

# Endometrial Receptivity Analysis



**ERA<sup>®</sup>**

Developed and  
Patented  
by **Igenomix**

**Igenomix<sup>®</sup>**  
WITH SCIENCE ON YOUR SIDE

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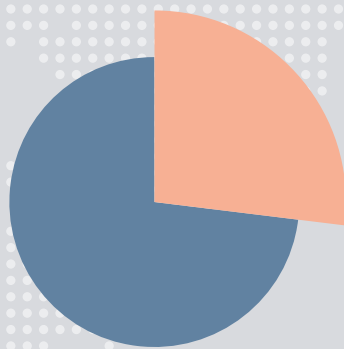
## **About Igenomix**

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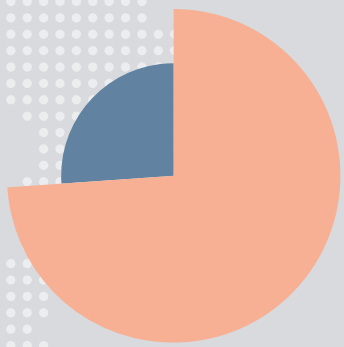
Many patients undergoing IVF may never get pregnant, even after transferring multiple embryos.

## Global rates in Assisted Reproduction



**25-30%**

live birth rates per  
**initiated cycle**



**74%**

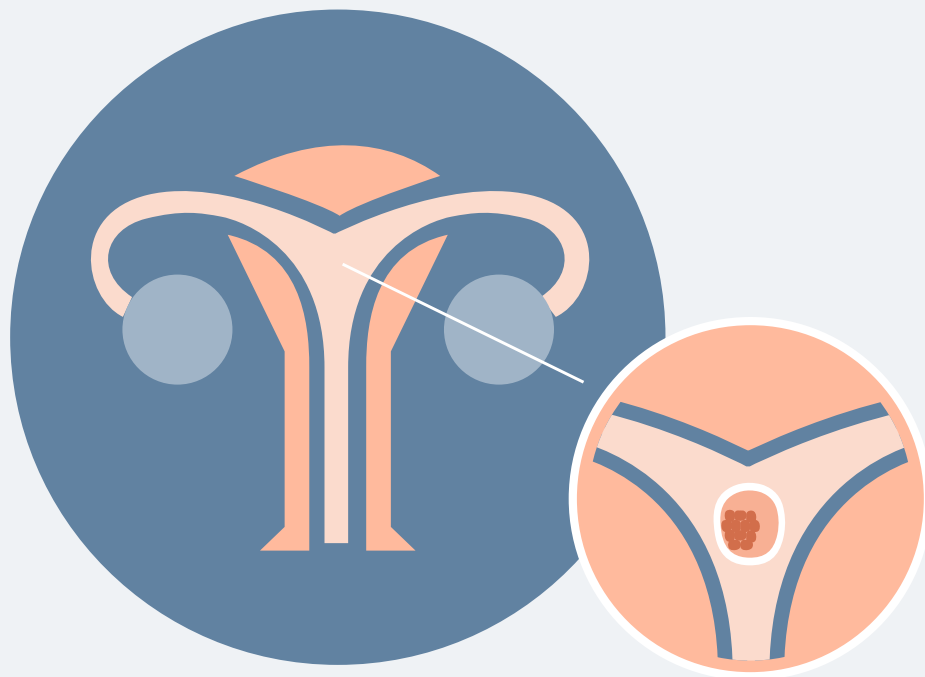
of unsuccessful IVF cycles  
are because the **embryos**  
**never implanted.**

A good-quality embryo is the best starting point for pregnancy. However, the embryo also needs to be transferred to an endometrium that is ready to receive it.



The interior of the uterus is lined with a tissue called the “endometrium”. This is the “nest” which your body prepares, each month, for the arrival of an embryo. The endometrium is the “home” where the embryo implants and resides during gestation.

The embryo and endometrium work together to establish a pregnancy, and success depends on them being in perfect synchrony.



**ENDOMETRIUM**

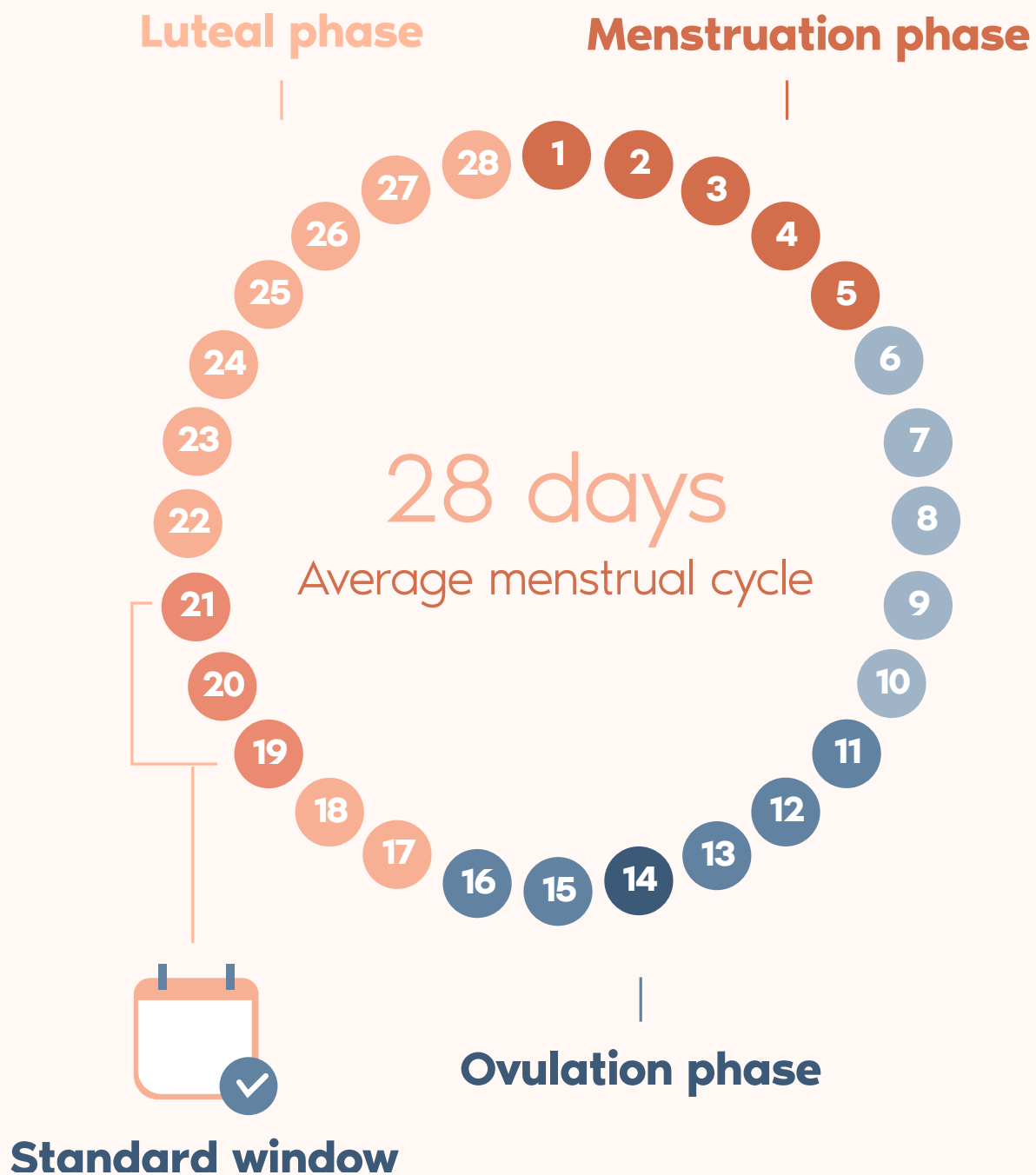


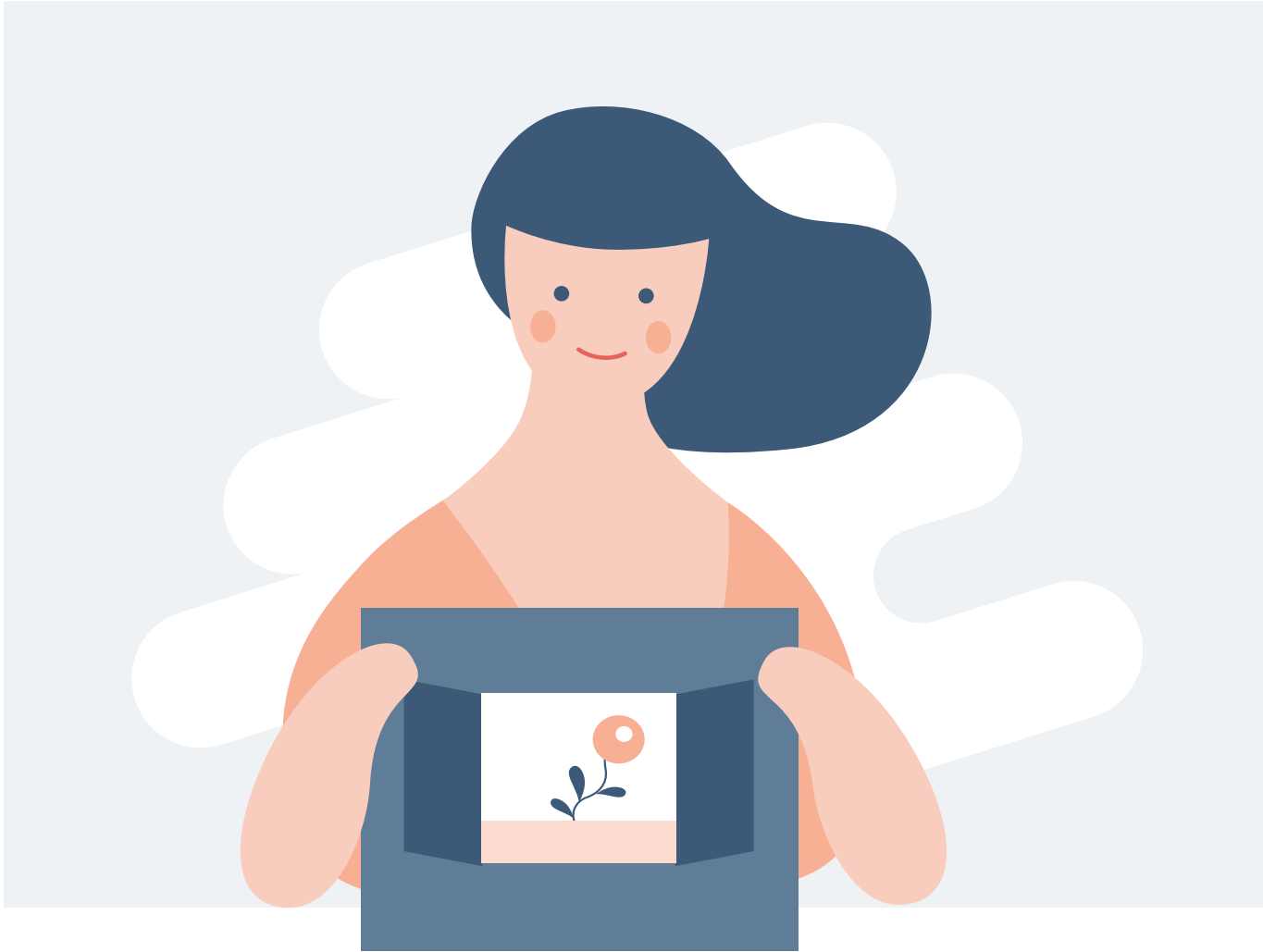
**01**

# Window of implantation



During a woman's cycle, there is a specific period -which can go from day 19 to day 21- when the endometrium is receptive to the implantation of an embryo. This is called the window of implantation.





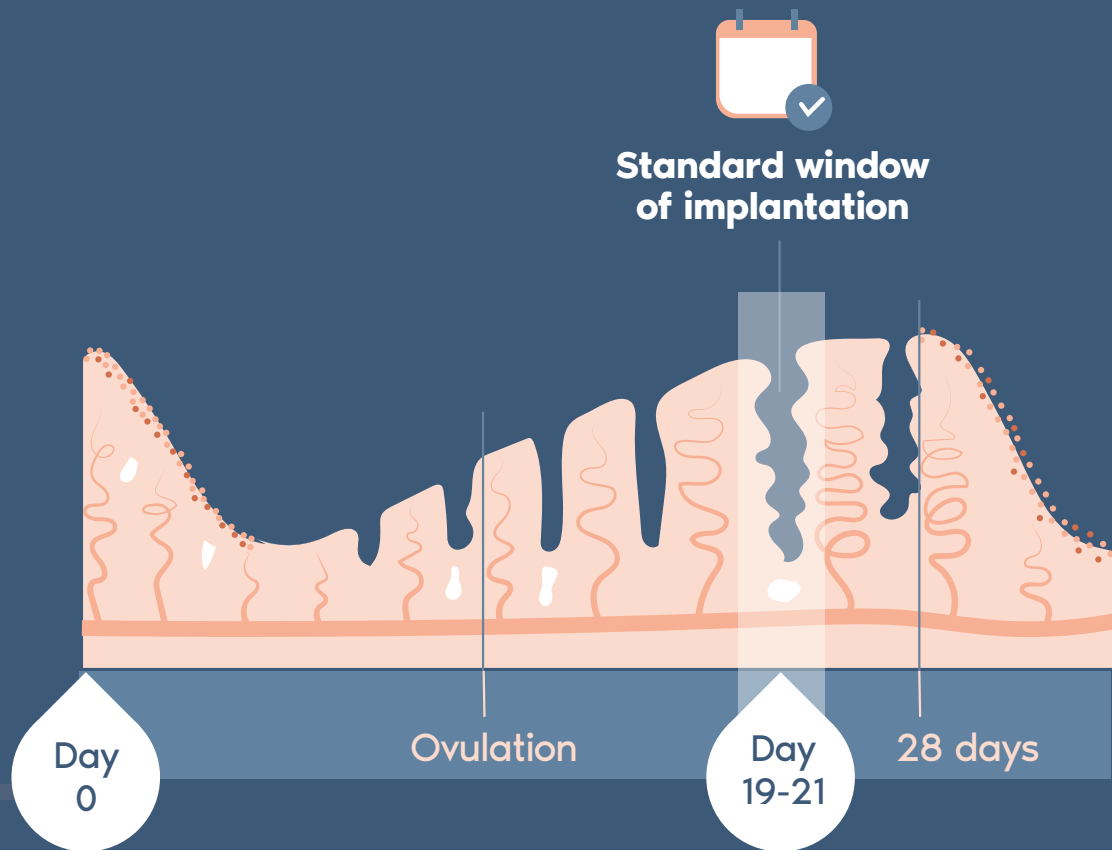
## Every woman has her own window of implantation.

Some windows can be early, some windows can be late, some windows are long, and some are short...

Unfortunately, doctors are unable to know when a woman's window may be until the embryo transfer fails, sometimes more than once.

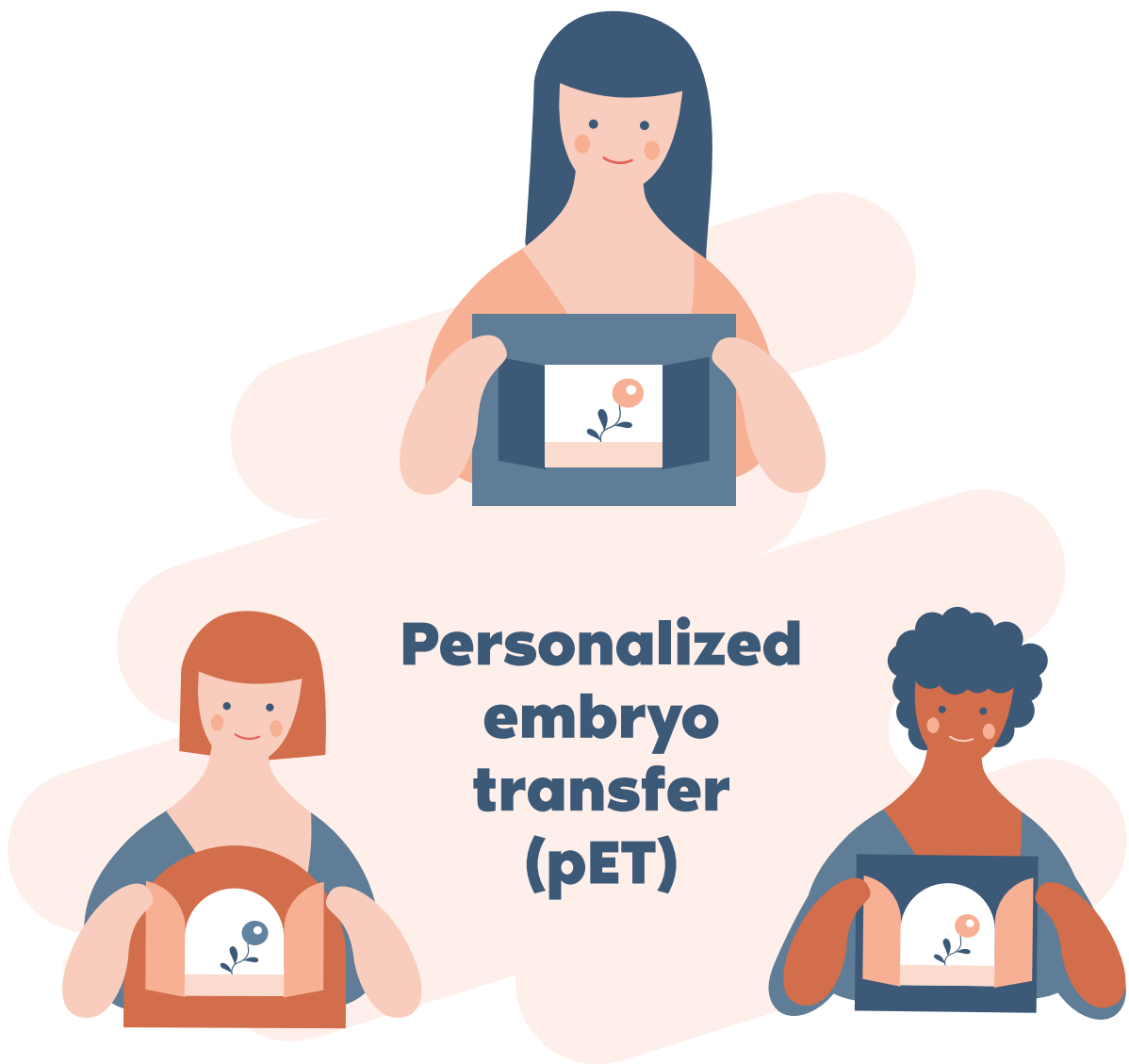


## Displaced window of implantation



Previous scientific studies have shown that around 3 in 10 women\* have an implantation window that falls at a different time than expected. This could reduce your chance of becoming pregnant if the transfer is not planned accordingly. The embryo and endometrium work together to establish a pregnancy, and success depends on them being in perfect synchrony.

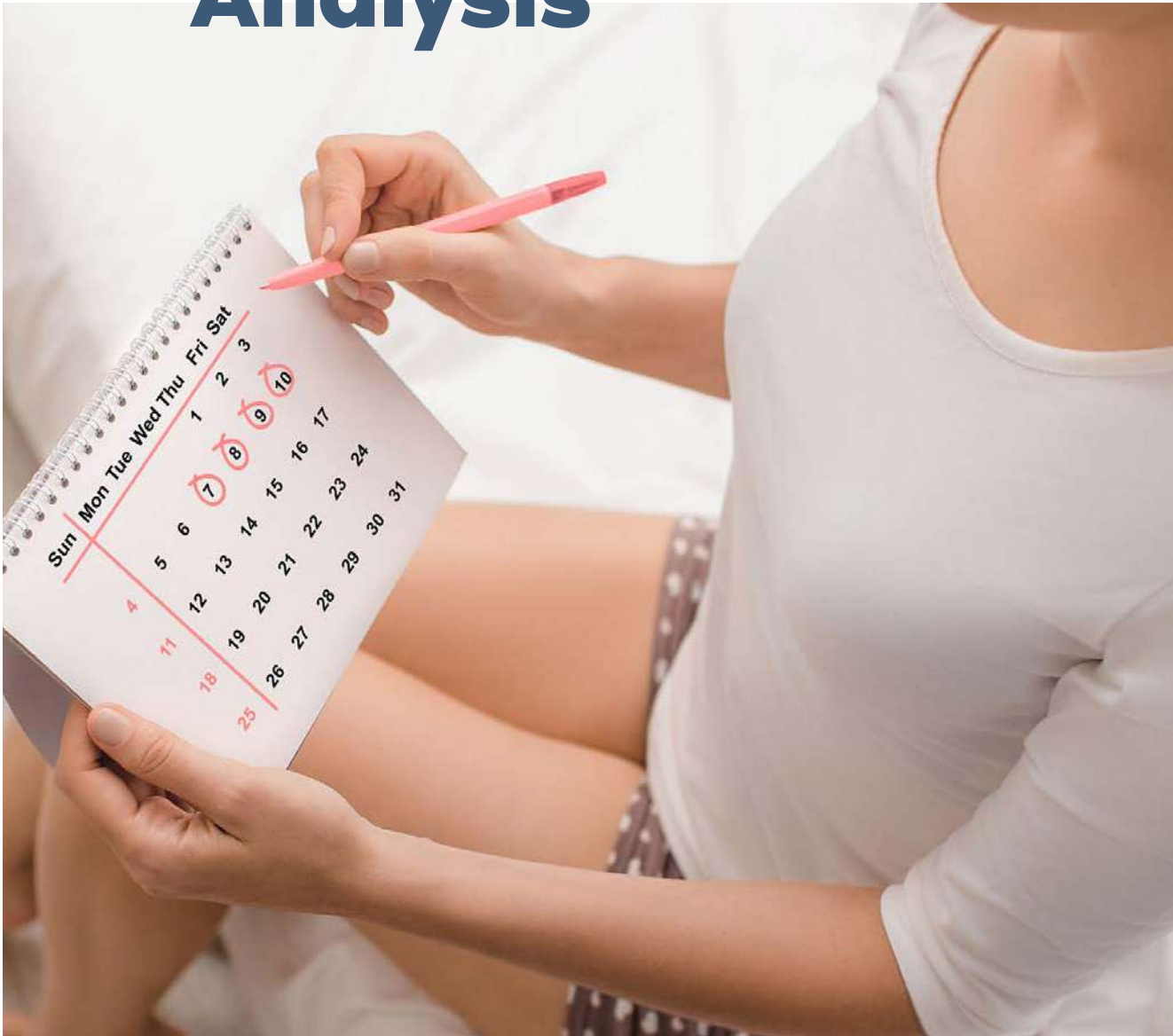
\* RIF patients



Knowing when your endometrium will be receptive is key.

The information about your personal window of implantation will optimize your chances of pregnancy with a personalized embryo transfer.

# The Endometrial Receptivity Analysis



The Endometrial Receptivity Analysis, ERA<sup>®</sup>, is a diagnostic method, developed and patented by Igenomix to find your personalized optimal time for embryo transfer.



# ERA<sup>®</sup>

Developed and  
Patented  
by Igenomix<sup>®</sup>

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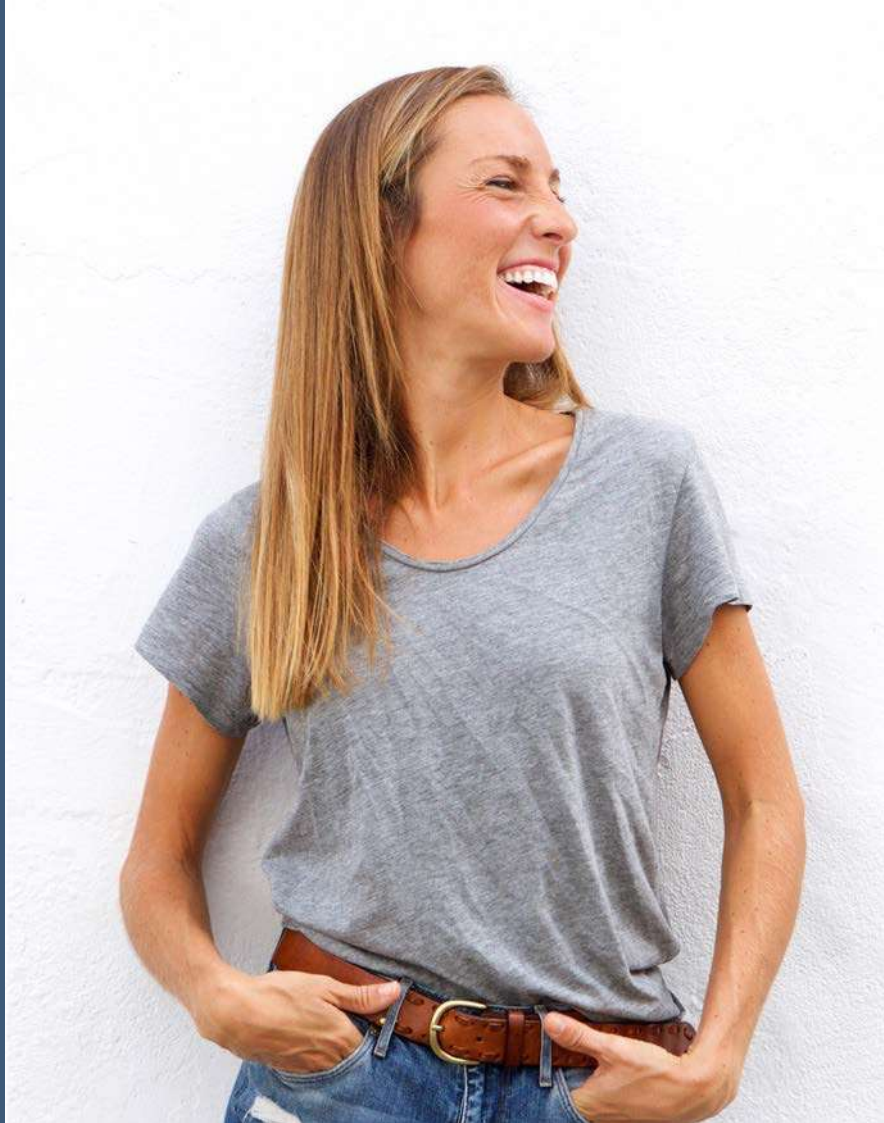
IGENOMIX  
PUBLICATIONS

## 9

EXTERNAL  
PUBLICATIONS

## 10

YEARS OF  
RESEARCH



The test, the first and only of its kind, has extensive scientific and clinical evidence, backed by 24 publications and a randomized clinical trial performed in the last 10 years.

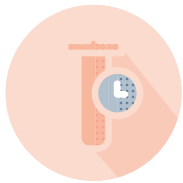
# Why choose ERA®?



ERA® is the **most endorsed diagnostic test available**, backed by 24 publications



ERA® allows a personalized embryo transfer by synchronizing the embryo with the patient window of implantation **analyzing 248 genes, much more than any other tests in the market.**



ERA® is the best diagnostic tool for **all patients starting IVF to find the optimal time for embryo transfer**, and might be most beneficial for those with previous implantation failures.

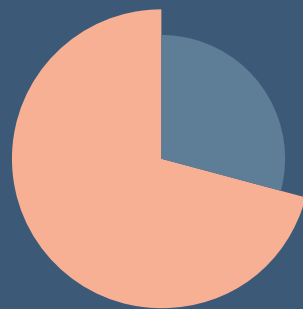


Our recent study\* confirms that a **personalized embryo transfer increases your chances of pregnancy and birth compared to conventional frozen embryo transfer**, even women who were having their first IVF cycle.

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Simón et al, RBMOnline 2020

In addition, our randomized study proves that a personalized embryo transfer is superior to the classic frozen embryo transfer delivering +16pp growth in live birth rate in first appointment patients:



**71%**

OF WOMEN THAT CHOSE ERA®  
GAVE BIRTH AFTER 1 YEAR



**56%**

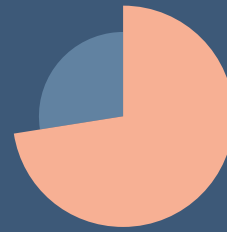
IMPLANTATION OCCURRED  
IN 56% OF WOMEN



ERA® is the best diagnostic tool to find the optimal time for embryo transfer and is suitable for all women, whether it's your first pregnancy or subsequent ones. It is especially useful for patients starting IVF and might be most beneficial for those with previous implantation failures.

The test grants more accuracy in the transfer, maximizing your chances of pregnancy without losing good embryos, reducing the uncertainty and IVF process may entail.





**72.5%**

Became pregnant  
using the ERA® test  
in the first IVF cycle

Our randomized study\* proves that a **personalized embryo transfer is superior to the classic frozen embryo transfer** showing that the pregnancy rate using the ERA® test, in the first IVF cycle in any patient, is 72.5% and 7 in every 10 women gave birth after 1 year.



**7** IN EVERY **10**

women gave birth  
after 1 year

\* Simon et al, RBMonline 2020



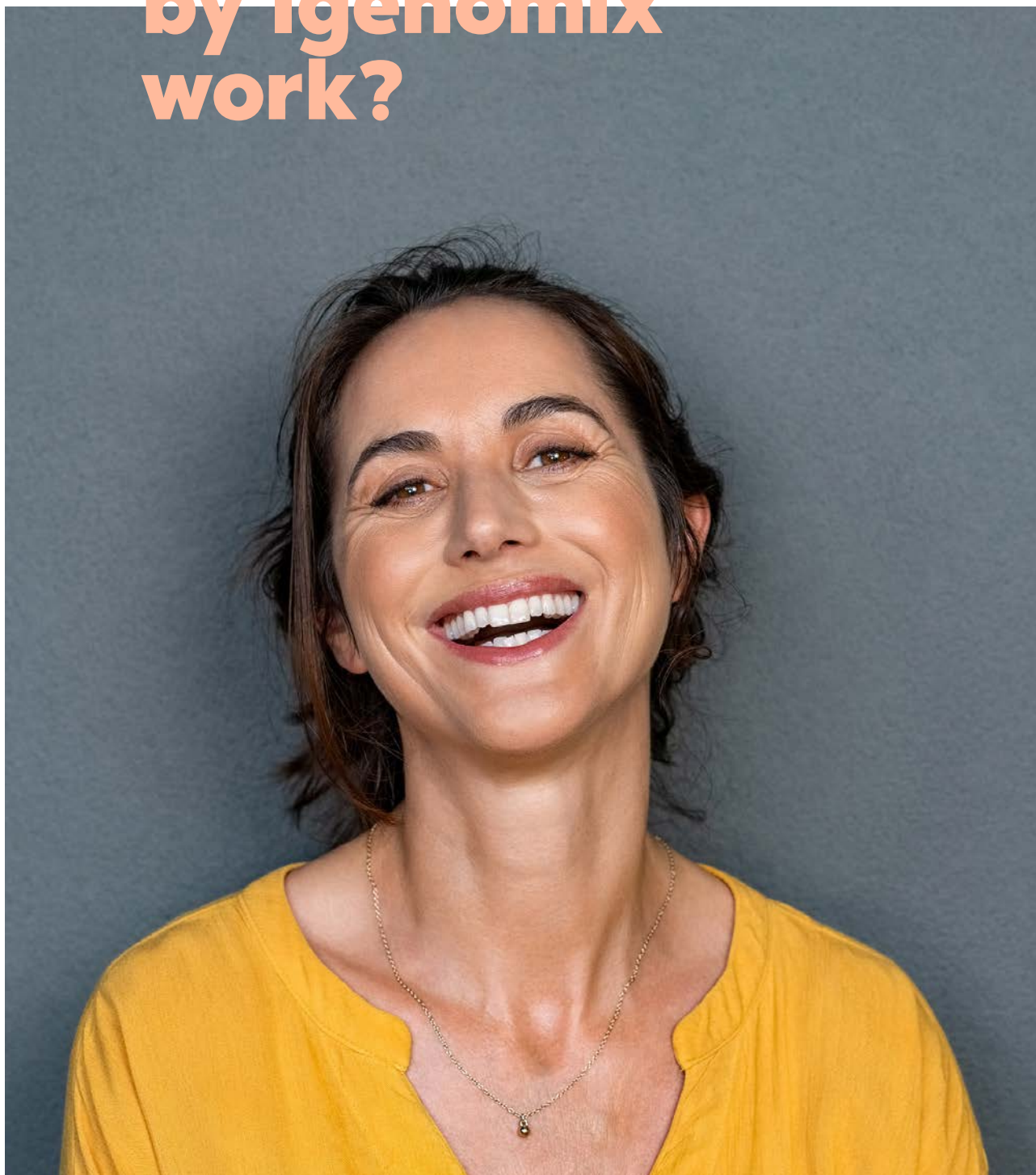
If you've just started trying to conceive, do not have a history of unsuccessful embryo transfers, and/or have not previously undergone IVF but you have concerns or want to discuss this option, you should feel comfortable asking your physician about the ERA® test.

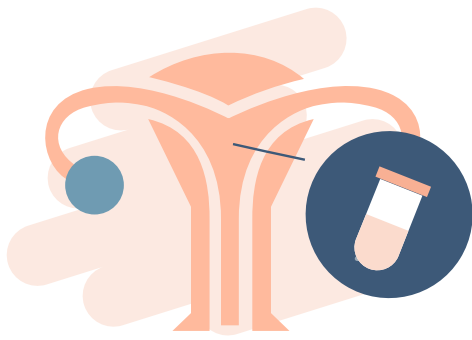
We all like for things to work out. When we look back on what we have and haven't tried yet, we can find new opportunities and pursue other options that will bring us different results. Look to your physician and work with your medical team in researching all of the options that may support your family building efforts.



**03**  
**—**

## How does ERA® by Igenomix work?





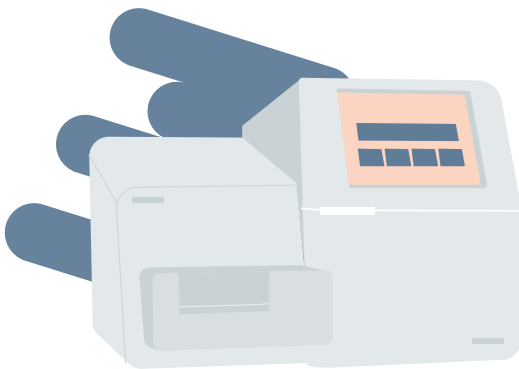
## 01 Endometrial biopsy

A small piece of tissue will be taken from your endometrium by your reproductive endocrinologist.



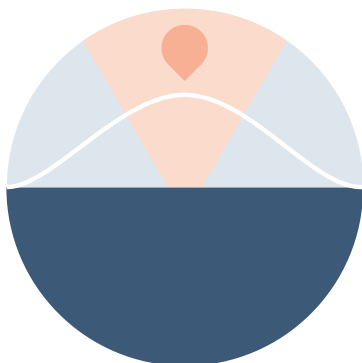
## 02 Sent to Igenomix

This sample is sent to Igenomix where the sample is analysed.



## 03 NGS analysis

NGS Generation sequencing analyses the 248 genes involved in the endometrial receptivity.



## 04 ERA<sup>®</sup> report

Classifying your endometrium with a computational predictor as either Receptive or Non-Receptive



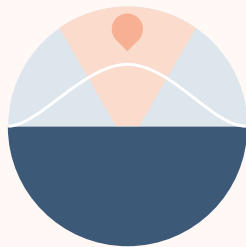
A small endometrial sample – of around 0.07 g- will be taken by your physician in their exam room.

The biopsy is an outpatient procedure which may cause slight discomfort or mild cramping. Although not absolutely painless, it is by no means unbearable. Over-the-counter medication can be used, but you should also feel free to discuss any pain management directly with your doctor.

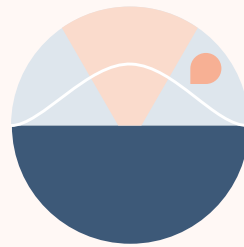




Your doctor should receive your ERA<sup>®</sup> report in 15 calendar days after the sample has arrived to the Igenomix lab, in two types of results:



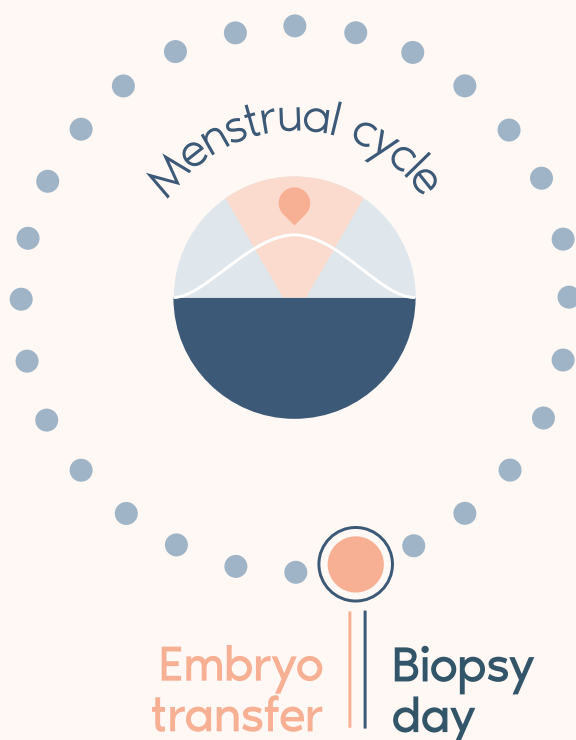
RECEPTIVE



NON-RECEPTIVE

## Receptive

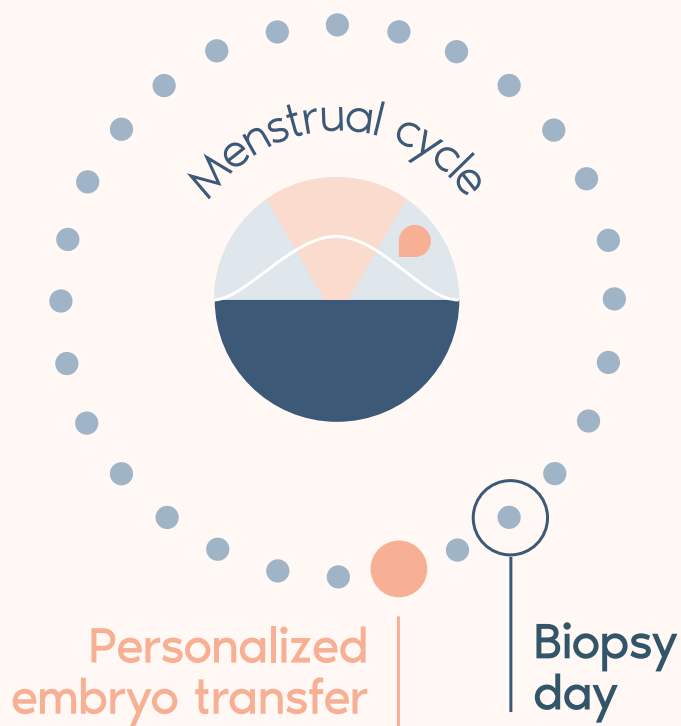
A receptive one, that shows that **your window of implantation is the same day as when the sample was taken** and the recommendation is to proceed with embryo transfer, under the same conditions as for biopsy. Thus, the type of cycle for biopsy should match to the type of cycle planned for the embryo transfer.



The image shows a template for an Igenomix report. At the top right is the Igenomix logo with the tagline 'WITH SCIENCE ON YOUR SIDE'. Below the logo is a section with three columns of horizontal bars representing data. The main section of the report is a large box with a 'You' icon and a red location pin, indicating the window of implantation. Below this is a section labeled 'Receptive' with a horizontal bar. At the bottom of the report are two signature lines with horizontal bars representing data.

## Non-Receptive

Or, by contrast, a non-receptive result that shows that your biopsy was taken outside of your window of implantation. **It can include a Pre or a Post-Receptive state.**



Igenomix<sup>®</sup>  
WITH SCIENCE ON YOUR SIDE

Pre- Receptive Post-Receptive

Signature 1

Signature 2

Most women will receive a receptive result, but if you receive a non-receptive one, you should not worry, in this case, with the ERA® computational predictor, we will estimate your window of implantation indicating when your personalized embryo transfer is optimal in 90% of the cases. A second biopsy will be needed in only 10% of cases.



# FAQs and testimonials



01.

## **I'm interested in the ERA® test, where do I start?**

If you're interested in the ERA® test, talk to your doctor to see if it's a good testing option for you, since it might not be indicated for every woman.

If your doctor recommends the test, he or she will order it for you. It must be ordered by a physician.

02.

## **Is the ERA® test still helpful if I've been pregnant before?**

If you have been pregnant before you are more likely to receive a receptive result than other women who have never been pregnant before. However, if an embryo was transferred outside the ideal window of implantation, the chance of pregnancy is reduced, though not to zero. If you've been pregnant before, you can still receive a non-receptive result. The ERA® test can therefore still be valuable and pinpoint the time in which the chance of pregnancy is the highest, especially if you've had multiple unsuccessful embryo transfers.



### 03.

## How long are the ERA® test results valid for?

When carrying out the same exact medical protocol (same medications, type of cycle, hours of progesterone, administration type, dosage, etc.) and with proper control of endogenous progesterone (endogenous progesterone level measured within the 24 hours prior to the first intake of exogenous progesterone and  $<1\text{ng/ml}$ ), the ERA® results can be applied in a personalized embryo transfer (pET) for up to 2 years following the ERA® biopsy.

Reproducibility of the results may be affected by a change in endometrial thickness (should remain within similar range:  $<6\text{mm}$ ,  $6\text{-}12\text{mm}$ , or  $>12\text{mm}$ ), dramatic weight gain or loss ( $\pm 20\text{kg}$  (44lbs)), and surgical intervention to the uterus (such as a myomectomy). Therefore, if you have experienced any of these alterations since your previous ERA®, you may consider repeating the test.

04.

## **Is there any chance I would need to repeat my ERA® test?**

A recommendation regarding the timing of embryo transfer can be made in approximately 90% of the cases. For the remainder of cases a recommendation to repeat testing would be made. Your ERA® test report will indicate if embryo transfer or repeat testing is recommended.

You might need to repeat your ERA® test if you get an inconclusive result. This happens in less than 5% of cases.

## 05.

### **My ERA® test result was abnormal**

Having a receptive result after ERA® testing can be really reassuring and it can feel good to cross something off of the list of potential explanations for infertility. On the other hand, learning that the best time for you to transfer embryos is different of what is typical can provide you with an explanation for why you weren't getting pregnant before and, more importantly, can give you a renewed sense of hope for when you're ready to try again.

Having an abnormal result at ERA® testing should not be scary or discouraging, since it doesn't require medication, surgery or any additional treatment. You'd only need the timing for embryo transfer to be adjusted to match your body's timing.

There is a good prognosis of pregnancy after a personalized embryo transfer.

## 06.

### **What are the risks and limitations of the ERA® test?**

In order to have an ERA® test performed you must undergo an endometrial biopsy. The endometrial biopsy is performed at your fertility center, so the risks are best discussed with your physician, who will be performing the procedure. The endometrial biopsy is a common procedure that is performed for other reproductive tests in addition to ERA®. A receptive result does not guarantee a pregnancy as there are other reasons why the pregnancy may not occur after embryo transfer.

The ERA® test does not tell us about other existing endometrial pathologies, the health or quality of an embryo, nor about the likelihood of a pregnancy to carry all the way to term.

## Patient testimonials



**“ERA® was so promising and gave us the hope we needed to push on for our baby”**



**“Without the ERA® test we would not be holding our baby girl today”**



**“ERA® is a gamechanger”**





**"I urge everyone to do the ERA® test"**



**"ERA® gave me peace of mind moving forward with my next transfer"**



**"We did ERA® after my first transfer failed and found out we transferred a bit early"**



**"Now I know my window for transfer"**





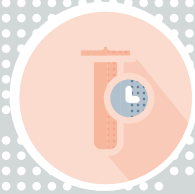
# About Igenomix



Over  
**3500**  
CLINICS



**+500**  
PROFESSIONALS



**23**  
LABS



**+460**  
SCIENTIFIC PUBLICATIONS

At Igenomix, we work to make a world in which infertility is no longer an impossible barrier. Together with clinics and fertility doctors worldwide we investigate human reproduction to change the lives of couples who trying to coneive.

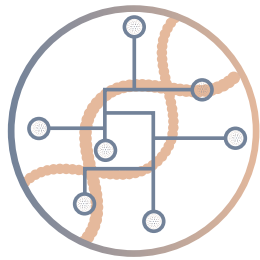
# Genetic testing

Igenomix has developed additional tests that help patients maximize their chances of pregnancy.



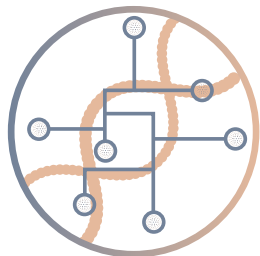
## CGT

Helps to determine the risk of having a child with a genetic disease by telling us whether the parents carry one or more recessive genetic mutations.



## PGT-M

Helps significantly decrease the chance of having a child with an inherited genetic disorder by analyzing embryos before transfer.



## NIPT

A non-invasive prenatal test that analyzes fetal DNA to detect certain anomalies with high precision and reliability.

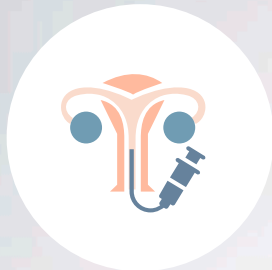


Going through fertility treatment can be emotionally, physically, and financially stressful. It's natural to seek support along the way.

Things don't always go as planned with fertility treatment. Your health care team, including Igenomix, is by your side to ensure the smoothest journey possible to help you realize your dreams of having a baby.

Remember, that the  
Igenomix genetic counseling  
team is here to answer your  
questions.

We invite you to share your concerns and  
ask all the questions you want, so that you  
never feel alone.





**CONTACT US**

+1(305)501-4948

[infousa@igenomix.com](mailto:infousa@igenomix.com)

[www.igenomix.com](http://www.igenomix.com)

