



TRUAGE

TRUAGE REPORT

for

Date of birth:

Date reported:

Sample number:

Referring practitioner:

Epigenetic clocks have revolutionized how we understand aging, offering insights beyond what the calendar tells us.

These innovative tools reveal your body's true age and the pace at which it's aging, acknowledging that everyone's journey through time is unique.

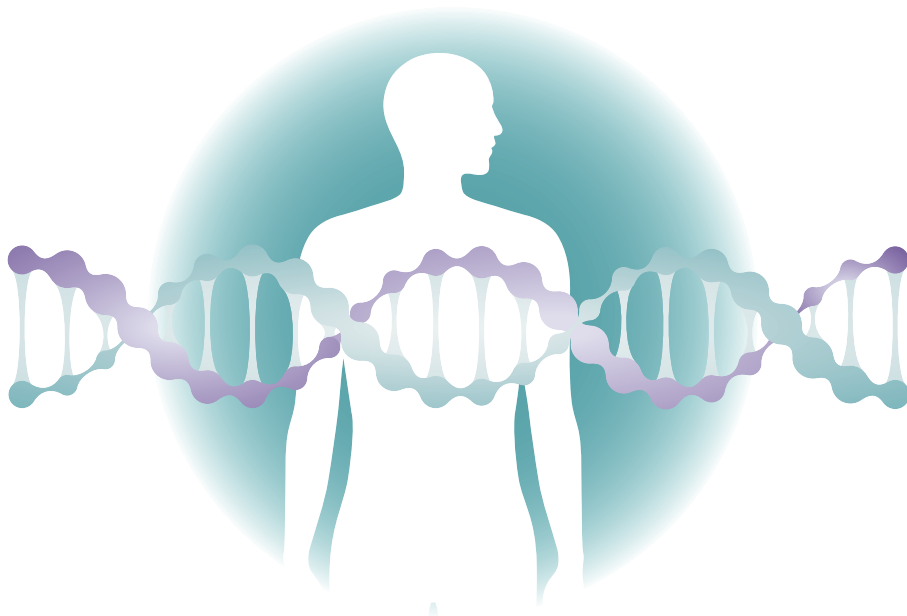
How to read this report?

This report contains results of various algorithms, that taken together can provide fascinating insight into the rate of aging of our biological systems. Each section will provide you with your results, as well as indicating where your result lies relative to the general population at your chronological age.

Your health practitioner will discuss each result with you and provide you with nutrition and lifestyle interventions to maintain or improve your results to help achieve optimal biological age.

OMICm Age


Developed in collaboration with Harvard, OMICm Age evaluates proteins, metabolites, and clinical biomarkers to determine overall biological age and identify key contributors to age acceleration. This enables targeted lifestyle or medical interventions to address factors accelerating aging.



Your OMICm Biological Age Results


Your chronological age is the number of years you have lived, a straightforward measure of time since birth. The difference between OMICm Age from chronological age highlights underlying health insights, guiding tailored wellness strategies.

OMICm Age



29.86

Chronological Age



34.17



29.86
YEARS OLD

Your OMICm Age is
LOWER THAN
your calendar age by 4.31 years.

Biological Age

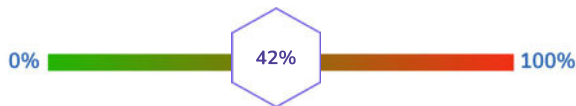


34.17

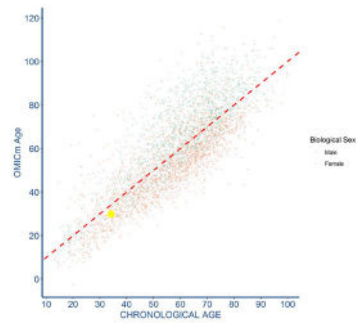
Calendar Age

POPULATION COMPARISON

Your OMICm Age is in the 42nd percentile.



Your biological age places you in the top 42% of the population, meaning you are aging better than 58% of your peers for your chronological age.



RESULTS OVER TIME



Your Risk of Disease

Aging has been scientifically proven to be the number one risk factor for major chronic diseases worldwide. Accelerated aging (having an older biological age than your calendar age) increases your risk of disease each year, and having a younger biological age decreases these risks.

Because your risk of chronic disease increases as you age, your omic biological can represent an increased or decreased risk of death (due to chronic disease), cancer, heart disease, stroke, type 2 diabetes, COPD and depression.

DEATH

-33.21%
Disease Risk

At your OMICm Age of 29.9, you have a 33.21% lower risk of death compared to people of your same chronological age.

Reducing your OMICm Age by 1 year would result in reducing your relative risk by 5.93%.

COPD

-9.43%
Disease Risk

At your OMICm Age of 29.9, you have a 9.43% lower risk of COPD compared to people of your same chronological age.

Reducing your OMICm Age by 1 year would result in reducing your relative risk by 2.04%.

CANCER

-12.31%
Disease Risk

At your OMICm Age of 29.9, you have a 12.31% lower risk of cancer compared to people of your same chronological age.

Reducing your OMICm Age by 1 year would result in reducing your relative risk by 2.61%.

DEPRESSION

-9.44%
Disease Risk

At your OMICm Age of 29.9, you have a 9.44% lower risk of depression compared to people of your same chronological age.

Reducing your OMICm Age by 1 year would result in reducing your relative risk by 2.04%.

STROKE

-16.55%
Disease Risk

At your OMICm Age of 29.9, you have a 16.55% lower risk of stroke compared to people of your same chronological age.

Reducing your OMICm Age by 1 year would result in reducing your relative risk by 3.41%.

HEART DISEASE

-19.32%
Disease Risk

At your OMICm Age of 29.9, you have a 19.32% lower risk of heart disease compared to people of your same chronological age.

Reducing your OMICm Age by 1 year would result in reducing your relative risk by 3.89%.

TYPE 2 DIABETES

-17.28%
Disease Risk

At your OMICm Age of 29.9, you have a 17.28% lower risk of type 2 diabetes compared to people of your same chronological age.

Reducing your OMICm Age by 1 year would result in reducing your relative risk by 3.54%.

Your Epigenetic Biomarker Proxies

Please remember that the Epigenetic biomarker proxies (EBPs) shown below are surrogate predictors from DNA Methylation alone. The EBPs are NOT meant to be a replacement for the direct Laboratory measurements. While some may offer additional value beyond the direct laboratory measurement (such as DNAmCRP and brain health outcomes), they are a proxy. As research evolves, new insights will add even more context to these EBPs.



On the percentile bar, green indicates a positive impact on health, while red signifies a negative impact. Its important to note that in some cases, the colors might be switched foe certain EBPs. This occurs because lower values may have a negative effect on health, and higher values may have a positive effect.

DNAm Insulin-like Growth Factor-Binding Protein 2

IGFBP-2 is an insulin-like growth factor-binding proteins (IGFBPs) that modulates IGF-I actions. It plays an important role in the regulation of several cellular processes and has been suggested to be a biomarker of metabolic disease and diabetes.

0% 89% 100%

Your DNAm Insulin-like Growth Factor-Binding Protein 2 is higher than 89% of the population at your same calendar age and sex

Recommendations for Improvement:

- Consume protein in moderation
- Improve insulin sensitivity through lifestyle changes (calorie restriction, exercise)
- Manage stress
- Adequate sleep

Related Diseases:

- Cancer
- COPD
- Depression
- Stroke

DNAm Uridine

Uridine is an important building block used in the creation of RNA that plays a role in the synthesis of glycogen. It may support brain health, synaptic connections, and cholinergic function.

0% 15% 100%

Your DNAm Uridine is higher than 15% of the population at your same calendar age and sex

Recommendations for Improvement:

- Increasing consumption of uridine-rich foods (organ meats, tomatoes, mushrooms, and broccoli)
- Include synergistic nutrients like choline (eggs, lean meats) and DHA (fatty fish)
- Uridine Supplementation

Related Diseases:

- Cancer
- Depression

DNAm Matrix-remodeling-associated protein 5

Matrix-remodeling-associated proteins are capable of degrading all kinds of extracellular matrix proteins and processing many bioactive molecules. They are thought to play a major role in cell proliferation, migration (adhesion/dispersion), differentiation, angiogenesis, apoptosis, and host defense.

0% 93% 100%

Your DNAm Matrix-remodeling-associated protein 5 is higher than 93% of the population at your same calendar age and sex

Recommendations for Improvement:

- Regular exercise
- Balanced diet
- Stress management

Related Diseases:

- Stroke

DNAm 1-Stearoyl-2-adrenoyl-GPC (18:0/22:4)*

1-stearoyl-2-adrenoyl-GPC is a choline ether phospholipid (ePC) found in serum or plasma.

0% 7% 100%

Your DNAm 1-Stearoyl-2-adrenoyl-GPC (18:0/22:4)* is higher than 7% of the population at your same calendar age and sex

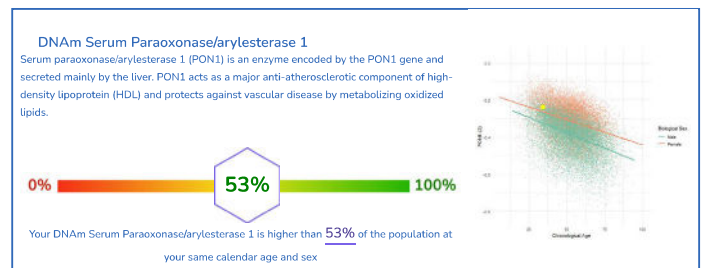
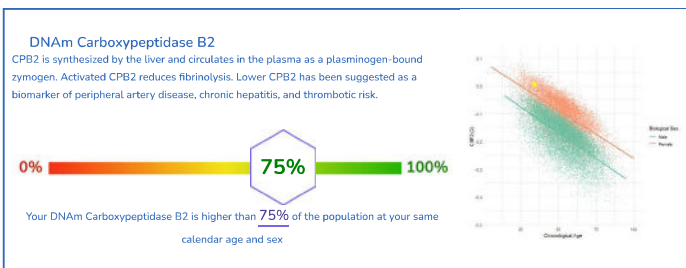
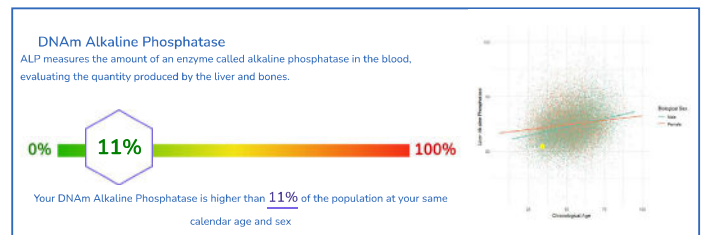
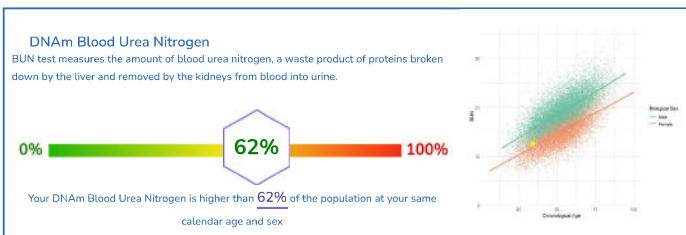
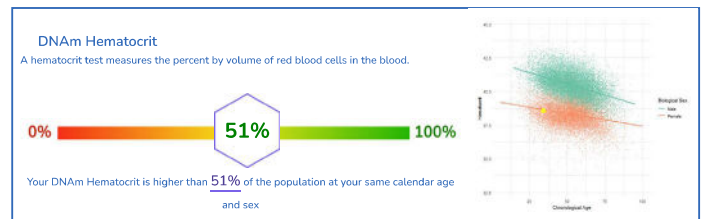
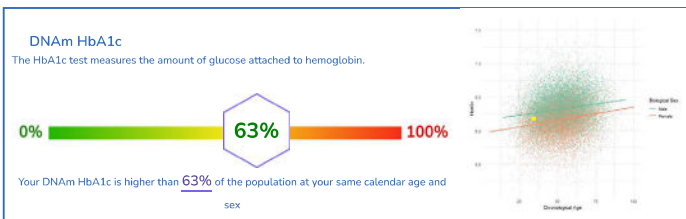
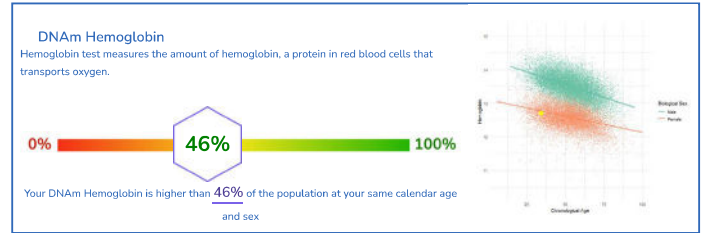
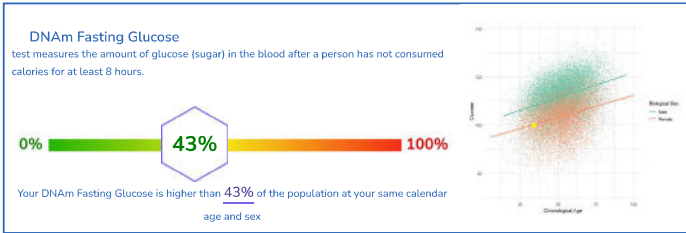
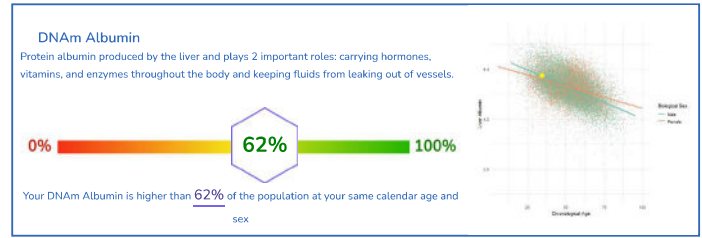
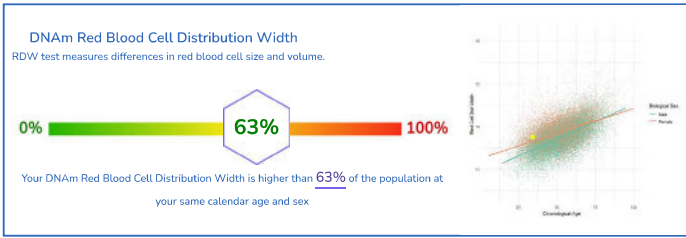
Recommendations for Improvement:

- Increasing consumption of foods rich in plasmalogens (organ meats like liver or heart, mussels, oysters)
- Omega-3 fatty acids
- Antioxidants
- Reducing alcohol consumption
- Plasmalogen supplementation

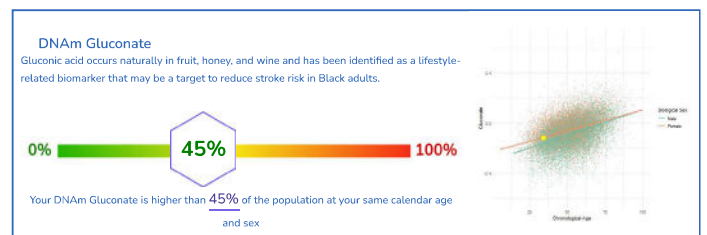
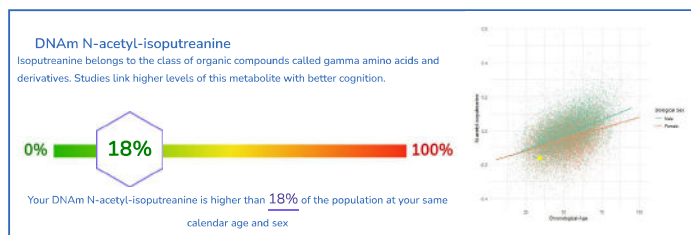
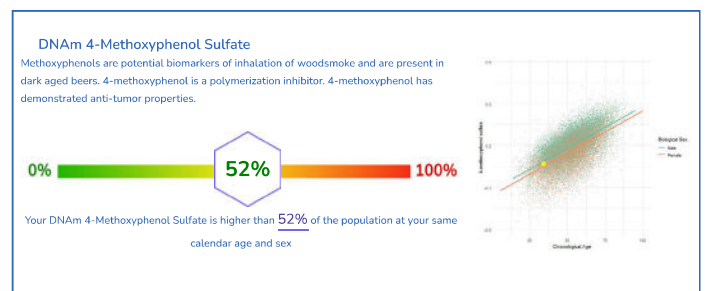
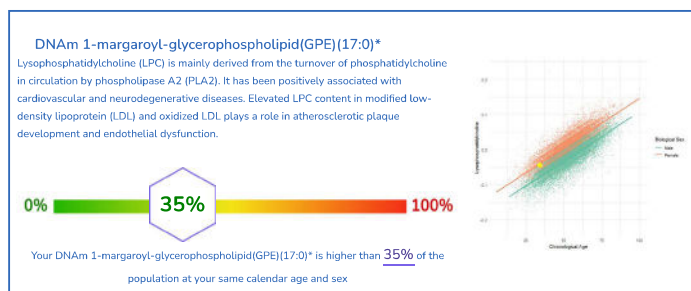
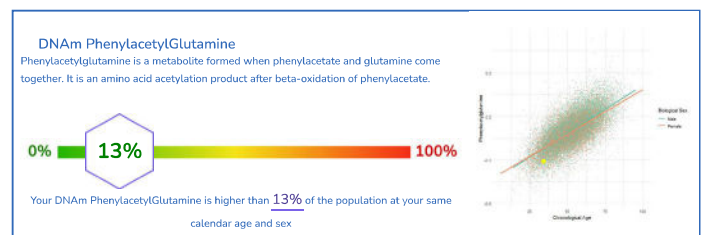
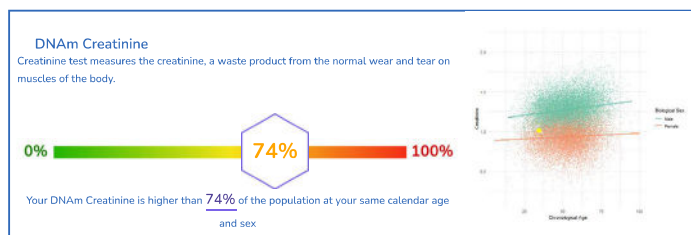
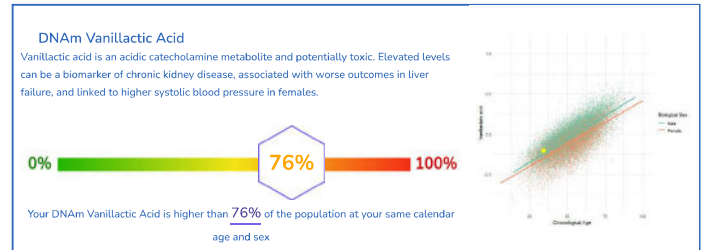
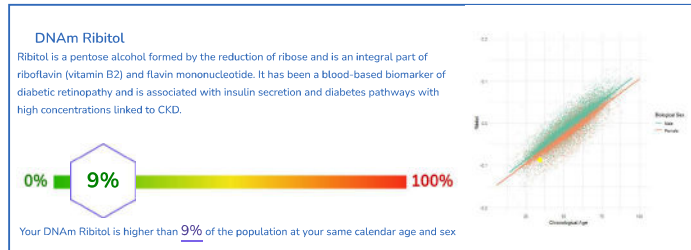
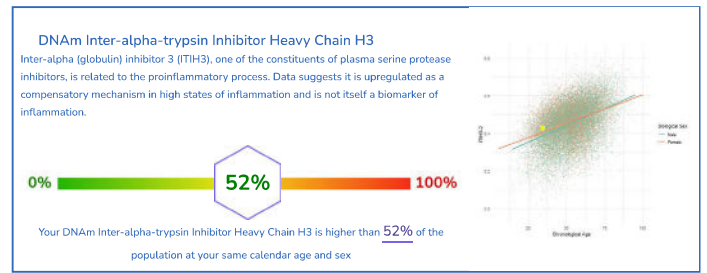
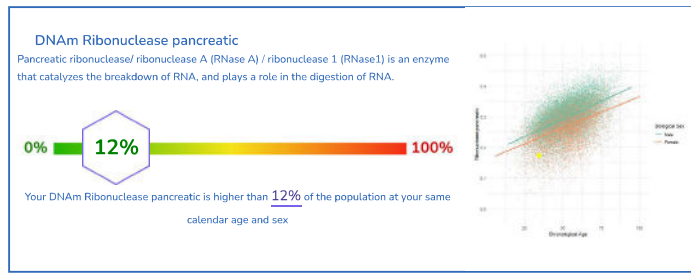
Related Diseases:

- Cancer
- COPD
- Depression
- Stroke
- Type 2 Diabetes

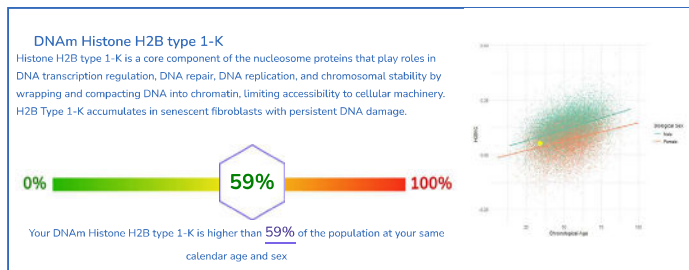
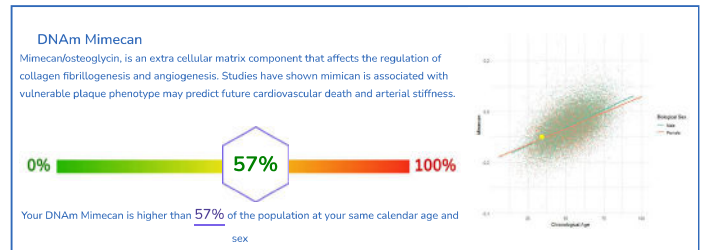
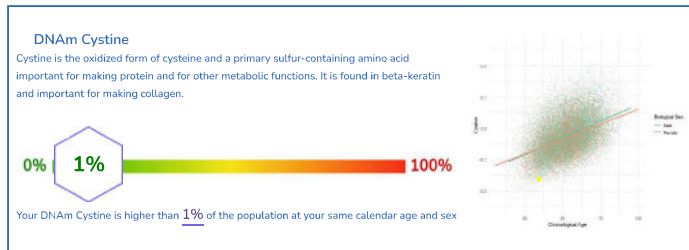
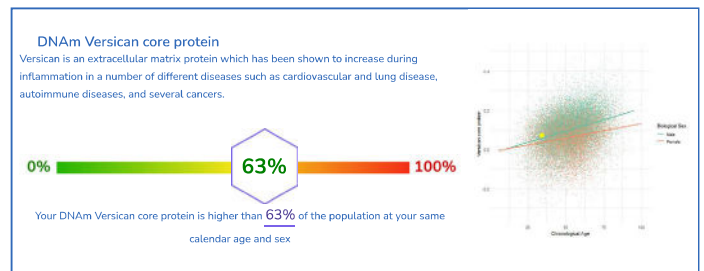
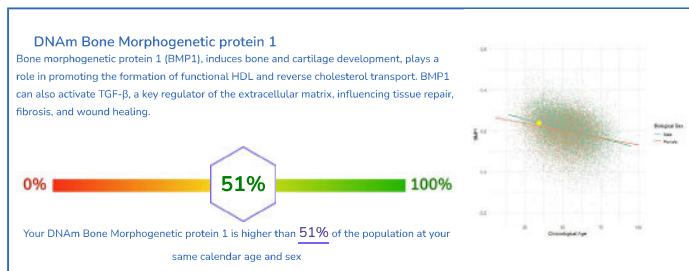
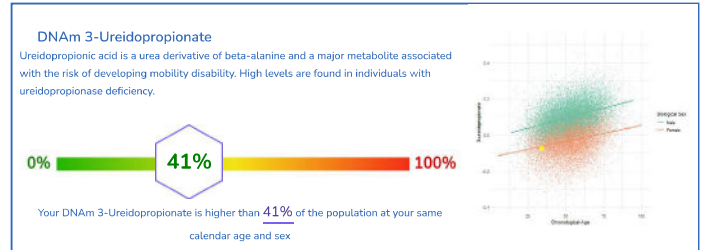
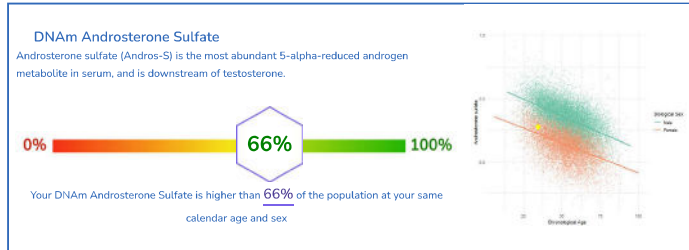
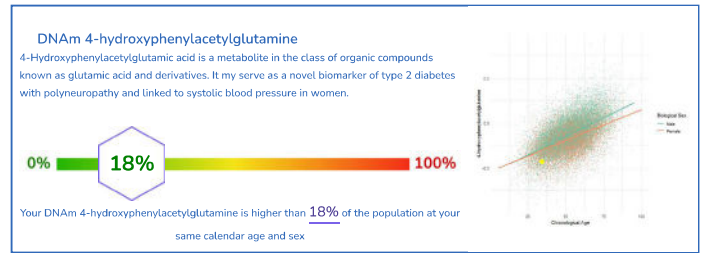
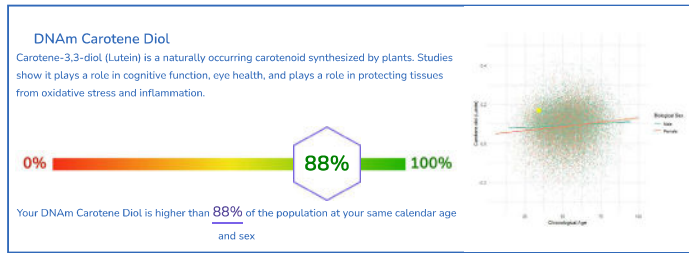
Additional Epigenetic Biomarker Proxies



Additional Epigenetic Biomarker Proxies



Additional Epigenetic Biomarker Proxies



SymphonyAge

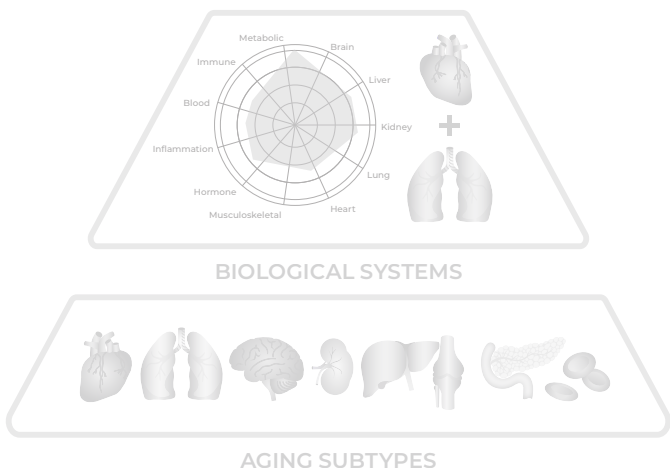
Licensed from Yale, this test measures biological aging across 11 key organ systems (brain, heart, lungs, hormones, metabolic system, musculoskeletal system, blood, liver, inflammation, kidneys, and immune system).

It's crucial to note that our body's systems don't age in isolation. Many age-related illnesses stem from issues in various biological systems working together. For instance, arthritis is the result of both musculoskeletal wear and inflammation, whereas stroke can happen due to problems in the cardiovascular system, metabolism, inflammation, and brain function. These interconnected patterns can lead to different aging types, making some people more prone to certain age-related diseases. Understanding these patterns helps in forecasting health outcomes.

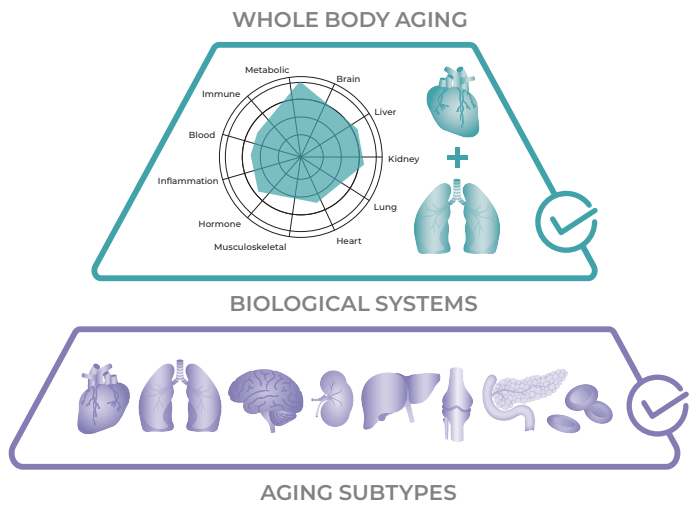
But there's more to the story than a single age number. Your lifestyle choices – from how much you move, to what you eat, and whether you smoke or drink – can influence the aging process of different organs in varied ways. Recognizing the diversity of aging experiences led to the creation of SYMPHONYAge.

These results pinpoint organ specific aging patterns to tailor precise interventions, optimizing individual organ health.

Most clocks focus on the **WHOLE BODY AGING** of heterogeneity



SYMPHONYAge captures organ level and whole body heterogeneity in aging using epigenetic data from a single blood draw



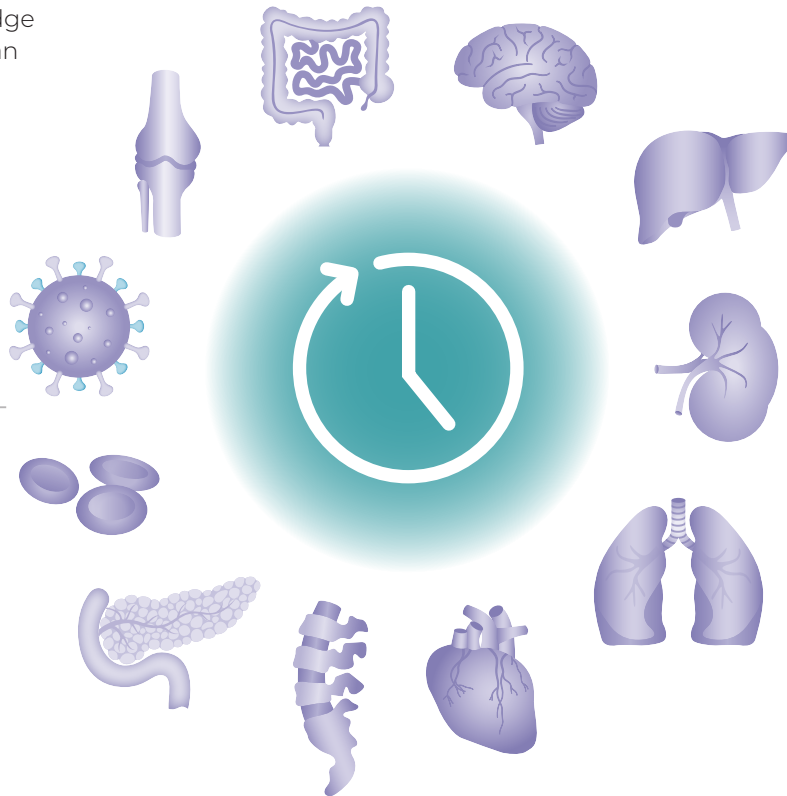
What Are The Benefits To This Approach?

Knowing the age of your organs can provide several advantages over knowing just your biological age. Some of these include:

✓ A BETTER UNDERSTANDING OF DISEASE RISK:

Knowing the age of individual organs can help identify which organs are aging faster and increasing the risk of developing age-related disease associated with that organ system.

Armed with this knowledge targeted interventions can be developed to prevent or delay the onset of these diseases.



✓ PRECISION MEDICINE:

Understanding the age of specific organs can help tailor medical treatments to an individual's needs. This can improve treatment outcomes and minimize side effects.

✓ EARLIER DETECTION OF DISEASE:

Changes in the age of specific organs could motivate an individual to more closely monitor and screen for diseases associated with that organ.

Early detection of disease may be beneficial if found at a stage that is more treatable.

✓ IMPROVED HEALTH AND LIFESTYLE CHOICES:

Understanding the age of specific organs can help individuals make better lifestyle choices to improve organ health. For example, if a person's liver is aging faster than their chronological age, they may be motivated to adopt a healthier diet and lifestyle to improve liver function.

Your SYMPHONYAge Results

SYMPHONYAge

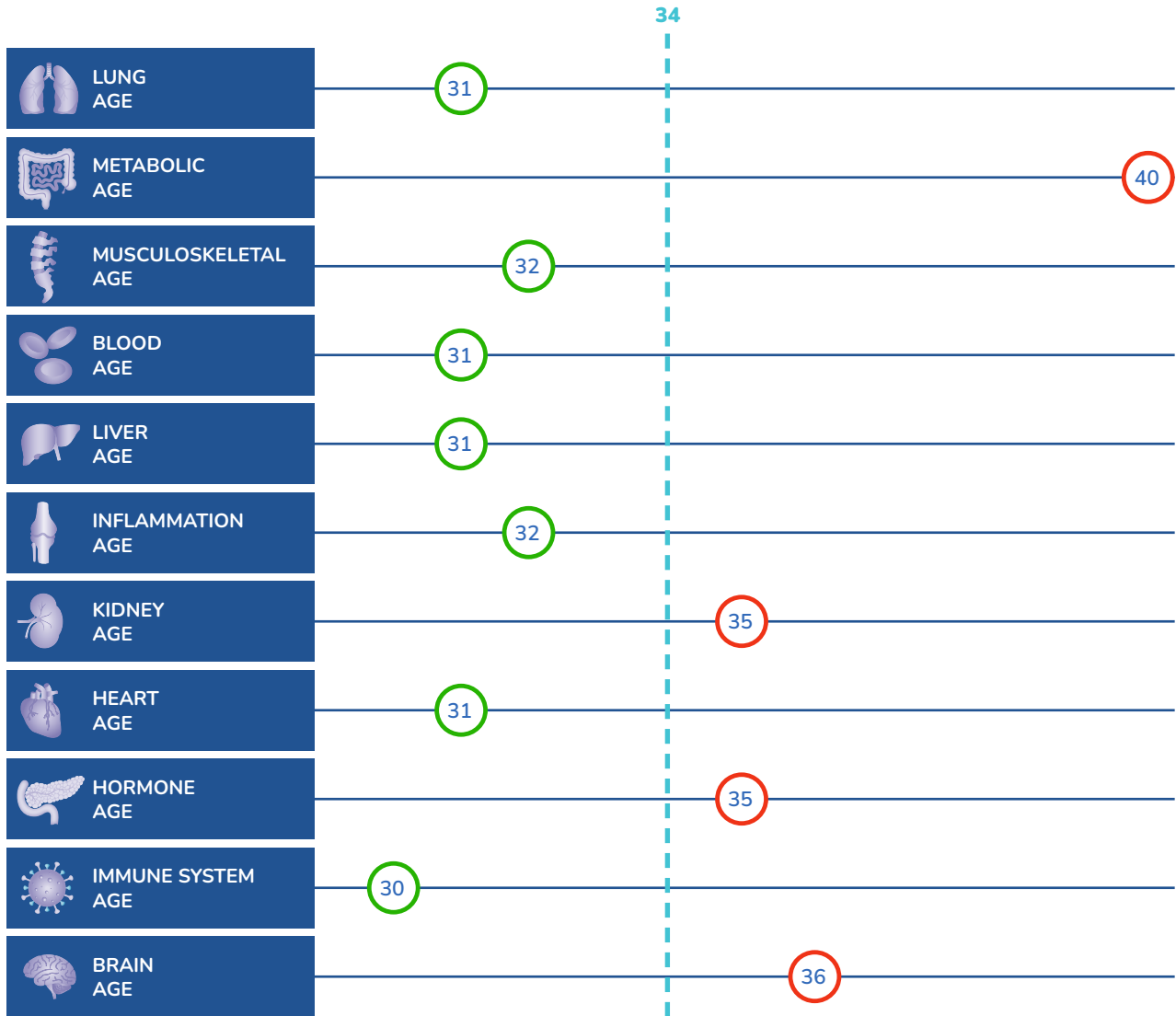
Developed with Yale*

The center bar serves as a baseline marker for your chronological age. Here you can see the difference between your organ ages versus your chronological age,

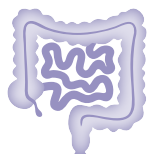
Green is less than your chronological age, **red** is more than your chronological age, and **purple** is equal to your chronological age. The **blue** is your overall SYMPHONYAge.

CURRENT AGE
34

OVERALL SYMPHONYAge
34



Further Testing and Related Diseases



METABOLIC

BIOMARKERS: PCSmoking-packyears, Previous Diabetes, C-Reactive Protein, Glucose-fasting, HDL-Cholesterol, LDL-Cholesterol, Triglycerides, Interleukin – 6, BMI, Waist Circumference

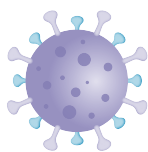
DISEASE: Cognitive Function, Physical Function, Total Comorbidities, Diabetes, and Cataract



BRAIN

BIOMARKERS: Homocysteine, BDNF (serum), Stroke, Total mental status summary score, Total cognition summary score, Immediate word recall, Delayed word recall, Total word recall, summary score, Serial 7s

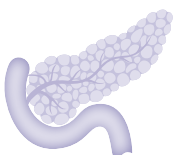
DISEASE: Cognitive Function, Leukemia, and Cataract



IMMUNE SYSTEM

BIOMARKERS: Eosinophil Count, Lymphocyte Count, Monocyte Count, Neutrophil Count, Percent Basophils, Percent Eosinophils, Percent Lymphocytes, Percent Monocytes, White blood Cell Count, Myeloid Dendritic Cells (DC-M) Percentage, Plasmacytoid, Dendritic Cells (DC-P) Percentage, NK Cells: CD56HI Percentage, NK Cells: CD56LO Percentage, CD16 – Monocytes Percentage, CD16+ Monocytes Percentage, B Cells Percentage, CD8+ T Cells; Central memory (CM) Percentage, CD4+ Cells: (TemRA) Percentage, CD4+ T Cells Percentage, IgD + Memory B Cells Percentage, IgD – Memory B Cells Percentage, CD8+ T Cells: T Cells Percentage, Naïve B Cells Percentage, CD8+ T Cells: Effector Memory (Tem) Percentage, Natural Killer (NK) Cells Percentage, Monocytes Percentage, Dendritic Cells Percentage

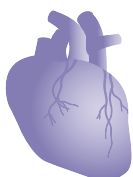
DISEASE: Cognitive Function, Leukemia, Lung Cancer, and Coronary Heart Disease



HORMONE

BIOMARKERS: IGF-1; DHEAS

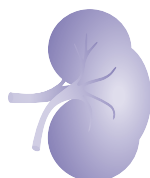
DISEASE: Thyroid Disease, Arthritis, Leukemia, and Breast Cancer



HEART

BIOMARKERS: Shortness of breath while awake, PComponents of Grimage, Previous High Blood Pressure, Previous Heart Attack, Previous Stroke, Homocysteine, BMI

DISEASE: Physical Function, Total Comorbidities, Lung Cancer, Coronary Heart Disease, Diabetes, Thyroid Disease, and Cataract



KIDNEY

BIOMARKERS: Albumin, Urea Nitrogen, Chloride, Bicarbonate Creatinine, Cystatin C, Potassium, Sodium

DISEASE: Cognitive Function, Physical Function, Total Comorbidities, Leukemia, Diabetes, Arthritis, and Cataract

Systems-related Biomarkers and Disease (continued)



INFLAMMATION

BIOMARKERS: Ferritin, C-Reactive Protein, Transforming Growth Factor Beta, Interleukin 10, Interleukin 1 Receptor Antagonist, Interleukin 6, Tumor Necrosis factor Receptor 1

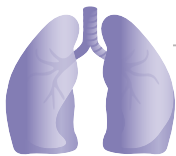
DISEASE: Cognitive Function, Physical Function, Total Comorbidities, Coronary Heart Disease, Diabetes, Arthritis, and Cataract



LIVER

BIOMARKERS: Albumin, Alkaline Phosphatase, ALT, AST, Bilirubin, Total Protein

DISEASE: Cognitive Function, Leukemia, and Cataract



LUNG

BIOMARKERS: Peak expiratory flow, Bicarbonate, Chronic Lung Disease, Shortness of breath while awake, Persistent wheezing, cough, or bringing up phlegm PCSmoking-packyears

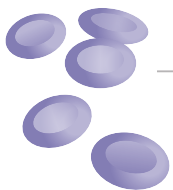
DISEASE: Lung Cancer, Coronary Heart Disease, and Thyroid Disease



MUSCULOSKELETAL

BIOMARKERS: Vitamin D3, Dehydroepiandrosterone sulphate, IGF-1, Arthritis, Height, Weight, BMI, some diff-mobility, hand grip strength maximum measurement, semi tandem balance test time, times walk test time, hand grip strength-left hand hand grip strength – right hand, had back problems, some diff-stoop/kneel/crouch, diff-stoop/kneel/crouch, diff-walk one block, Diff-walk sev blocks, some diff-walk one block, some diff-walk sev blocks, diff climb sev flt stair, diff-climb one flt stair, some diff-clmb sev flt str, some diff-climb 1 flt stair, diff-get up fr chair, some diff get up fr chair, some diff-get up fr chair, diff-reach/extnd arms up, some diff-rch/xtnd arms up, diff-lift/carry 10lbs, some diff-lift/carry 10lbs, side-by side balance test time, full tandem balance test time, Sum of 7 different functional tests, Combination of all balance scores.

DISEASE: Physical Function, Total Comorbidities, Diabetes, and Arthritis



BLOOD

BIOMARKERS: SFerritin, Hematocrit, Hemoglobin, Mean Corpuscular Hemoglobin, Mean Corpuscular Hemoglobin Conc, Mean Corpuscular Volume, Mean Platelet volume, Platelet Distribution width, Platelet Count, Red Blood Cell Count, Red Cell Distribution Width

DISEASE: Leukemia and Cataract

DunedinPACE

Developed from the landmark Dunedin study, DunedinPACE measures how fast patients are biologically aging each year compared to the calendar year. The DunedinPACE algorithm is a revolutionary approach to quantifying aging that shifts the focus from merely knowing your biological age to understanding the pace, or rate at which you're aging.

It's not just about how old your body is biologically; it's equally crucial to grasp how quickly you are moving towards aging. This knowledge is vital because slowing down the pace of aging can significantly impact your health, vitality, and the prevention of chronic diseases. By providing a clearer picture of how fast you're aging,

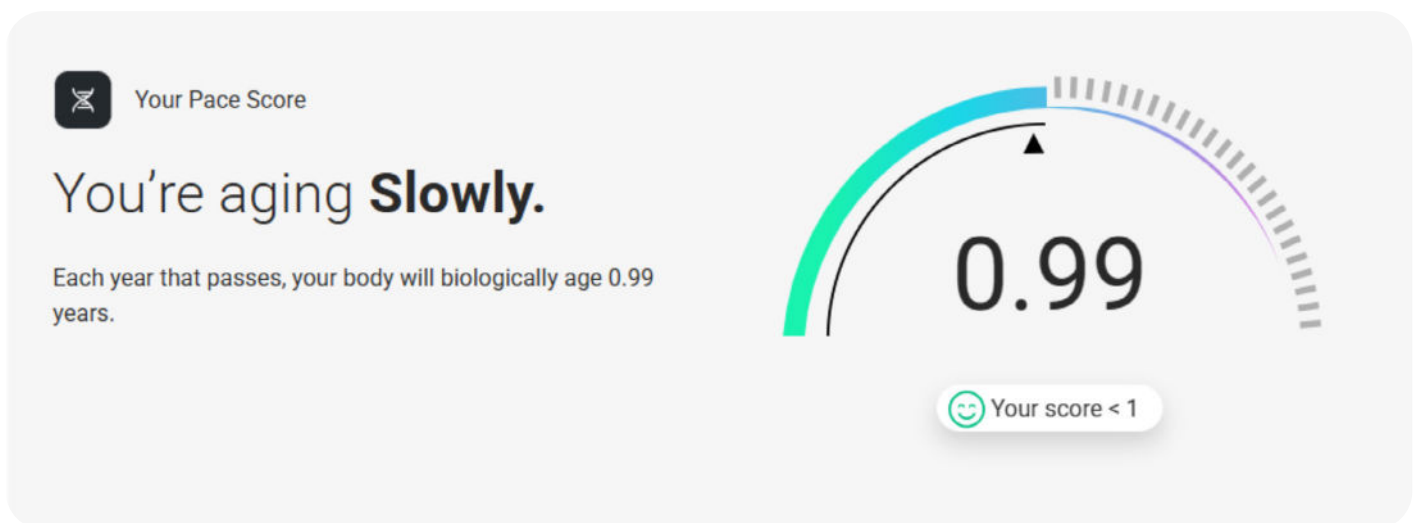
DunedinPACE empowers you to make informed lifestyle choices that can help decelerate the aging process, aiming for a healthier, more vibrant life. Your pace of aging changes quickly and has been shown to be affected by lifestyle choices, making it a perfect tool to understand the success of interventions.

Through repeat testing you are able to track progress over time and measure the effectiveness of your interventions.



A pace greater than 1 has been associated with a **54%** increased risk of chronic disease in the next 7 years.

Your DunedinPACE Score



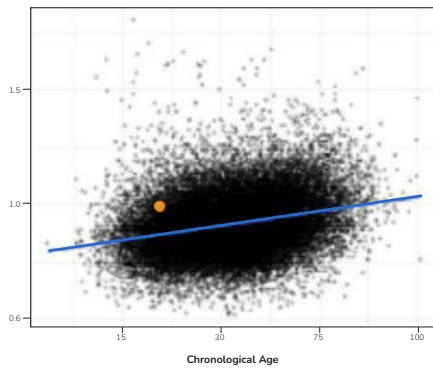
Your DunedinPACE Results

DunedinPACE of Aging



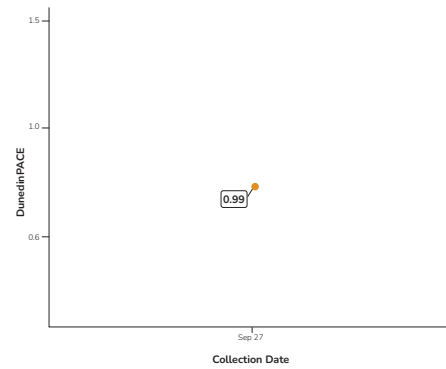
DunedinPACE Value
0.99

Population



Your DunedinPACE is higher than **86.70%** of the general population at your same calendar age

Changes over time



ALGORITHM	PATIENT DATA	MORBIDITY AND MORTALITY RISK ASSOCIATIONS	STATEMENT
DunedinPACE	0,99 Biological years per year	All-Cause Mortality (Belsky et al., 2020)	If you are aging above a rate of 1,00, you would increase risk of death by 56% over the next 7 years.
		Chronic Disease (Belsky et al., 2020)	If you are aging above a rate of 1,00, you would increase risk of chronic disease diagnosis by 54% over the next 7 years.

Telomere Length Report

Introduction to Telomeres

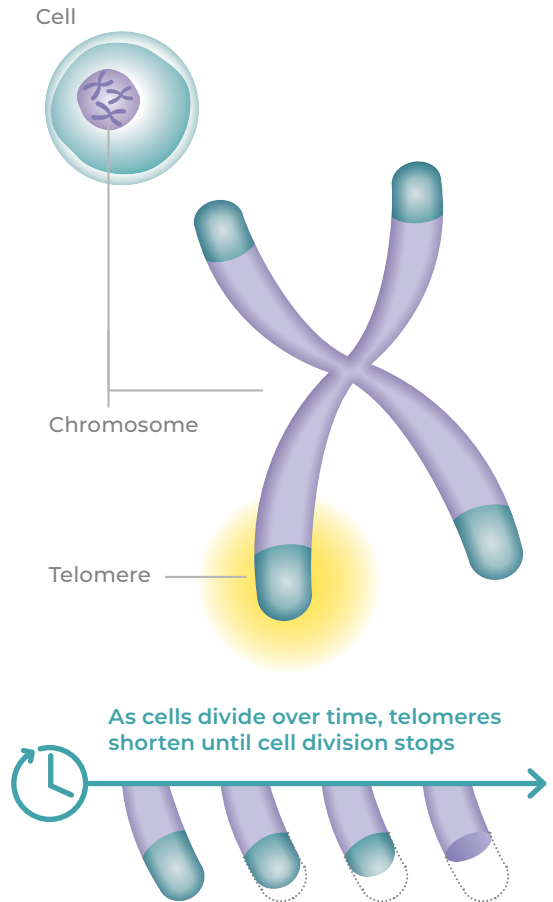
Telomeres are repeating sequences of nucleotide sequences (TTAGGG) that tag the ends of all chromosomes. They are designed to prevent unpredictable changes in the DNA strand, keeping the genome stable [3].

Their primary function is to prevent chromosomal “fraying” when a cell replicates, much like the plastic tips on the end of shoelaces [5]. As a cell ages, its telomeres become shorter.

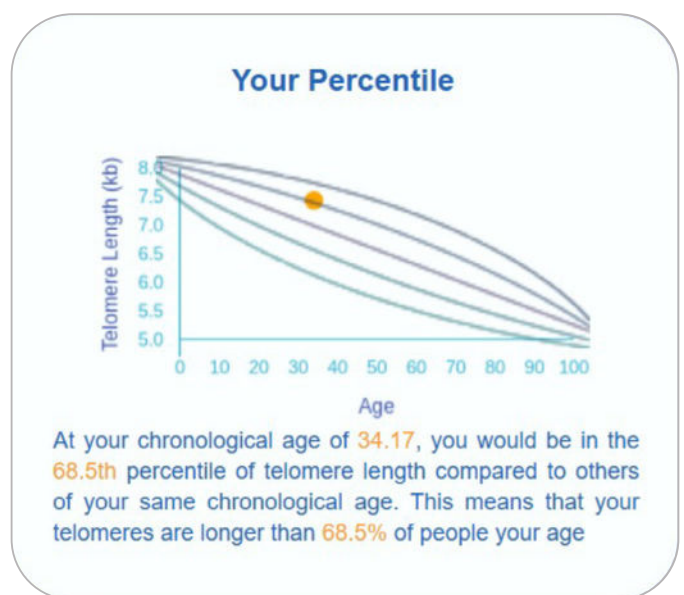
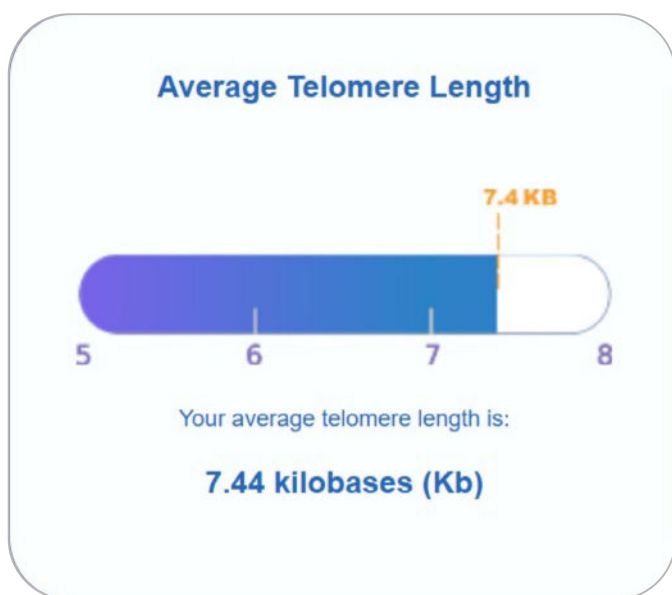
Why are Telomeres Important?

Telomere length is affected by both genetic and epigenetic contributions. A new study found that DNA methylation is closely linked to TL. The study by researchers at the University of California Los Angeles shows a very significant linkage between two different markers that indicate aging [2].

Shorter telomeres are not only associated with age but with disease too. In fact, shorter telomere length and low telomerase activity are associated with several chronic preventable diseases. These include hypertension, cardiovascular disease, insulin resistance, type 2 diabetes, depression, osteoporosis, and obesity.



Your Telomere Length Results



FitAGE

How your Physical Fitness Impacts Age

It is a visible and well-known fact that physical fitness declines as we age. This functionality and performance loss is well-correlated with health, and can be measured indirectly through reduced function in specific organs (such as the lungs), as well performance tests of strength.

The rate and extent of this decline varies between individuals, however, those who maintain physical fitness as they age are at lower risk for a range of diseases. These people also tend to live longer lives.

The use of DNA methylation (DNAm) has allowed for the development of fitness biomarkers, as well as biomarkers of age-related changes in physical fitness. Physiological data can be incorporated into algorithms in order to predict aging-related morbidity, disability, and mortality through DNAm biomarkers; indicating that individual differences in various fitness parameters can be reflected in DNAm data.

VO₂MAX

Higher levels of VO₂Max are associated with better, verbal short term memory.

Highly fit individuals, as considered by VO₂Max levels, are associated with younger OMICm FitAge and lower BMI.

GAIT SPEED

Lower gait speed is associated with impairment of daily activities, physical inactivity, and cardiovascular disease.

Faster gait speeds indicate greater mobility, which helps to prevent disability, disease, and loss of autonomy.

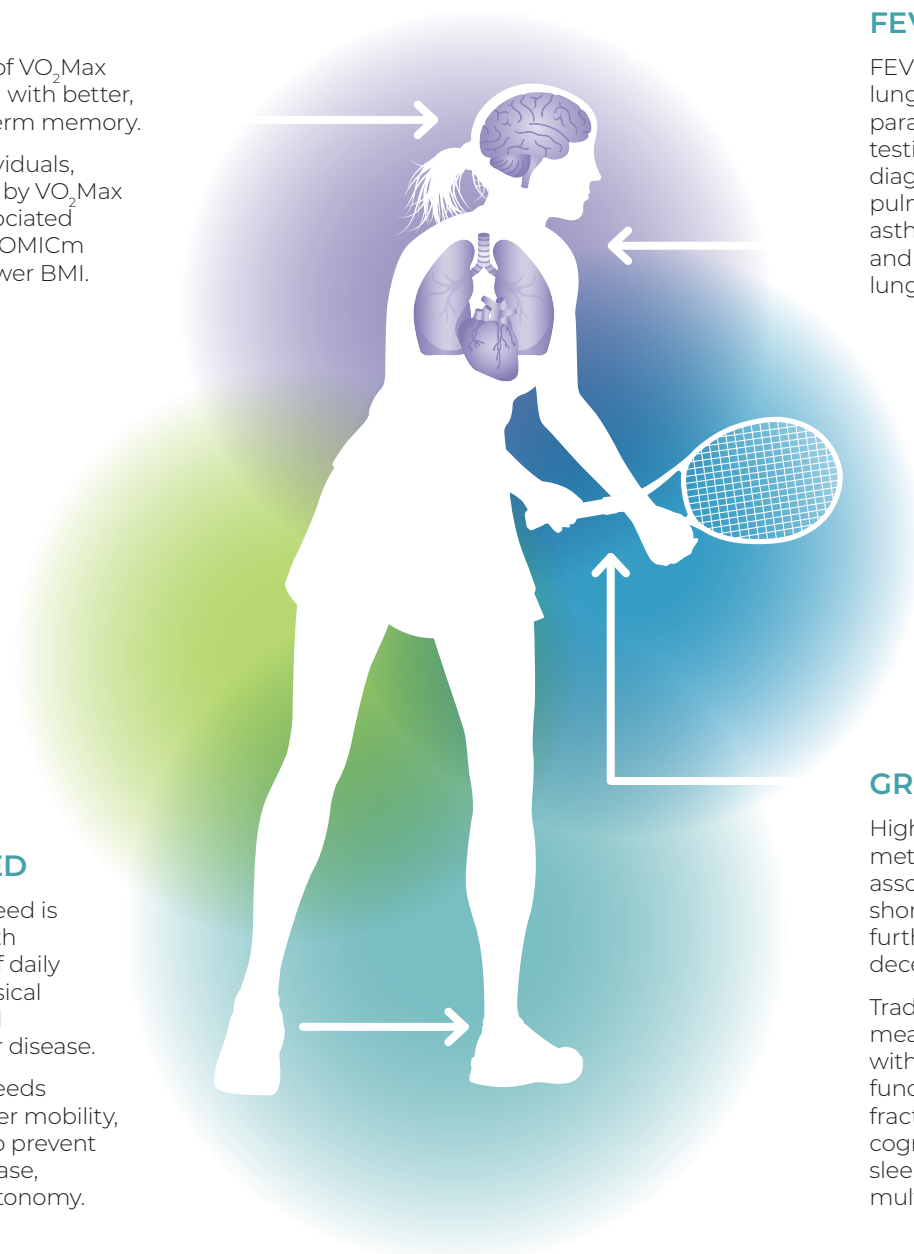
FEV1

FEV1 specifically measures lung function. Collectively, these parameters make-up spirometry testing, which is beneficial in diagnosing chronic obstructive pulmonary disease (COPD), asthma, restrictive lung disease, and other disorders that affect lung function.

GRIP STRENGTH

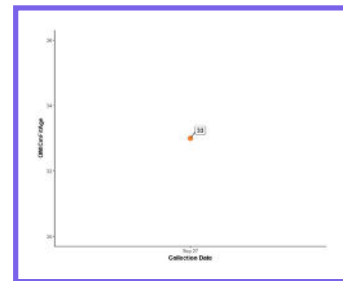
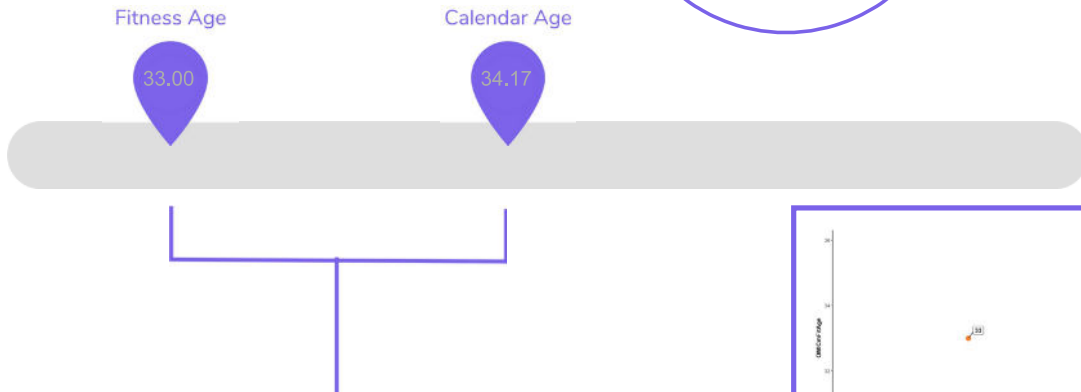
Higher levels of Gripmax (DNA methylated Grip Strength) are associated with better verbal short-term memory; which is further associated with decelerated aging.

Traditional grip strength measurements are correlated with overall strength, upper limb function, bone mineral density, fractures, falls, malnutrition, cognitive impairment, depression, sleep problems, diabetes, multimorbidity, and quality of life.



Your Results.

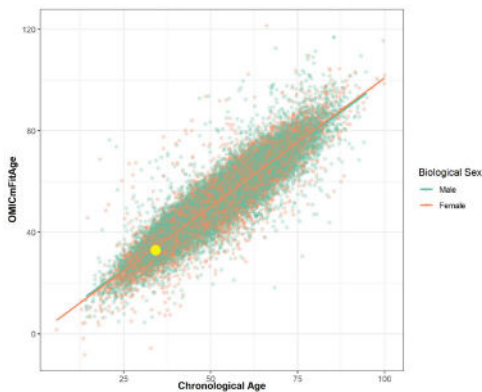
DISCLAIMER: All population graphs included in this report are based off of data from thousands of research participants and TruAge test takers. Population graphs are included to provide context to your results, with your individual scores being indicated by a neon green dot that is plotted amongst population trends.



Your OMICm FitAge is

LOWER THAN

your calendar age by 1.17 years.



For every one year older that your OMICm FitAge is over your calendar age, there is an average **0.29 decrease in relative grip strength** and a 0.32 increase in BMI. OMICm FitAge has estimated that highly-fit individuals (classified through VO2max) have a **1.5 to 2.0 younger biological age** compared to low/medium fit individuals in females and males, respectively.

Younger OMICm FitAge was associated with better memory test performance, emphasizing the **beneficial role of physical exercise on cognitive health.**

Weight Loss Resistance

Learn about your genes: PON3

PON3 creates a protein that circulates in the blood stream. This protein binds to lipoproteins, which transport fat molecules through the blood.

The PON3 protein protects lipoproteins like HDL and LDL (also known as cholesterol) against oxidation. When LDL is oxidized, it can cause inflammation which leads to plaque in the arteries and possible damage to arterial walls.

Oxidized LDL is also believed to play a role in increasing the amount of fat your body deposits. It increases the production of triglycerides, which is the most common type of fat produced when your body has extra calories available.

Studies have found that the pattern of methylation on PON3 can predict how a person's weight and body fat will respond to caloric restriction.

Your Results

Weight Loss Response

CPG SITE	CPG	CPG	CPG	CPG
cg03301582	PON3	0,120	0,09	Hypomethylated
cg04060282	PON3	0,324	0,38	Hypomethylated
cg08461TT2	PON3	0,418	0,48	Hypomethylated
cg08898155	PON3	0,163	0,11	Hypomethylated
cg0329418	PON3	0,252	0,33	Hypomethylated
cg11435506	PON3	0,165	0,12	Hypomethylated
cg15500865	PON3	0,072	0,07	Hypomethylated
cg24750391	PON3	0,355	0,48	Hypomethylated
cg25161512	PON3	0,115	0,15	Hypomethylated
cg26457160	PON3	0,490	0,62	Hypomethylated
cg2716692	PON3	0,253	0,33	Hypomethylated

RISK REPORT	PATIENT OUTCOMES	IMPACT	IMPACT	ADDITIONAL NOTE
Weight Loss Response	Intermediate response	Your DNA response methylation scores at the above loci indicate you are an intermediate responder for weight loss treatment utilizing a hypocaloric diet. This means you may or may not lose weight from caloric restriction.	If your DNA methylation score puts you in the category of non-responder or intermediate responder, then a hypocaloric diet might not be the best treatment option for you. If you are a responder, that means a hypocaloric diet has a greater chance of positively impacting your weight loss goals.	Studies on these particular CpG loci have concluded that some individuals have a better response to a calorie deficit diet than others. This may indicate why weight loss has been difficult to achieve and can provide insight into finding the best weight loss strategy.

