrated MapperHealth within the Mayo Clinic Genomic Health Lab, where it is playing a transformative role in precision medicine.”

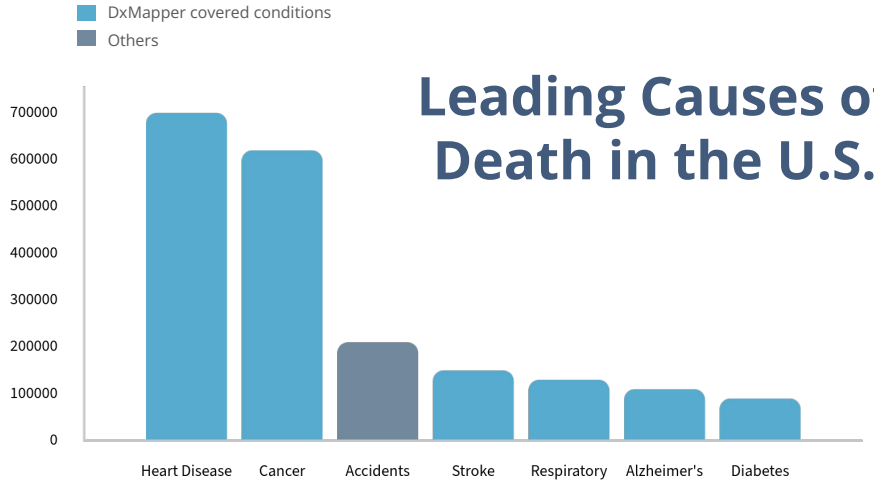
**Dr. Victor Ortega**, M.D., Ph.D.
Associate Director,Mayo Clinic
Center for Individualized Medicine
Lead Editor for Genomics for JAMA

# MAYO CLINIC
## GENOMIC HEALTH REPORT

Powered by MapperHealth

# Proactive **Insights** into **12 Life-Threatening** Conditions

Our genetic insights cover **12** critical health conditions, **including 6 of the top 7 causes of death** in the U.S.




| Cancer | Heart | Brain |
|---|---|---|
| Breast Cancer | Heart Failure | Alzheimer's Disease |
| Prostate Cancer | Coronary Artery Disease | **Diabetes** |
| Colorectal Cancer | Hypertension | Diabetes Type 2 |
| **Kidney** | Hypercholesterolemia | **Lung** |
| Chronic Kidney Disease | V. Thromboembolism | Asthma [1] |
| | A. Fibrillation | Interstitial Lung Disease |

1. *Asthma is in process of being peer reviewed and will be offered after publication.*

## The Problem:

# 85%

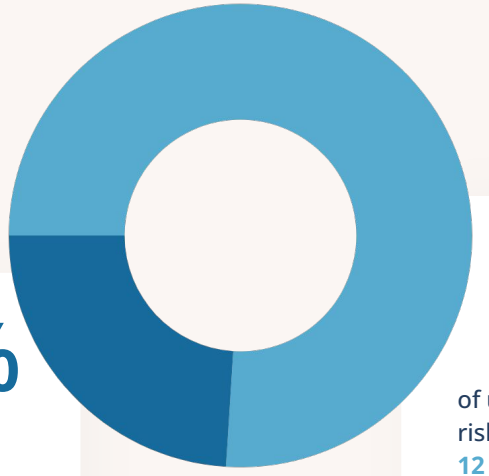
Up to 85% of serious conditions, like Breast Cancer, are **NOT** explained by family history.[1]

Patients often wait for standard screening or symptoms to appear—by then, it is **too late** .

1. https://www.breastcancer.org/facts-statistics

# Redefining Early Detection

## with our Genomic Health Report



**24%**

of users receive the **peace of mind** that they do not have elevated genomic risks for these conditions.

**76%**

of users have an increased risk for one or more of the **12 life-threatening conditions** where early interventions **can improve long-term health outcomes**.

# Early Detection Leads To Better Health Outcomes

## ~10 Year

### Earlier Detection

We identify high-risk disease an average of **8.9–10.8 years earlier** than standard screening. This allows for proactive, high-impact care that empowers patients and significantly reduces costs.[1]

## 23.3%

### Reduction in Premature Deaths

Our proactive, DNA-guided insights **reduce premature death in 23.3% of high-risk patients** while providing actionable insights for anyone looking to optimize their health.[1]

1. Chuong M, et al. Preventing premature deaths through polygenic risk scores. Nat Commun. 2026 Jan 21;17(1):1379. doi: 10.1038/s41467-025-68129-x. PMID: 41559068; PMCID: PMC12876942.

MAYO CLINIC
GENOMIC HEALTH REPORT

**Patient Name:** Patient, Demo
**Sample ID:** BIO-2026-0318
**Collection Location:** Mayo Clinic Arizona

**Date of Birth:** 06/15/1980
**Ordering Provider:** Dr. Victor Ortega
**Date Collected:** 03/10/2026

**MRN:** DEMO-001
**Account Info:** Mayo Clinic Arizona
**Report Date:** 03/18/2026

## Overview

| ASSESSED CONDITION | POLYGENIC RISK (PRS) | ODDS RATIO | PERCENTILE | DETAILS |
|---|---|---|---|---|
| Alzheimer's Disease | Average | 0.3x | 8th | Pg. 2 |
| Atrial Fibrillation | Average | 0.7x | 32nd | Pg. 3 |
| Breast Cancer | Average | 1.1x | 55th | Pg. 4 |
| Chronic Kidney Disease | Average | 1.6x | 74th | Pg. 5 |
| Colorectal Cancer | Average | 1.1x | 55th | Pg. 6 |
| Coronary Artery Disease | Increased | 2.4x | 96th | Pg. 7 |
| Heart Failure | Average | 1.1x | 58th | Pg. 8 |
| Hypercholesterolemia | Average | 0.5x | 18th | Pg. 9 |
| Hypertension | Average | 1.8x | 78th | Pg. 10 |
| Prostate Cancer | Average | 0.9x | 47th | Pg. 11 |
| Type 2 Diabetes | Increased | 3.1x | 97th | Pg. 12 |
| Venous Thromboembolism | Average | 0.8x | 40th | Pg. 13 |
| Appendix | *Additional information about this test.* | | | Pg. 14 |

**Increased Polygenic Risk Score Identified**
This patient's results show an increased polygenic risk score for **2** of the 12 conditions tested.

### How to Use This Report

This report is designed to help you and your healthcare team create a personalized plan for screening and prevention. It is important to remember that these results are **not a diagnosis**, nor gurantee you will develop a specific condition.

The "Odds Ratio" score (e.g., 2.2x) compares the patient's genetics to people who have already been diagnosed with a condition. Values above 1.0x indicate a higher polygenic risk score (2.0x threshold for "increased"), while values below 1.0x indicate reduced chance of disease. All findings should be considered with other factors (lifestyle, medication, clinical tests).

In some cases, your provider may even recommend screening earlier or more often than standard guidelines suggest to stay proactive. Detailed results for each condition can be found on the pages listed in the summary table.

**Laboratory Director** Victor Ortega, M.D., Ph.D
**Laboratory** Mayo Clinic MaRVIL Lab
**Phone Number** (507) 284 - 9811
**Email** prs@mayo.edu

This report is not a diagnosis. It should be used to inform conversations with a healthcare provider about screening and prevention.

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Cover Page - Report Summary

MAYO CLINIC
GENOMIC HEALTH REPORT

**Patient:** Patient, Demo | **DOB:** 06/15/1980 | **MRN:** DEMO-001
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## Coronary Artery Disease: Increased

### Polygenic Risk Score (PRS)

Your Score
2.4x

Your PRS corresponds to an Odds Ratio of **2.4x** (96th percentile). People with a similar PRS have been observed to have approximately 2.4x the average odds, adjusted for ancestry. This is considered an **increased polygenic risk score**.

### Common Risk Factors

Current Smoking ~2.8x
Type 2 Diabetes ~2.0x
Hypertension ~1.8x

*This visual shows comparable risk from several common lifestyle factors.*

PGS ID: **PGS004697** | Independently verified, Mayo Clinic clinical cohort | 7,222 cases, 50,179 controls

### What This Means for You

Your genetic profile shows a pattern similar to people who have had coronary artery disease. **This doesn't mean you have CAD;** it just means you carry a combination of common DNA variations that, together, put you at a higher-than-average risk for developing coronary artery disease.

**It's important to remember: this is not a diagnosis.**

This score is independent of any current health conditions you may have, and not a diagnosis. What it does mean is that your unique biology deserves a closer look. You now have an advantage most people don't: an early indication that allows you to be proactive about your health.

Coronary artery disease develops gradually and is often silent for years before causing symptoms. Early awareness creates an opportunity to address modifiable factors — blood pressure, cholesterol, diet, exercise — well before problems develop, when preventive action is most effective.

**Your next step: share this report with your healthcare provider and ask how it should inform your care.**

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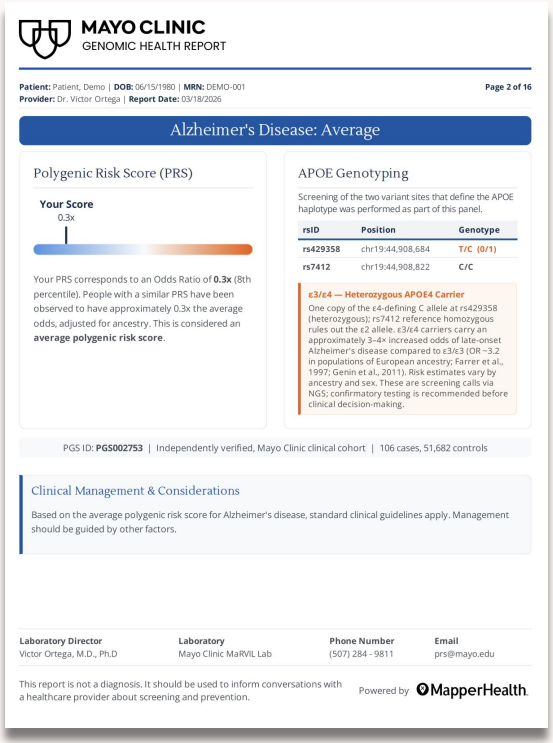
Increased Genomic Risk



MAYO CLINIC
GENOMIC HEALTH REPORT

**Patient:** Patient, Demo | **DOB:** 06/15/1980 | **MRN:** DEMO-001
**Provider:** Dr. Victor Ortega | **Report Date:** 03/18/2026

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## Alzheimer's Disease: Average

### Polygenic Risk Score (PRS)

Your Score
0.3x

Your PRS corresponds to an Odds Ratio of **0.3x** (8th percentile). People with a similar PRS have been observed to have approximately 0.3x the average odds, adjusted for ancestry. This is considered an **average polygenic risk score**.

### APOE Genotyping

Screening of the two variant sites that define the APOE haplotype was performed as part of this panel.

| rsID | Position | Genotype |
|---|---|---|
| rs429358 | chr19:44,908,684 | T/C (0/1) |
| rs7412 | chr19:44,908,822 | C/C |

**ε3/ε4 — Heterozygous APOE4 Carrier**
One copy of the ε4-defining C allele at rs429358 (heterozygous); rs7412 reference homozygous rules out the ε2 allele. ε3/ε4 carriers carry an approximately 3–4× increased odds of late-onset Alzheimer's disease compared to ε3/ε3 (OR ~3.2 in populations of European ancestry; Farrer et al., 1997; Genin et al., 2011). Risk estimates vary by ancestry and sex. These are screening calls via NGS; confirmatory testing is recommended before clinical decision-making.

PGS ID: **PGS002753** | Independently verified, Mayo Clinic clinical cohort | 106 cases, 51,682 controls

### Clinical Management & Considerations

Based on the average polygenic risk score for Alzheimer's disease, standard clinical guidelines apply. Management should be guided by other factors.

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Average Genomic Risk

MAYO CLINIC

GENOMIC HEALTH REPORT

Powered by MapperHealth

# Clinical Examples

# MEET SARAH

An active and seemingly healthy 38-year-old

## Standard Care

**The Scenario:** Sarah has no family history. She follows standard medical guidelines and waits until age 45 for her first routine colonoscopy.

**The Result:** A Stage 3 or 4 colorectal cancer is discovered.

**The Human Impact:** Sarah faces a grueling battle for her life with a 65% survival rate.

**The Financial Impact:** The health plan incurs $100,000+ in complex, avoidable treatment costs.

**Avoidable High-Cost Claim: >$100,000**

## With Mayo Clinic Genomic Health

**The Scenario:** Sarah takes the Mayo Clinic Genomic Health test through her employer. Her results reveal a HIGH polygenic risk for colorectal cancer.

**The Intervention:** While standard guidelines suggest waiting, Sarah's care team discussed a more proactive screening regimen taking into account all her clinical factors and made the decision to begin her screening at age 40, instead of waiting until 45.

**The Discovery:** A precancerous polyp is found and safely removed.

**The Human Outcome:** Sarah goes on living a healthy, happy, and cancer-free life.

**Preventative Cost: ~$3,000**

# Sarah Is Not An Isolated Case

Uncovering hidden genetic risks transforms high-cost claims into preventable outcomes.

**7%**

**of members** carry a high genomic risk for colorectal cancer—most just don't know it.[1]

**~40%**

**of high-risk patients** have precancerous polyps that can be removed, stopping cancer before it starts.[1]

**$110k**

**average per-patient cost** of medical services for **late stage** colorectal cancer.[2]

*https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html*


*1. Northcutt MJ, Shi Z, Zijlstra M, Shah A, Zheng S, Yen EF, Khan O, Beig MI, Imas P, Vanderloo A, Ansari O, Xu J, Goldstein JL. Polygenic risk score is a predictor of adenomatous polyps at screening colonoscopy. BMC Gastroenterol. 2021 Feb 12;21(1):65. doi: 10.1186/s12876-021-01645-4. PMID: 33579203; PMCID: PMC7881602.*

*2. https://www.cdc.gov/nccdphp/priorities/colorectal-cancer.html*

# MEET JANE

An active and seemingly healthy 40-year-old

## Standard Care

**The Scenario:** Jane has no family history. She follows standard medical guidelines and foregoes her annual mammogram screening until 45-50.

**The Result:** A Stage 4 breast cancer is discovered in her early 50's.

**The Impact:** Jane faces a grueling battle for her life with a 33% survival rate.

**Avoidable High-Cost Claim: >$150,000**

## Mayo Clinic Genomic Health

**The Scenario:** Jane takes a the Mayo Clinic Genomic Health test. Her results reveal a HIGH polygenic risk for breast cancer.

**The Intervention:** As a result her care team took a more detailed look at her case, and decided to recommend an immediate MRI.

**The Discovery:** Stage 1 breast cancer is discovered and treated before progressing to later stages.

**The Human Outcome:** Jane undergoes a minimally invasive therapeutic treatment addressing previously undetected cancerous nodule and goes on to live a healthy, happy, and cancer-free life.

**Preventative Cost: ~$3,000**

# Jane Is Not An Isolated Case

Uncovering hidden genetic risks transforms high-cost claims into preventable outcomes.

**30.7%**

**of women** have an elevated (28.2%) or extreme (2.5%) risk of breast cancer – driven by their genetics.[1]

**31%**

**reduction in premature deaths** for women identified at high-risk of breast cancer.[2]

**14x**

**higher annual odds** to develop breast cancer for women in the highest risk group than the lowest.[1]


1. Eklund M, Broglio K, Yau C, Connor JT, Stover Fiscalini A, Esserman LJ. The WISDOM Personalized Breast Cancer Screening Trial: Simulation Study to Assess Potential Bias and Analytic Approaches. JNCI Cancer Spectr. 2019 Jan 8;2(4):pky067. doi: 10.1093/jncics/pky067. PMID: 31360882; PMCID: PMC6649825.
2. Chuong M, Thompson D, Weale ME, Riveros-Mckay F, Samani NJ, Wells D, Plagnol V, McVean G, Ashley EA, et al. Preventing premature deaths through polygenic risk scores. Nat Commun. 2026 Jan 21;17(1):1379. doi: 10.1038/s41467-025-68129-x. PMID: 41559068; PMCID: PMC12876942.

# MAYO CLINIC

## GENOMIC MEDICATION REPORT

Powered by MapperHealth

*Our Mission*

# Solve the Lack of Precision in Prescribing Medications

*Starting With Your DNA*

The current trial-and-error approach to the prescribing of medications results in poor health outcomes and is driving runaway costs in drug spend.

**48%**
of Drugs Prescribed are the Wrong Drug or Dose [1]

**75%**
of Cancer Drugs are the Wrong Drug or Dose [2]

**$784 Billion**
in Estimated Annual Cost of Harm caused by Wrong Drug Prescriptions [3]

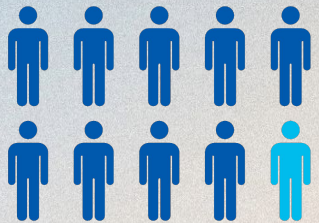
**50%**
of Patients Do Not Take their Medications as Prescribed [4]


1. Spear, B.B., M. Heath-Chiozzi, and J. Huff, *Clinical application of pharmacogenetics.* Trends Mol Med, 2001. **7**(5): p. 201-4.
2. Spear, B.B., M. Heath-Chiozzi, and J. Huff, *Clinical application of pharmacogenetics.* Trends Mol Med, 2001. **7**(5): p. 201-4.
3. Watanabe, J.H., T. McInnis, and J.D. Hirsch, *Cost of Prescription Drug-Related Morbidity and Mortality.* Ann Pharmacother, 2018. **52**(9): p. 829-837.
4. Ellwood, M., et al., *Enhancing Prescription Medication Adherence: A National Plan*, N.C.o.P.I.a. Education, Editor. 2007, Patient Safety Network: PSNet.

# The Impact

**91%**

of sequenced patients receive personalized medication recommendations, giving them the chance to live healthier, happier lives.



## Unmatched Scope

**328 conditions** and **6,500+ medications covered** making it the most comprehensive solution in the market.

## On Call Support

Assisting the **~70%** of members currently on prescriptions providing **expert guidance** to anyone struggling with their unwanted side effects or medication efficacy.

## High-Cost Risk Containment

**Prioritizing the 3-5% of high-acuity members** who drive **65-80%** of your total drug spend. We identify the **1.5-2.5%** of members most likely to benefit from genomic insights.

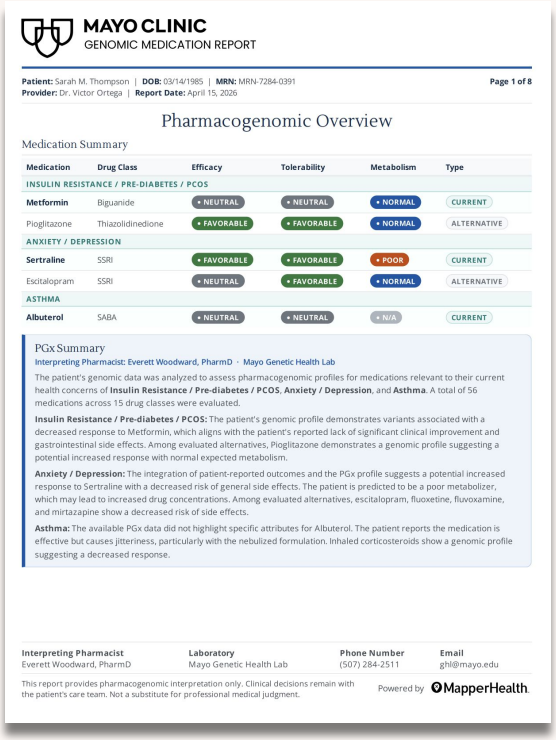
## Proven Financial Impact

Optimizing member health to deliver significant plan savings, **generating on average 8.5-13x ROI.**

**Mayo Clinic's Genomic Drug Report**, powered by MapperHealth, sequences your DNA to identify the **safest, most effective medications** —while automatically flagging those that are ineffective or dangerous.

# 100%

of our recommendations have been **cost-neutral** or **cost-saving**—shifting spend from expensive specialty drugs to **safe, effective, and more affordable** alternatives.



MAYO CLINIC
GENOMIC MEDICATION REPORT

**Patient:** Sarah M. Thompson | **DOB:** 03/14/1985 | **MRN:** MRN-7284-0391
**Provider:** Dr. Victor Ortega | **Report Date:** April 15, 2026

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## Pharmacogenomic Overview

### Medication Summary

| Medication | Drug Class | Efficacy | Tolerability | Metabolism | Type |
|---|---|---|---|---|---|
| **INSULIN RESISTANCE / PRE-DIABETES / PCOS** | | | | | |
| Metformin | Biguanide | • NEUTRAL | • NEUTRAL | • NORMAL | CURRENT |
| Pioglitazone | Thiazolidinedione | • FAVORABLE | • FAVORABLE | • NORMAL | ALTERNATIVE |
| **ANXIETY / DEPRESSION** | | | | | |
| Sertraline | SSRI | • FAVORABLE | • FAVORABLE | • POOR | CURRENT |
| Escitalopram | SSRI | • NEUTRAL | • FAVORABLE | • NORMAL | ALTERNATIVE |
| **ASTHMA** | | | | | |
| Albuterol | SABA | • NEUTRAL | • NEUTRAL | • N/A | CURRENT |

### PGx Summary

Interpreting Pharmacist: Everett Woodward, PharmD · Mayo Genetic Health Lab

The patient's genomic data was analyzed to assess pharmacogenomic profiles for medications relevant to their current health concerns of **Insulin Resistance / Pre-diabetes / PCOS**, **Anxiety / Depression**, and **Asthma**. A total of 56 medications across 15 drug classes were evaluated.

**Insulin Resistance / Pre-diabetes / PCOS:** The patient's genomic profile demonstrates variants associated with a decreased response to Metformin, which aligns with the patient's reported lack of significant clinical improvement and gastrointestinal side effects. Among evaluated alternatives, Pioglitazone demonstrates a genomic profile suggesting a potential increased response with normal expected metabolism.

**Anxiety / Depression:** The integration of patient-reported outcomes and the PGx profile suggests a potential increased response to Sertraline with a decreased risk of general side effects. The patient is predicted to be a poor metabolizer, which may lead to increased drug concentrations. Among evaluated alternatives, escitalopram, fluoxetine, fluvoxamine, and mirtazapine show a decreased risk of side effects.

**Asthma:** The available PGx data did not highlight specific attributes for Albuterol. The patient reports the medication is effective but causes jitteriness, particularly with the nebulized formulation. Inhaled corticosteroids show a genomic profile suggesting a decreased response.

| Interpreting Pharmacist | Laboratory | Phone Number | Email |
|---|---|---|---|
| Everett Woodward, PharmD | Mayo Genetic Health Lab | (507) 284-2511 | ghl@mayo.edu |

This report provides pharmacogenomic interpretation only. Clinical decisions remain with the patient's care team. Not a substitute for professional medical judgment.

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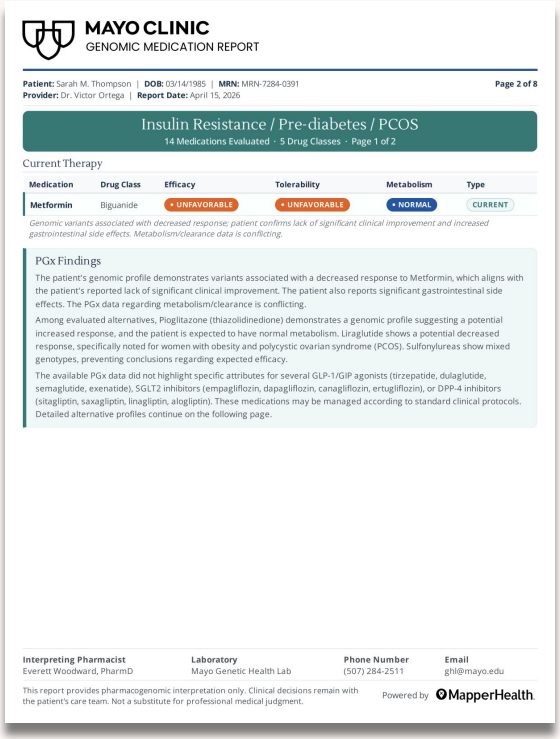

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## Insulin Resistance / Pre-diabetes / PCOS

14 Medications Evaluated · 5 Drug Classes · Page 1 of 2

### Current Therapy

| Medication | Drug Class | Efficacy | Tolerability | Metabolism | Type |
|---|---|---|---|---|---|
| Metformin | Biguanide | • UNFAVORABLE | • UNFAVORABLE | • NORMAL | CURRENT |

*Genomic variants associated with decreased response; patient confirms lack of significant clinical improvement and increased gastrointestinal side effects. Metabolism/clearance data is conflicting.*

### PGx Findings

The patient's genomic profile demonstrates variants associated with a decreased response to Metformin, which aligns with the patient's reported lack of significant clinical improvement. The patient also reports significant gastrointestinal side effects. The PGx data regarding metabolism/clearance is conflicting.

Among evaluated alternatives, Pioglitazone (thiazolidinedione) demonstrates a genomic profile suggesting a potential increased response, and the patient is expected to have normal metabolism. Liraglutide shows a potential decreased response, specifically noted for women with obesity and polycystic ovarian syndrome (PCOS). Sulfonylureas show mixed genotypes, preventing conclusions regarding expected efficacy.

The available PGx data did not highlight specific attributes for several GLP-1/GIP agonists (tirzepatide, dulaglutide, semaglutide, exenatide), SGLT2 inhibitors (empagliflozin, dapagliflozin, canagliflozin, ertugliflozin), or DPP-4 inhibitors (sitagliptin, saxagliptin, linagliptin, alogliptin). These medications may be managed according to standard clinical protocols. Detailed alternative profiles continue on the following page.

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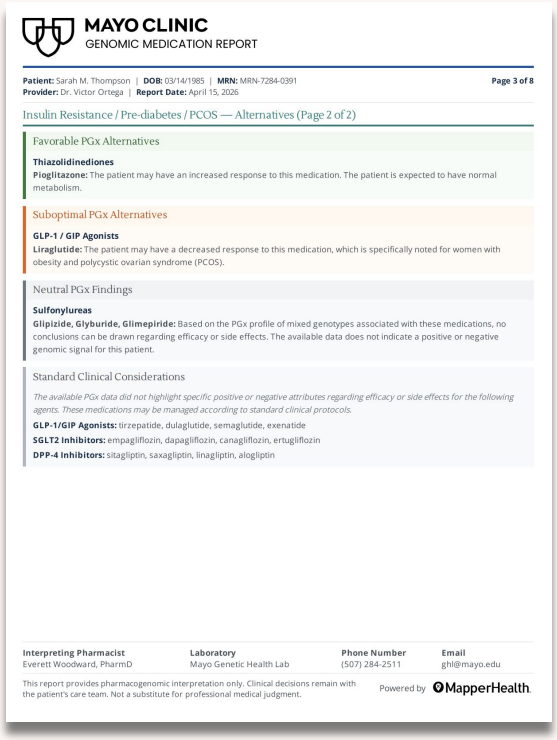

MAYO CLINIC
GENOMIC MEDICATION REPORT

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## Insulin Resistance / Pre-diabetes / PCOS — Alternatives (Page 2 of 2)

### Favorable PGx Alternatives

**Thiazolidinediones**
**Pioglitazone:** The patient may have an increased response to this medication. The patient is expected to have normal metabolism.

### Suboptimal PGx Alternatives

**GLP-1 / GIP Agonists**
**Liraglutide:** The patient may have a decreased response to this medication, which is specifically noted for women with obesity and polycystic ovarian syndrome (PCOS).

### Neutral PGx Findings

**Sulfonylureas**
**Glipizide, Glyburide, Glimepiride:** Based on the PGx profile of mixed genotypes associated with these medications, no conclusions can be drawn regarding efficacy or side effects. The available data does not indicate a positive or negative genomic signal for this patient.

### Standard Clinical Considerations

*The available PGx data did not highlight specific positive or negative attributes regarding efficacy or side effects for the following agents. These medications may be managed according to standard clinical protocols.*

**GLP-1/GIP Agonists:** tirzepatide, dulaglutide, semaglutide, exenatide
**SGLT2 Inhibitors:** empagliflozin, dapagliflozin, canagliflozin, ertugliflozin
**DPP-4 Inhibitors:** sitagliptin, saxagliptin, linagliptin, alogliptin

| Interpreting Pharmacist | Laboratory | Phone Number | Email |
|---|---|---|---|
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# MAYO CLINIC
## GENOMIC MEDICATION REPORT

Powered by MapperHealth

# Clinical Examples

# Meet Matthew

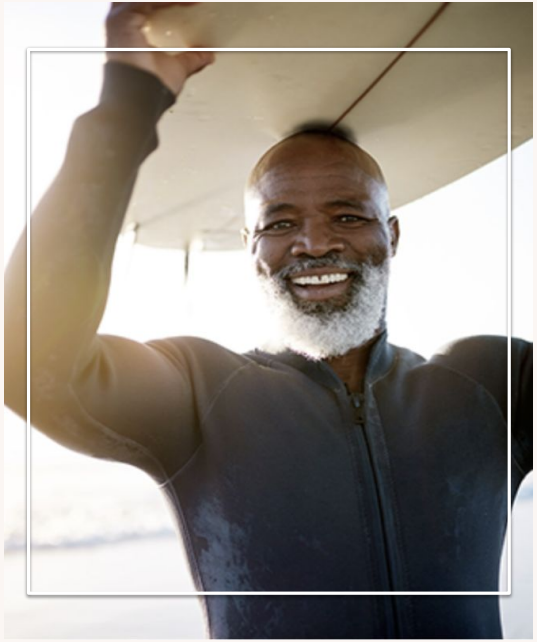
**Patient:** 52 year-old male

Rheumatoid Arthritis

**Without Personalized Medciation Report:** Treatment failure with methotrexate, prescribed HUMIRA for **$75,600 per year,** enduring **painful injections** into his stomach twice a month.

**With Personalized Medciation Report:** Matthew gets a one-on-one consult. Based on his DNA, a Pharmacist certified through Mayo Clinic's PGx-Certification Program **recommends leflunomide,** an oral medication that is easy to take and much more effective; costing just **$22 a month / $264 a year.**

**Improved Outcomes:** With the **Personalized Medciation Report**, Matthew feels better because he is able to effectively treat his arthritis and **saves $75,300** each year.



# Meet Katie

**Patient:** 43 year-old female

Breast Cancer

**Without Personalized Medciation Report::** Katie is a 43-year-old mother of three young children and a breast cancer patient who was preparing to begin a **5-year Tamoxifen** regimen.

**With Personalized Medciation Report:** Katie's DNA showed three genes linked to **poor long-term Tamoxifen response.** A Mayo Clinic-certified Pharmacist informed her oncologist and **recommended an alternative treatment** of Anastrozole in combination with Lupron.

**Improved Outcomes:** This switch, based on her DNA, greatly improved the **likelihood of a successful** outcome in which her cancer remains in full remission.

# Meet Tommy

**Patient:** 23 year-old male

Obsessive compulsive disorder/generalized anxiety disorder

**Without Personalized Medciation Report:** Tommy stopped taking his previously prescribed medications for OCD and GAD because they were not working for him.

**With Personalized Medciation Report:** Recommended initiation of fluoxetine at an optimized dose based on the **favorable side effect profile** showed in his DNA report. Additionally, having a longer half-life, fluoxetine allows for longer activity in the body between doses, **alleviating missed dosing concerns.**

**Improved Outcomes:** Tommy experienced significant symptom improvement and **$6,405** annual medical cost savings. The true impact was evident in the heartfelt message from Tommy's family: **“You gave our son back to us!”**

MapperHealth™

# Economic Impact

# 80%
## Discount

By combining a low **$2.75 PMPM** with an **80% discount**, we bring the retail cost of **$1,250** down to just **$250** per sequenced member ensuring cost is never a barrier to care.



# Preferred Pricing

**$2.75 PMPM**

**MAYO CLINIC**
GENOMIC HEALTH REPORT

**$250**

per sequenced member

**80% discount** to employees and their family members

**MAYO CLINIC**
GENOMIC MEDICATION REPORT

**$250**

per sequenced member

An average **8.5-13x ROI** and **Money-Back Guarantee**[1]

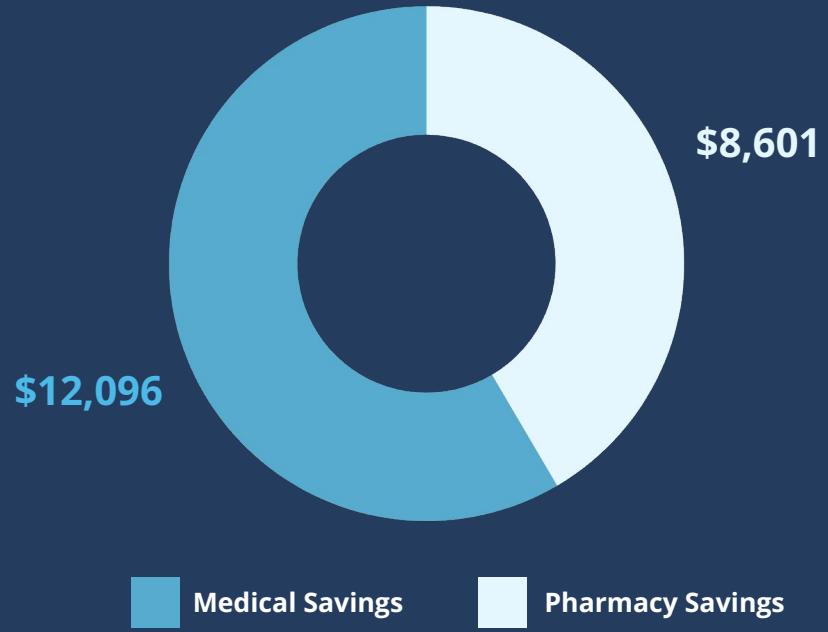
**Flexible Payment Options:** Our services can be built into the health plan, paid for by the employer or broker, or offered as a voluntary benefit paid for by the employee.

**Money-Back Guarantee:** Our money-back guarantee is available to all employers, regardless of group size or funding type (fully-insured, self-insured, consortium, or captive).

*1. MapperHealth guarantees that employer's medical and pharmacy spend savings will exceed the total cost of sequencing, or we refund the difference.*

# $20,697

Average annual savings per patient sequenced with RxMapper





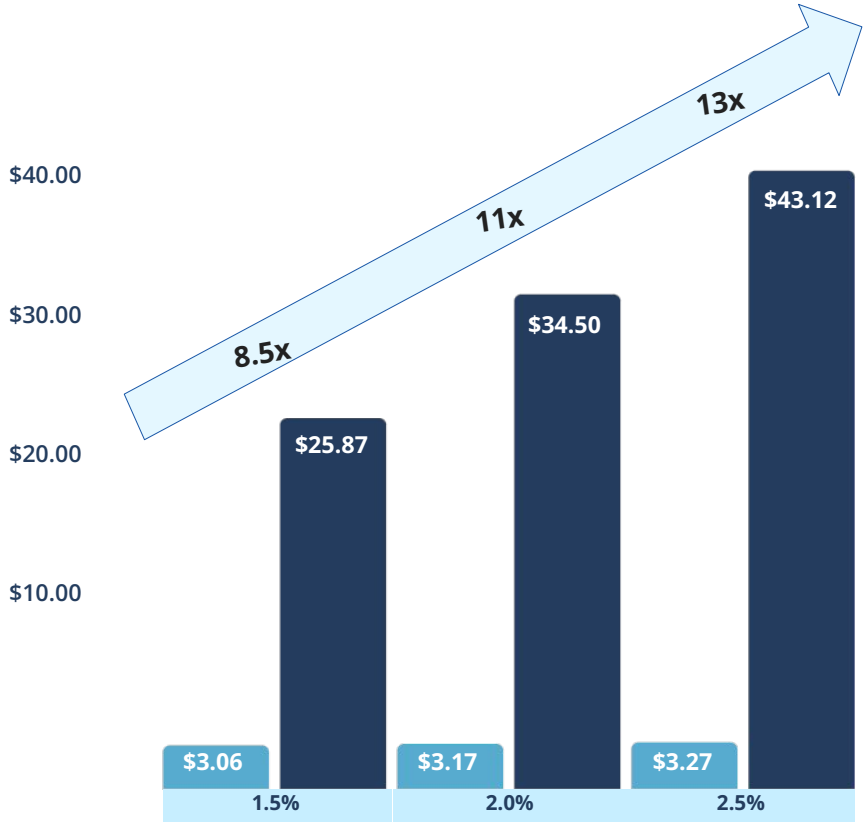

# Redefining the Cost of Care

$20,697 Per-Patient Annual Savings

# 8.5x to 13x ROI

ROI increases as more members, who are struggling with their medications, have their DNA sequences.

MapperHealth




**% of Members Sequenced**

The Personalized Medication Report pays for itself many times over with estimated annual savings of **$25.87 - $43.12** PMPM, which equates to a **8.5x to 13x ROI**.

# Money-Back Guarantee

## OUR COMMITMENT

MapperHealth guarantees that your medical and pharmacy spend savings will exceed the total cost of sequencing, or we refund the difference.

## FINANCIAL RISK MITIGATION

We remove the financial uncertainty, allowing you to focus on the health and wellbeing of your people.

# THE PROCESS

Go Live Date → Outreach & Invites → DNA Sequencing & Analysis → Two Medical Solutions

## 01

### GO LIVE DATE

Set your go-live date. No need to wait for open enrollment.

## 02

### OUTREACH & INVITES

Outreach to targeted employees and high-acuity members.

## 03

### DNA SEQUENCING

Members receive an easy-to-use DNA saliva collection kit at their home, and their sample is sequenced and analyzed to create a genetic profile.

## 04

### TWO MEDICAL SOLUTIONS

Members receive their Genomic Health Report and/or their Genomic Medication Report, Telehealth Consult, and ongoing support.

# Contact Us


**Leah Morrow**
Account Manager
lmorrow@mapperhealth.com

**Rob Platou**
Director Business Development
rplatou@rmapperhealth.com

**Support**
1-800-950-3230
support@mapperhealth.com