

NEW

# Optimize response

PROMETHEUS®  
Anser® UST 

## Monitoring provides valuable information that may help you optimize inflammatory bowel disease (IBD) clinical response to ustekinumab (UST)

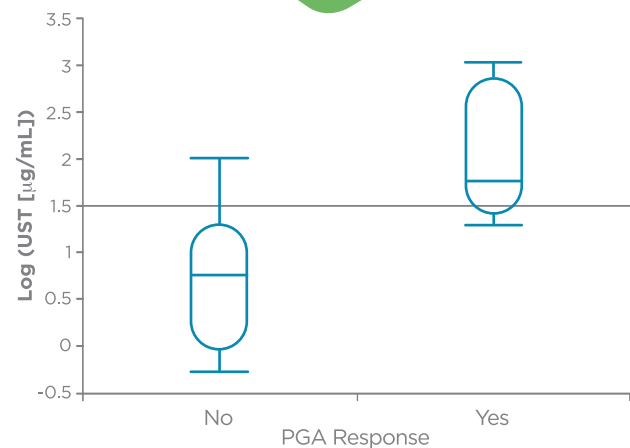
Demonstrated utility of serum UST monitoring with PROMETHEUS® Anser® UST<sup>1,\*</sup>:

- In a study of anti-TNF $\alpha$  refractory Crohn's disease (CD) patients on UST maintenance therapy, 19 serum samples were analyzed using Anser® UST
- Median drug concentrations for clinical responders were significantly higher than for nonresponders (5.8  $\mu\text{g}/\text{mL}$  vs 2.2  $\mu\text{g}/\text{mL}$ ,  $P = 0.0025$ )<sup>\*</sup>
- No antibodies to ustekinumab (ATU) were detected

<sup>\*</sup>Clinical response defined as > 50% reduction in symptoms based on physician global assessment (PGA) scores of 0 to 3 (ranging from lack of response [0] to complete response [3]).

<sup>\*\*</sup>Mucosal healing was defined as absence of ulcers on endoscopy.

### UST Levels and Clinical Response<sup>1,\*,\*\*</sup>



UST Concentrations	Nonresponders	Responders
<b>N</b>	<b>8</b>	<b>11</b>
<b>Median (<math>\mu\text{g}/\text{mL}</math>)</b>	<b>2.2</b>	<b>5.8</b>

**“Using a drug-tolerant Anser UST test, serum UST concentration was associated with clinical response in a real-world biologic-experienced CD patient population.”<sup>†1</sup>**

NEW

# Validated for ustekinumab

PROMETHEUS®  
Anser® UST

## Uniquely provides both serum UST and ATU levels any time during treatment

- Quantifies if patients have sufficient UST concentrations and/or have developed antibodies to ustekinumab (ATU), helping you:
  - Interpret your patient's response to UST
  - Tailor your treatment plan to help maximize duration of UST treatment
- Drug-tolerant assay overcomes limitations of assays that cannot measure both serum UST and ATU levels in the presence of UST

Know their levels.  
Build your plan.

Check the UST box on your test requisition form

**TEST REQUISITION**

**SAMPLE COLLECTION INFORMATION**

DATE COLLECTED (required): \_\_\_\_\_

TIME COLLECTED: \_\_\_\_\_

PATIENT USE:

SENDER SAMPLE ID #: \_\_\_\_\_

MEDICATION ONLY - HOSPITAL STATUS WHEN SAMPLE WAS COLLECTED:

Hospital inpatient  Hospital outpatient  Non-hospital patient

LABORATORY/TESTER NAME/ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT: \_\_\_\_\_

RESULTS:  Chem  CDM  Chemistry/Tox

**PATIENT INFORMATION (REQUIRED)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER PHONE #: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX:  M  F  O  P  U  X

**BILLING INFORMATION (REQUIRED)**

Bill:  Provider account  Insurance  Laboratory  Patient

PROMETHEUS: Bill or claim entries returned to hospital at all times and the patient who will be billed remains the hospital outpatients, for whom the hospital is responsible.

I certify that the ordered test(s) is/are reasonable and medically necessary for the diagnosis, care, and treatment of this patient's condition.

ORDERING PROVIDER'S SIGNATURE: \_\_\_\_\_

**PROVIDER/ACCOUNT INFORMATION**

ACCOUNT NAME/ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

NO CROSS (required): \_\_\_\_\_

CLINICAL DIAGNOSIS:

SEARCH FOR CROSS:  Class of response  Drug/antigenic reaction  Discoloration/precipitation  Discoloration/precipitation  Discoloration/precipitation

**MUST PROVIDE DOSAGE INFORMATION**

INFUSION/INJECTION DATE: \_\_\_\_\_

DOSE: \_\_\_\_\_ mg or \_\_\_\_\_ mg/kg

FREQUENCY: Every \_\_\_\_\_ weeks

ROUTE OF ADMINISTRATION: \_\_\_\_\_

**SELECT THE APPROPRIATE TEST TO BE PERFORMED**

PROMETHEUS® Anser® ADA - #3170  
Simultaneously measures **adalimumab (ADA)** and antibodies to adalimumab (ATA) levels in serum.

PROMETHEUS® Anser® IFX - #3150  
Simultaneously measures **infliximab (IFX)/infliximab biosimilar** and antibodies to infliximab (ATI) levels in serum.

**SELECT MEDICATION:**  REMICADE® (INFLIXIMAB)  INFLIXIMAB BIOSIMILAR  
*Anser IFX has been validated for use in patients treated with infliximab biosimilars.*

PROMETHEUS® Anser® UST - #3190  
Simultaneously measures **ustekinumab (UST)** and antibodies to ustekinumab (ATU) levels in serum.

PROMETHEUS® Anser® VDZ - #3180  
Simultaneously measures **vedolizumab (VDZ)** and antibodies to vedolizumab (ATV) levels in serum.

**Reference: 1.** Boland BS, Hester K, Salbato J, et al. Association of ustekinumab concentrations using Anser® UST mobility shift assay and clinical response in Crohn's disease. American College of Gastroenterology; October 13-18, 2017; Orlando, FL.

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How this information is used to guide patient care is the responsibility of the physician. Assays and methods within this test may be covered by one or more US pending or issued patents. For details, please go to [www.prometheuslabs.com](http://www.prometheuslabs.com).

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