



What is EMBRACE?

EMBRACE is the new non-invasive test developed by Igenomix that allows your clinic to identify the embryos that are the most likely to be chromosomally normal.

This information can help the doctor decide which embryo should be transferred first in an IVF cycle; helping to maximise the chance of a healthy pregnancy.

Test Results

Embryos most likely to be chromosomally normal will be given the highest score and prioritized for transfer. <image>

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Who is it for?

EMBRACE is for all patients who wish to increase their chances of pregnancy without invasive procedures.

www.igenomix.co.uk



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Embryo Analysis of Culture Environment



EMBRACE IS BASED ON THE FOLLOWING DATA:

Multicenter prospective study of concordance between embryo cell-free DNA and trophectoderm biopsies from 1,301 human blastocysts

The recent identification of embryo cell-free DNA in the spent blastocyst media has opened a new era of possibilities for non-invasive embryo aneuploidy testing in assisted reproductive technologies.

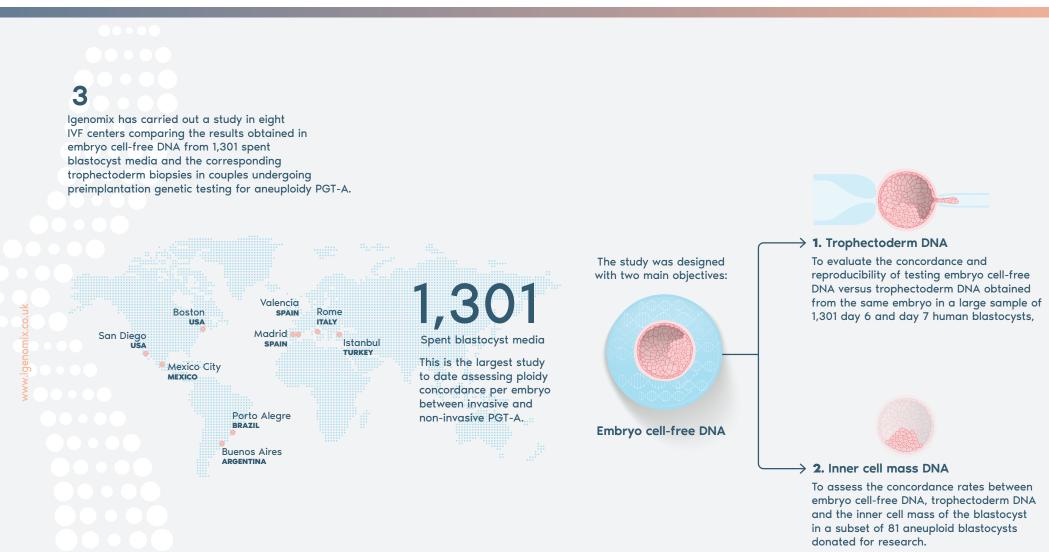
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High concordance rates when comparing 1,301 embryo cell-free DNA and trophectoderm DNA samples

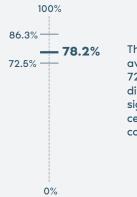
The results of non-invasive analysis of embryo cell-free DNA from spent blastocyst media demonstrated a high concordance rate with the trophectoderm biopsy results.

	Center 1	Center 2	Center 3	Center 4	Center 5	Center 6	Center 7	Center 8	TOTAL
Concordance	75.6	77.1	81.8	86.3	84.2	85.0	72.5	77.0	78.2
Sensitivity	80.5	84.8	88.2	86.7	91.3	76.7	76.5	78.9	81.7
Specificity	69.9	72.7	85.2	87.5	80.0	93.3	64.7	78.1	77.4

High concordance rates with inner cell mass when analyzing a subgroup of 81 blastocysts

In addition, in a subgroup of 81 blastocysts, the comparison of the inner cell mass with the embryo cell-free DNA and the trophectoderm biopsies has shown similar concordance rates, 84.4% and 87.5% respectively.





The concordance rate was on average 78.2% ranging from 72.5% to 86.3% in different centers, without significant differences among centers related to culture conditions or blastocyst quality.



We can conclude that this non-invasive approach could avoid embryo biopsies and reduce costs, while making it accessible to a wider population of patients. **Nevertheless, more studies are needed to understand the precise source of the embryo cell-free DNA and the mechanisms involved.**

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