

The blood test
to **predict** the risk
of diabetes-related
chronic kidney disease
**up to four years
before symptoms
appear**

Promarker[®]**D**

Current kidney tests are **reactive**

1 in 2 people with type 2 diabetes will develop CKD.^{1,2} Current standard of care tests (eGFR and ACR) can only detect CKD when it is present, once kidney damage has already occurred.³ Studies have noted that current kidney tests are not good indicators of early-stage CKD.^{4,5}

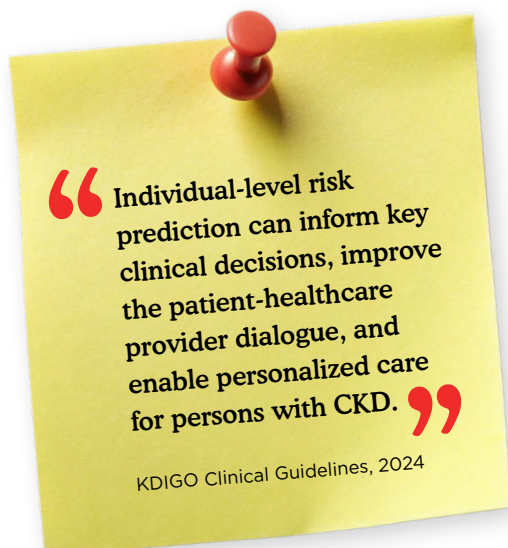
Current guidelines (including KDIGO and ADA) discount the risk of kidney disease onset for patients with type 2 diabetes in the 'green zone'.

However, clinical studies show **people in this 'low risk' green zone are not 'safe': One in 11 will progress to CKD.**^{6,7}

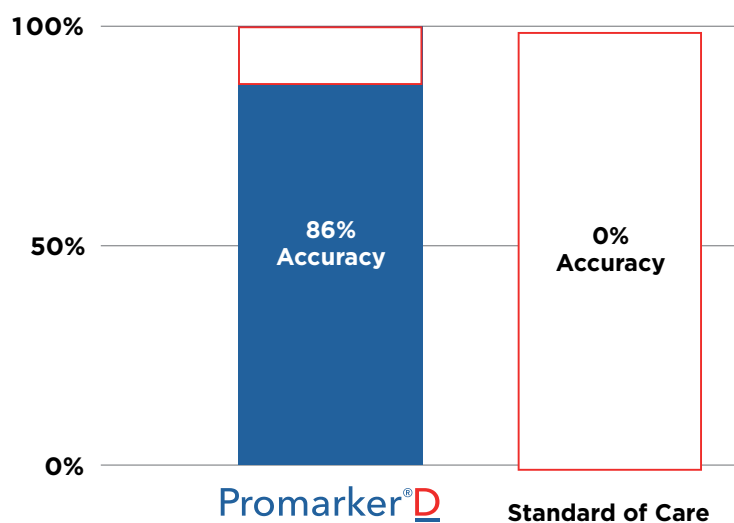
		ACR		
		<30 mg/g	30-300 mg/g	>300 mg/g
		<3 mg/mmol	3-30 mg/mmol	>30 mg/mmol
eGFR (mL/min/1.73m ²)	≥90	'low risk'		
	60-89			
	45-59			
	30-44			
	15-29			
	<15			

The **Promarker®D** test enables you to stratify the risk for your 'green zone' patients and provide better, proactive kidney health management.

Promarker®D outperforms current standard of care tests. It accurately predicted renal decline at four-year follow up in 86% of 'low risk' (green zone) patients with type 2 diabetes – compared to 0% for eGFR/ACR tests.⁷



Promarker®D correctly identified 86% of low risk patients who progressed to CKD at four-year follow-up



Early CKD identification is essential for effective use of treatments to delay CKD progression and reduce cardiovascular risk.⁸

Promarker[®]D is proactive

Promarker[®]D is designed to predict the risk of developing CKD in the next four years in adults with type 2 diabetes and normal to moderately decreased kidney function.

The test system measures blood protein biomarkers linked with kidney disease – Apolipoprotein A4 (ApoA4) and CD5 antigen-like (CD5L) – using enzyme-linked immunosorbent assay (ELISA). A clinically validated algorithm combines these results with clinical data (age and eGFR) to calculate the risk score in the proprietary PromarkerD Hub.

A simple procedure



Blood drawn



Biomarkers analyzed



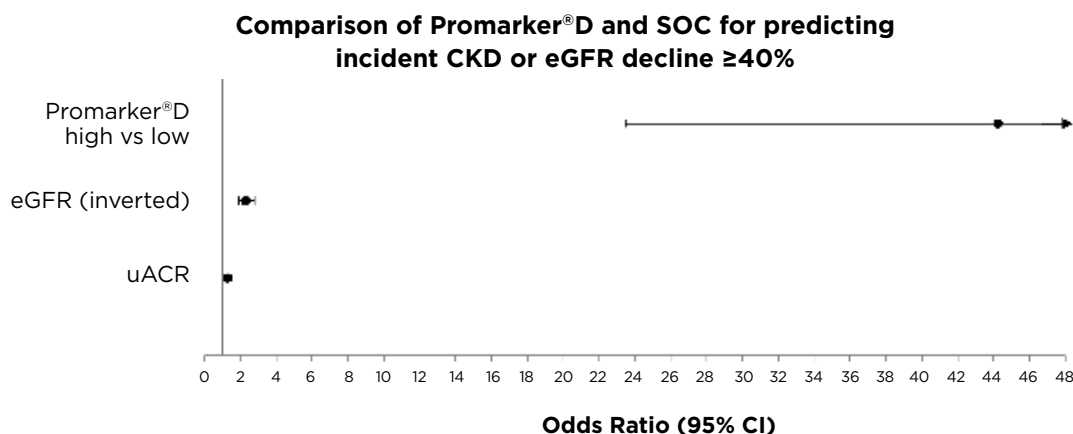
**Promarker[®]D hub
calculates risk**



Results delivered

A study⁷ compared PromarkerD's ability to predict kidney function decline with that of current standard of care tests (eGFR and ACR) in 948 adults with type 2 diabetes. The primary endpoint was incident CKD/eGFR decline $\geq 40\%$. At four-year follow-up, PromarkerD scores demonstrated a significantly higher predictive performance than standard of care tests (AUC 0.88 versus 0.63–0.81). Participants that PromarkerD classified as high risk were 44.26 times more likely to develop incident CKD/eGFR decline $\geq 40\%$ than those it classified as low risk ($p < 0.001$). In contrast, participants classified as high risk under KDIGO risk categories (using eGFR and ACR results) were only 1.30 times more likely to develop incident CKD/eGFR decline $\geq 40\%$ than those classed as low risk using this methodology.

Manage your patients **with confidence**



These results demonstrate the strong prognostic characteristics of the PromarkerD score for identifying patients with type 2 diabetes who will progress to chronic kidney disease.

Test results and interpretation



Risk category	LOW	MODERATE	HIGH
	Low four-year risk of developing CKD	Moderate four-year risk of developing CKD	High four-year risk of developing CKD
Predictive probability	<10%	10 to <36%	≥36%
Potential intervention	<ul style="list-style-type: none">Standard diabetes management	<ul style="list-style-type: none">More frequent monitoringLifestyle optimizationAvoidance of potentially nephrotoxic drugsReview of glycaemic targets and non-glycaemic risk factors	<ul style="list-style-type: none">Very close monitoringIntensive management strategiesUtilization of therapeutic drugs
Retesting recommendation	Every 4 years	Every 2 years	Retesting as determined by physician

Powered by Proteomics International

Proteomics International (Perth, Western Australia) is a wholly owned subsidiary and trading name of PILL (ASX: PIQ), a medical technology company at the forefront of predictive diagnostics and bio-analytical services. The Company specializes in proteomics – the industrial scale study of the structure and function of proteins. Proteomics International's mission is to improve the quality of lives by the creation and application of innovative tools that enable improved treatment of disease.

Scan the QR code to learn more about how to use Promarker®D to help you evaluate CKD risk in your patients with type 2 diabetes



Promarker®D

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¹ Thomas MC, et al. Diabetic kidney disease. Nat Rev Dis Primers. 2015;1:15018.

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² International Diabetes Federation 2021.

³ Vaidya SR, Aeddula NR. Chronic Kidney Disease. [Updated 2024 Jul 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan.

Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535404/>

⁴ Lin Chih-Hung, et al. Early detection of diabetic kidney disease: Present limitations and future perspectives. World journal of diabetes vol. 7,14 (2016): 290-301.

doi:10.4239/wjd.v7.i14.290.

⁵ Swaminathan Shilna Muttickal, et al. Novel biomarkers for prognosticating diabetic kidney disease progression. International urology and nephrology vol. 55,4 (2023):

913-928. doi:10.1007/s11255-022-03354-7.

⁶ Peters KE, Joubert IA, Bringans SD, Davis WA, Lipscombe RJ, Davis TME, PromarkerD Versus Standard of Care Biochemical Measures for Assessing Future Renal Function Decline in Type 2 Diabetes, Diagnostics 2025;15(6):662.

⁷ Peters et al., 2025. Next-Generation PromarkerD vs. Standard of Care for Assessing Kidney Function Decline in Type 2 Diabetes. American Diabetes Association Late-Breaking Poster. June 20-23. Chicago, IL. Diabetes 13 June 2024; 74 (Supplement_1): 1862-LB. doi. org/10.2337/db25-1862-LB

⁸ Shlipak MG, et al. The case for early identification and intervention of chronic kidney disease: conclusions from a Kidney Disease: Improving Global Outcomes (KDIGO) Controversies Conference. Kidney International, Volume 99, Issue 1, 34 – 47.