



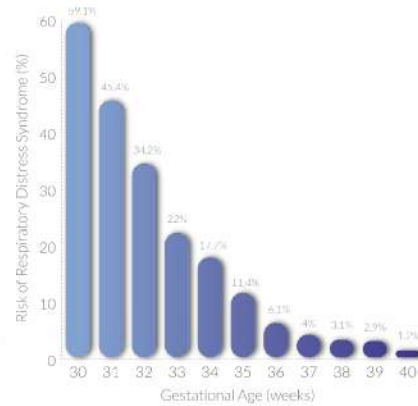
A Revolution in Ultrasound-Based Diagnosis

The First 100% Non-Invasive test to predict
Neonatal Respiratory Morbidity Risk



AN UNSOLVED CLINICAL NEED

- Preterm Birth Rate is increasing year by year in developed countries.
- Neonatal Respiratory Morbidity* remains as the leading problem in preterm babies despite prenatal and postnatal treatments.
- Current tests for the assesment of Fetal Lung Maturity** (FLM) require an amniocentesis, wich limits their practice due to the associated risks and discomfort.



Data extracted and adapted from different publications: JAMA 2010, JAMA Pediatr. 2013 and Paediatr Perinat Ep. 2013

HOW TO USE quantusFLM?

Using quantusFLM is easy only with 3 simple steps:



1. Acquire an ultrasound image



2. Upload it to quantusFLM web App

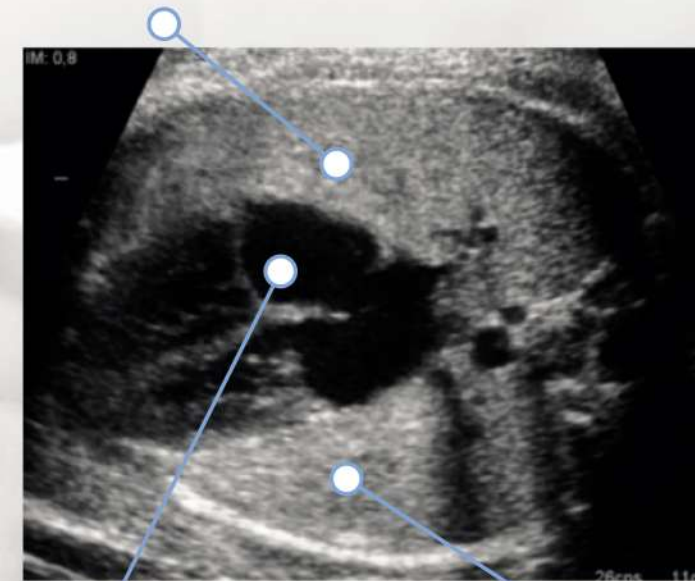


3. Get the results in few minutes

Step 1: Acquire an ultrasound image

Obtain ultrasound images of the fetal thorax at the level of the cardiac 4-chamber view in DICOM format. A clear guideline on how to acquire optimal images is available inside quantusFLM web application.

PROXIMAL LUNG



HEART

DISTAL LUNG

quantusFLM – the First 100% non-invasive Fetal Lung Maturity test

- Non-invasive: quantusFLM is the first Fetal Lung Maturity test in the market based on analysis of an ultrasound image of the fetal lungs. It gives the opportunity to avoid the need for an invasive technique to predict Neonatal Respiratory Morbidity in the clinical practice.
- Fast: quantusFLM can provide accurate results in just a few minutes.
- Reliable: The results of quantusFLM are as reliable as any other commercial test.

Comparison of quantusFLM and other commercial FLM test:

	Sensitivity	Specificity	PPV	NPV
L/S Ratio ^A	74,6%	82,5%	34,1%	96,4%
PG ^A	82,7%	54,4%	18,0%	96,3%
Lamellar body ^A	84,2%	74,4%	27,9%	97,6%
quantusFLM ^B	71,0%	94,7%	67,9%	95,4%

L/S: Lecithin / Sphingo myelin
PG: Phosphatidol Gl ycerol

^A Average reported values (references 4-9) in clinical studies
^B Data extracted and adapted from Scientific Reports 2019 (ref. 23)

*Defined as either Respiratory Distress Syndrome or Transient Tachypnea of the newborn that require his admission to a special unit and the use of medical respiratory support.

**The term "Fetal Lung Maturity" is universally used by the scientific and medical community to define the capacity of fetal lungs to achieve normal respiratory function if the fetus is born.

Step 2: Use quantusFLM web application to analyze the image

quantusFLM web application is a simple tool that allows you to send to the system the image you want to analyze. You just need to follow 4 simple steps to complete the analysis:



Upload

The DICOM image. More than one image can be upload for your convenience.



Label

Introduce clinical data to be analysed.



Select

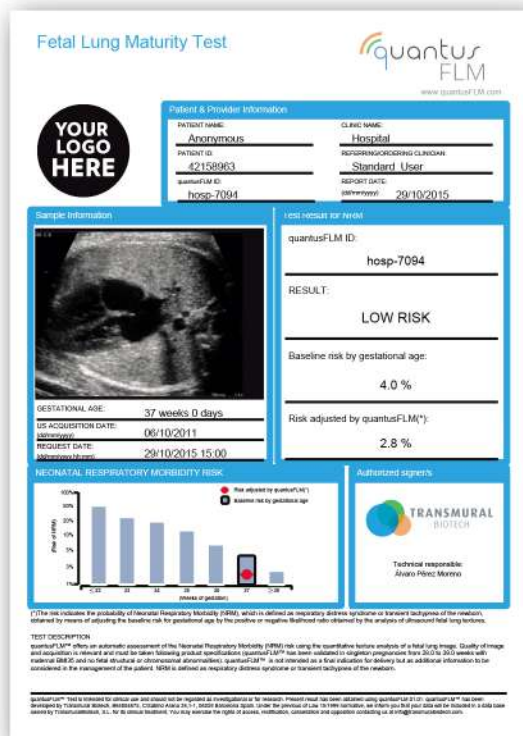
The desired image to be analysed.



Send

The sample to be analysed.

Step 3: Get the results from the web application in just a few minutes.



WHEN TO USE quantusFLM

quantus FLM can be particularly useful where elective delivery could be an acceptable option but the risk of Neonatal Respiratory Morbidity should be known.

In many clinical situations the decision of whether to deliver or wait is in a "grey zone", particularly in late preterm to early-term (34+0 to 38+6 weeks) pregnancies. Typical examples can be:

- Difficult-to-control hypertension or diabetes,
- maternal fluid retention with edema,
- very symptomatic cholestasis,
- previous history of unexplained fetal death or abruption,
- and any situation where an elective cesarean section <39+0 weeks is considered.

In these and other circumstances delivery may be a reasonable, but not an absolute, option to avoid danger to mother or fetus. Knowing the risk of Neonatal Respiratory Morbidity can be a critical information in the decision-making process, either to confirm or otherwise delay delivery.

For instance, in a 36+0 week pregnancy, the baseline risk of morbidity and NICU admission for respiratory support is 6.1%. However, a "low risk" result in quantusFLM reduces the chances of morbidity to 5.2%, while if the result is "high risk" the probability of respiratory morbidity will be 33.7%. Thus, knowing FLM (without the need of an invasive technique) may have a clear impact in the clinical management of this case.



quantusFLM OFFERS TIMELESS AND BORDERLESS USER EXPERIENCE:

- ✓ **Unrestricted and 24/7 access:** As long as there is Internet, you can use quantusFLM and review the results ANYTIME, ANYWHERE.
- ✓ **No installation required:** quantusFLM is designed to give new users an easy start because neither downloading nor installation of any software is required.
- ✓ **Great compatibility:** quantusFLM is compatible with the main web browsers as well as the most commonly-used Obstetrics and Gynecology Ultrasound Machines.

quantusFLM OFFERS GREAT ECONOMIC VALUE:

- ✓ **NO initial infrastructure investment is required!**
- ✓ **Pay per Use: You pay for each analysis you order!**
- ✓ **30-day FREE trial available, no conditions!**

Get your
30-day
FREE Trial

To sign up for a 30-day FREE trial,
contact us at
sales@transmuralbiotech.com

WHY DOES quantusFLM WORK?

Changes occurring at the histological level of a tissue, including the proportion of collagen, fat or water, among others, affect ultrasound backscattering signals. This constitutes the basis for ultrasound image reconstruction. Computerized quantitative ultrasound analysis detects extremely subtle changes, unperceivable by the human eye, in order to accurately infer relevant information of tissue microstructure.

Fetal Lung Maturity constitutes an obvious candidate for the use of quantitative ultrasound solutions as it results from the combination of the evolving changes in lung airways and alveoli during gestation, and the concentration of surfactant. Over the last 30 years research has focused on the extraction of quantitative information about tissue characteristics from ultrasound images.

Transmural Biotech's quantusFLM software uses a combination of cutting-edge image analysis technologies that make individualized predictiveness of the risk of Neonatal Respiratory Morbidity. quantusFLM reaches unprecedented levels of accuracy and reproducibility for a completely non-invasive ultrasound-based test.

References

1. Adverse neonatal outcomes associated with early-term birth. Sengupta, V. Carrion, J. Shelton, R.J. Wynn, R.M. Ryan, K. Singhal and S. Lakshminrusimha. *AMA Pediatr.* 2013 Nov 1;167(11):1053-9.
2. Respiratory morbidity in late preterm births. Consortium on Safe Labor. *JAMA.* 2010 Jul 28;304(4):419-25.
3. Risk factors for acute respiratory morbidity in moderately preterm infants. M. Altman, M. Vanpée, S. Cnattingius and M. Norman. *Paediatr Perinat Epidemiol.* 2013 Mar;27(2):172-81.
4. A comparison of the accuracy of the TDx-FLM assay, Lecithin-Sphingomyelin Ratio, and Phosphatidylglycerol in the prediction of Neonatal Respiratory Distress Syndrome. E. Hagen, J.C. Link and F. Arias. *Obstet Gynecol* (1993) 82, 1004-8.
5. A Direct Comparison Between Lamellar Body Counts and Fluorescent Polarization Methods for Predicting Respiratory Distress Syndrome. S. Haymond, W. Luzzi, C.A. Parvin and A.M. Gronowski. *Am J Clin Pathol* (2006) 126, 894-899.
6. Gestational age-specific predicted risk of neonatal respiratory distress syndrome using lamellar body count and surfactant-to-albumin ratio in amniotic fluid. R. Karcher, E. Sykes, D. Patton, Z. Uddin, G. Ross, E. Hockman and G.H. Shade Jr. *AJOG* (2005) 193, 1680-4.
7. Lamellar Body Counts Compared With Traditional Phospholipid Analysis as an Assay for Evaluating Fetal Lung Maturity. M.G. Neerhof, E.L. Haney, R.K. Silver, E.R. Ashwood, I.S. Lee and J.J. Plazze. *Obstet Gynecol* (2001) 97, 305-9.
8. Multicenter Evaluation of TDx Test for Assessing Fetal Lung Maturity. J.C. Russell, C.M. Cooper, C.H. Ketchum, J.S. Torday, D.K. Richardson, J.A. Holt, L.A. Kaplan, J.R. Swanson and W.M. Ivie. *Clin Chem* (1989) 35/6, 1005-1010.
9. Neonatal morbidity after documented fetal lung maturity in late preterm and early term infants. B.D. Kamath, M.P. Marcotte and E.A. DeFranco. *AJOG* (2011) 204, 518.e1-8.
10. Quantitative Ultrasound Texture Analysis of Fetal Lungs to Predict Neonatal Respiratory Morbidity. Bonet-Carne E, Palacio M, Cobo T, Perez-Moreno A, Lopez M, Piraqui J, Ramirez JC, Marques F, Gratacos E. *Ultrasound Obstet Gynecol.* 2014 Jun 11. doi: 10.1002/uo.13441
11. Changing patterns of fetal lung maturity testing. K.T. McGinnis, J.A. Brown and J.C. Morrison. *Journal of Perinatology.* 2008 Jan; 28(1):20-3.
12. Clinical and laboratory trends in fetal lung maturity testing. D.G. Grenache, A.R. Wilson, G.A. Gross and A.M. Gronowski. *Clin Chim Acta.* 2010 Nov 11;411(21-22):1746-9.
13. Effectiveness of antenatal corticosteroids in reducing respiratory disorders in late preterm infants: randomised clinical trial. A.M. Porto, I.C. Coutinho, J.B. Correia and M.M. Amorim. *BMJ.* 2011 Apr 12; 342:d1696
14. Monitoring structural changes in cells with high-frequency ultrasound signals: statistical analysis. A.S. Tunis, G.J. Czarnota, A. Giles, M.D. Shera, J.W. Hunt, and M.C. Kolios. *Ultrasound in Med and Biol.* 2005 Aug; 31(8):1041-9.
15. Performance of an automatic quantitative ultrasound analysis of the fetal lung to predict fetal lung maturity. M. Palacio, T. Cobo, M. Martínez-Terrón, G. Rattá, E. Bonet-Carne, I. Amat-Boldan and E. Gratacos. *Am J Obstet Gynecol.* 2012 Dec; 207(6):504.e1-5.
16. Practice Bulletin Clinical Management Guidelines for Obstetricians. American College of Obstetricians and Gynecologists (ACOG). September 2008, Number 97.
17. Revisiting Amniocentesis for Fetal Lung Maturity After 36 Weeks' Gestation. G. Luo, and E.R. Nowitz. *Rev Obstet Gynecol.* 2008 Spring; 1(2): 61-68.
18. Quantitative ultrasonography. M.F. Insaña, B.S. Garra, S.J. Rosenthal and T.J. Hall. *Med Prog Technol.* 1989; 15(3-4):141-53.
19. Theoretical framework for spectrum analysis in ultrasonic tissue characterization. F.L. Lizi, M.G. Greenbaum, E.J. Felleppa, M. Elbaum and D.J. Coleman. *J Acoust Soc Am.* 1983; 73(4):1366-1373.
20. The ultrasonic changes in the maturing placenta and their relation to fetal pulmonary maturity. P.A. Granum, R.L. Berkowitz and J.C. Hobbin. *Am J Obstet Gynecol.* 1979 Apr 15;133(8):915-22.
21. An investigation of backscatter power spectra from cells, cell pellets and microspheres. M.C. Kolios, L. Taggart, R.E. Baddour, F.S. Foster, J.W. Hunt, G.J. Czarnota and M.D. Shera. 2003 IEEE Symposium on Ultrasonics; 1:752-57.
22. Prediction of neonatal respiratory morbidity by quantitative ultrasound lung texture analysis: a multi-center study. Palacio M, Riera M, Bonet-Carne E, Cobo T, Pérez-Moreno A, Sabarria-Rius J, Richter J, Kacerovsky M, Jacobsson B, Garcia-Posada RA, Bugatto F, Santistevan R. *American Journal of Obstetrics and Gynecology.* 2017, vol. 217, num. 2, p. 196. 2017.
23. Evaluation of an improved tool for non-invasive prediction of neonatal respiratory morbidity based on fully automated fetal lung ultrasound analysis. Burgos-Artizxu XP, et al. *Scientific Reports* volume 9, Article number: 1950 (2019).



www.quantusFLM.com



NON INVASIVE



RELIABLE



FAST



We offer a **30-DAY FREE Trial** without any conditions.

Contact us now to try it for free!



Transmural Biotech S.L., CIF: B65084675.

C/ Beethoven 15 Planta 4 Desp. 18 08021 Barcelona, Spain

Revision 2 07/10/2019