



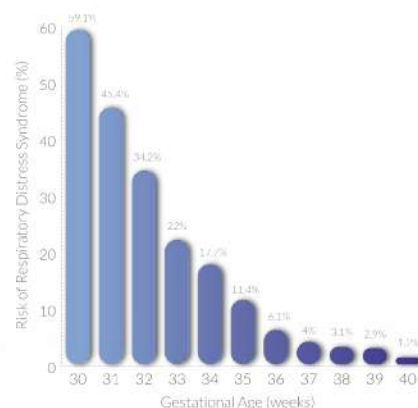
A Revolution in Ultrasound-Based Diagnosis

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 adap ted from differents publications: J AMA 2010, JAMA Pediatr. 2013 and Paediatr Perinat Ep. 2013.

HOW TO USE quantusFLM?

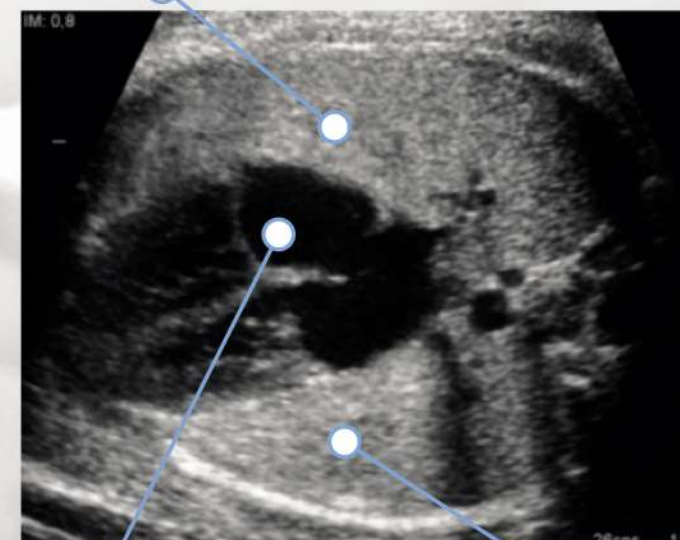
Using quantusFLM is easy only with 3 simple steps:



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%

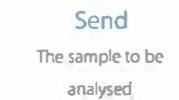
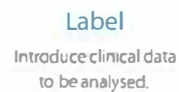
L/S: Lecithin / Sphingo myelin
PG: Phosphatidol Gl ycerol

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

*Defined as either Respira tory Distress Synd rome or Transient Tachypnea of the n ewborn that require his admission to a special unit and the use of medical respiration support.

**The term "Fetal Lung Maturity" is uni versally used by the scientific and medical communi ty to define the capaci ty of fetal lungs to achieve normal respiration function if the fetus is born.

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:



Fetal Lung Maturity Test

quantur
FLM
www.quanturflm.com

Patient & Provider Information

PATIENT NAME:
Patient Name

PATIENT ID:

Patient ID

quanturFLM ID:
XXXI-14669

CLINIC NAME:

Clinic name

HISTORICAL PROVIDER CLINICIAN:

Doctor Name

REPORT DATE:

(dd/mm/yyyy) 16/04/2020

Sample Information

GESTATIONAL AGE:

37 WEEKS 0 days

US ACQUISITION DATE:

03/10/2014

REQUEST DATE:

16/04/2020 17:48

(dd/mm/yyyy hh:mm)

Test Result from NRM

quanturFLM ID:

XXXI-14669

Baseline risk by gestational age:

4 %

Risk adjusted by quanturFLM(*):

28.1 %

NEONATAL RESPIRATORY MORBIDITY RISK

Gestational Age (Weeks)	quanturFLM (%)	OA (%)
20	~28	-
21	~25	-
22	~22	-
23	~20	-
24	~18	-
25	~15	-
26	~12	-
27	~8	-
28	~4	~8
29	~2	-

Authorized signers

TRANSMURAL
BIOTECH

Technical responsible:
Álvaro Pérez Moreno

*The risk rate indicates the probability of neonatal respiratory morbidity (NMR), which is defined as respiratory distress syndrome or transient tachypnea of the newborn, obtained by means of adjusting the baseline risk for gestational age by the positive or negative likelihood ratio obtained by the analysis of ultrasonated fetal lung biometry.

TEST DESCRIPTION

quanturFLM® offers an automatic assessment of the neonatal Respiratory Morbidity (NMR) risk using the quantitative texture analysis of a fetal lung image. Quality of image and acquisition is relevant and must be taken following product specifications. quanturFLM® has been validated in singleton pregnancies from 28.0 to 39.5+ weeks with maternal BMI<40 kg/m² and no local infection or chromosomal abnormalities. quanturFLM® is not intended as a final indication for delivery but as additional information to be considered in the management of the patient. NMR is defined as respiratory distress syndrome or transient tachypnea of the newborn.

quanturFLM® Test is intended for clinical use and should not be regarded as investigational or research. Report must be sent obtained using quanturFLM® S.L. quanturFLM® has been developed by Transmurral Biotech, S.Biotech, C.I. Iberia (C.I.) of IMIBI, Barcelona, Spain. With the purpose of using IVD medical devices, we inform you that this will be included in a data base created by Transmurral Biotech, S.L. for its clinical treatment. You may exercise the rights of access, rectification, cancellation and opposition contacting us at info@transmurralbiotech.com.

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 risk adjusted by quantusFLM below the baseline risk might reduce the chances of morbidity to 5.2%, while if the risk adjusted by quantusFLM is above the baseline risk, the probability of respiratory morbidity might 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. S. Sengupta, V. Carrion, J. Shelton, R.J. Wynn, R.M. Ryan, K. Singhal and S. Lakshminrusimha. *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, V. 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. Batton, 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, I. CM. 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, Piraquive JP, 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 statistics. A.S. Tunis, G.J. Czarnota, A. Giles, M.D. Shera, J.W. Hunt, and M.C. Kolos. *Ultrasound in Med and Bio.* 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. Norwitz. *Rev Obstet Gynecol.* 2008 Spring; 1(2): 61-68.
18. Quantitative ultrasonography. M.F. Insana, 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. Lizzi, M.G. Greenbaum, E.J. Felleppa, M. Elbaum and D.J. Coleman. *J Acoust Soc Am.* 1983; 73(4):1365-1373.
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 backscattering power spectra from cells, cell pellets and microspheres. M.C. Kolos MC, 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, Bonet-Carne E, Cobo T, Pérez-Moreno A, Sabarria-Bilus J, Richter J, Kacerovsky M, Jacobsson B, García-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-Artizzu 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!



CE 0051



Transmural Biotech S.L., CIF: B65084675.

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

Revision 3 21/04/2020