



KnowYourNumber™
The Key To Proactive Good Health



Know Your Number® Aggregate Report Single Analysis Compared to National Averages

Client:	ABC Corp.
Study Population:	2242
Total Population:	3,000
Date Range:	04/20/07 - 08/08/07
Date of Report:	02/20/08
Version of Report:	V7.2

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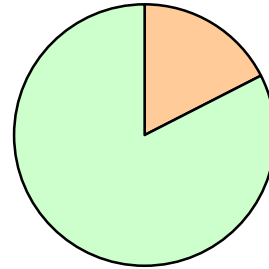
www.knowyournumber.com OR www.kyn-us.com



Study Population Demographics

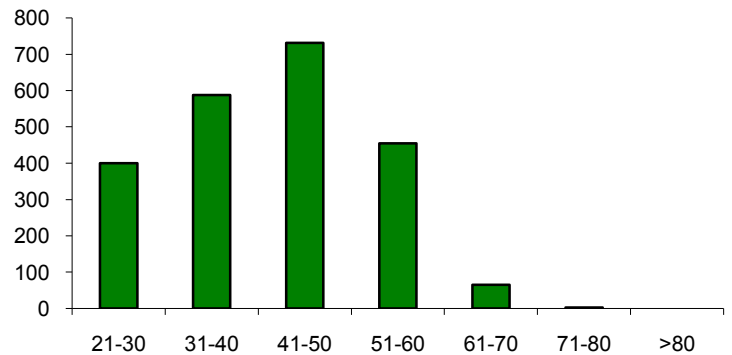
Gender Distribution

Gender	Number	%
Male	392	17.5%
Female	1850	82.5%
Total	2242	100.0%



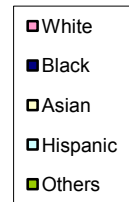
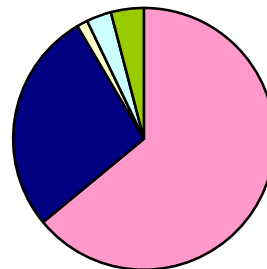
Age Distribution

Age	Number	%
21-30	400	17.8%
31-40	588	26.2%
41-50	731	32.6%
51-60	455	20.3%
61-70	65	2.9%
71-80	3	0.1%
>80	0	0.0%
Total	2242	100.0%



Ethnicity Distribution

Race	Number	%
White	1435	64.0%
Black	617	27.5%
Asian	30	1.3%
Hispanic	69	3.1%
Others	91	4.1%
Total	2242	100.0%



Health Status and Risk Factor Profile: Comparisons with National Averages

Clinical Measures with Yes/No Values	Number of individuals	Percentage %*	National Average**
Diagnosed (self reported) diseases			
Coronary Heart Disease	31	1.4%	3.6%
Stroke	16	0.7%	1.5%
Other Cardiovascular Diseases	21	0.9%	5.6%
Heart Failure	13	0.6%	1.3%
Diabetes	174	7.8%	4.8%
On antihypertensive medication	549	24.5%	13.8%
On lipid lowering medication	326	14.5%	6.3%
Physical exercise level			
Low	1148	51.2%	21.6%
Moderate	888	39.6%	46.4%
High	206	9.2%	32.1%
Current smoking	278	12.4%	27.3%
Overweight (BMI 25.0-29.9 kg/m ²)	672	30.0%	29.0%
Obesity (BMI ≥ 30 kg/m ²)	1015	45.3%	32.4%
High waist (male > 40 inch, female > 35 inch)	887	39.6%	50.5%
Prehypertension (≥ 120/80 and < 140/90 mmHg)	1036	46.2%	33.4%
Hypertension (≥ 140/90 mmHg)	495	22.1%	14.6%
Metabolic syndrome ***	637	28.4%	25.9%
Total cholesterol ≥ 200 mg/dL	709	31.6%	48.2%
HDL (< 40 mg/dL)	464	20.7%	18.6%
LDL ≥ 130 mg/dL	581	25.9%	38.6%
LDL ≥ ATP III suggested goal	393	17.5%	24.8%
Triglyceride ≥ 150 mg/dL	465	20.7%	27.1%
Undiagnosed diabetes (glucose ≥ 126 mg/dL)	36	1.6%	1.4%
Prediabetes (100 ≤ glucose < 126 mg/dL)	308	13.7%	14.2%
Clinical Measures with Numerical Values	Population Mean	Population SD****	National Average
Weight (lbs)	186.0	46.8	169.4
BMI (kg/m ²)	30.3	7.2	28.2
Waist (inch)	35.3	6.7	36.6
Systolic blood pressure (mmHg)	123.5	15.5	119.2
Diastolic blood pressure (mmHg)	80.1	9.8	72.6
Total cholesterol (mg/dL)	185.1	36.2	200.7
HDL cholesterol (mg/dL)	51.4	14.7	52.4
LDL cholesterol (mg/dL)	111.7	31.8	122.9
Triglyceride (mg/dL)	112.6	82.4	130.9
Fasting glucose (mg/dL)	94.2	22.8	92.7

* Numbers in red indicate that the population may be less healthy than the National Average.

** The National Average is derived from the NHANES 1999-2000 population and it is weighted by the age and gender distribution of the study population. In other words, the National Average is the average value among a national sample that has the same age and gender distribution as the study population.

*** Metabolic syndrome is diagnosed based on the ATP III guideline criteria.

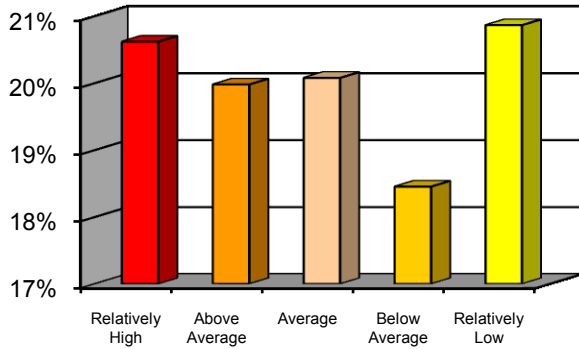
**** SD stands for standard deviation.

Distribution of Disease Risks in Population By Percentiles

Type 2 Diabetes

N*= 2032

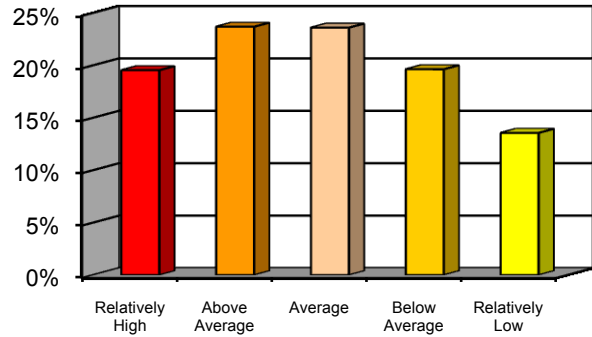
Relatively High	Above Average	Average	Below Average	Relatively Low
21%	20%	20%	18%	21%



Coronary Heart Disease

N= 2242

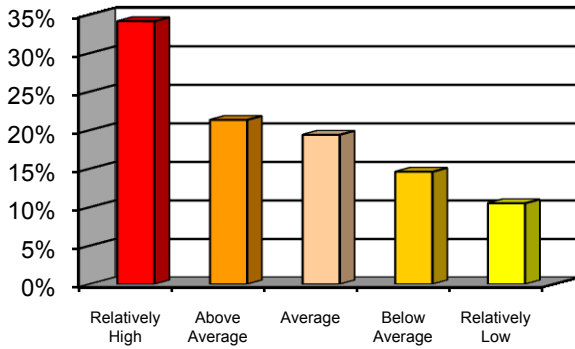
Relatively High	Above Average	Average	Below Average	Relatively Low
20%	24%	24%	20%	14%



Stroke

N= 2226

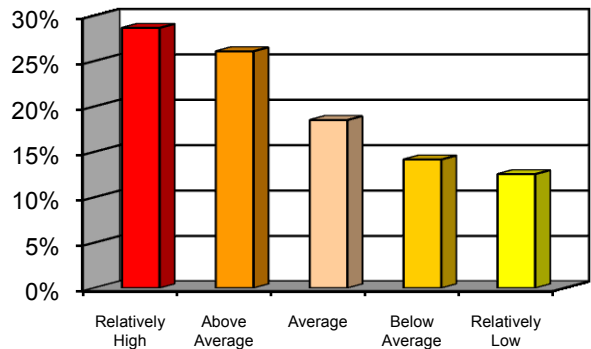
Relatively High	Above Average	Average	Below Average	Relatively Low
34%	21%	19%	15%	11%



Heart Failure

N= 1242

Relatively High	Above Average	Average	Below Average	Relatively Low
29%	26%	19%	14%	13%



Notes:

Disease risk is classified by risk percentile of the following groups:

- Low** <20th percentile
- Moderate Low** >=20th & <40th percentile
- Average** >=40th & <60th percentile
- Moderate High** >=60th & < 80th percentile
- High** >=80th percentile

Percentile is age and gender specific. High percentiles represent high risk.

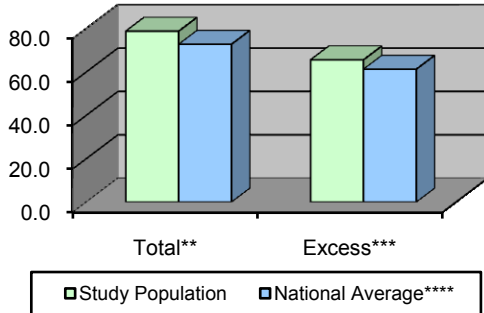
*N refers to the number of people who had a prediction for the specific disease.

No data for COPD and lung cancer because those models were only run for smokers.

Study Population Projected Total & Excess Cases of Disease Onset within Next Five Years and Comparisons* with National Averages

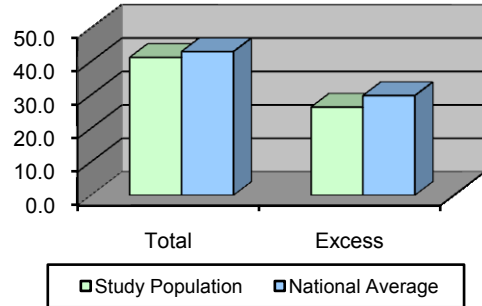
Type 2 Diabetes

	Total**	Excess***
Study Population	78.8	65.6
National Average****	72.8	61.3



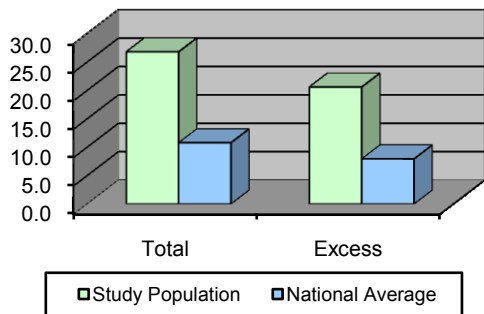
Coronary Heart Disease

	Total	Excess
Study Population	41.2	26.4
National Average	43.0	29.8



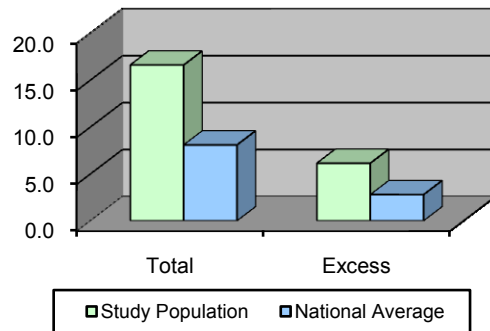
Stroke

	Total	Excess
Study Population	26.8	20.6
National Average	10.8	8.0



Heart Failure

	Total	Excess
Study Population	16.6	6.1
National Average	8.1	2.8



* The study population may be less healthy than the National Average when numbers are shown in red.

** Total cases are the projected number of new cases in the next 5 years in the study population.

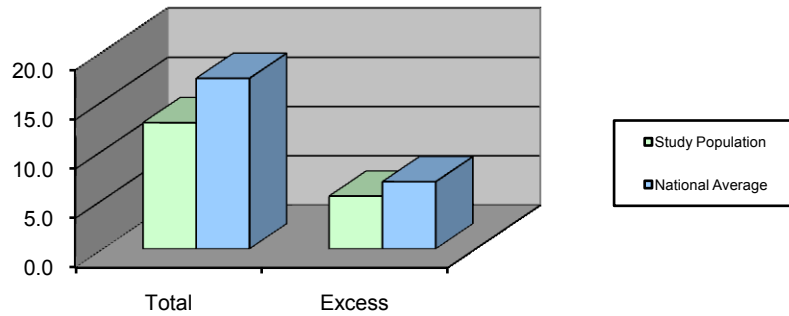
*** Excess cases are the cases that can be avoided in the next 5 years, if all modifiable risk factors are brought within the normal range.

**** The National Average is derived from the NHANES 1999-2000 population and it is weighted by the age and gender distribution of the study population. In other words, the National Average is the average value among a national sample that has the same age and gender distribution as the study population.

Study Population Projected Total & Excess Cases of Disease Onset within Next Five Years and Comparisons with National Averages (continued)

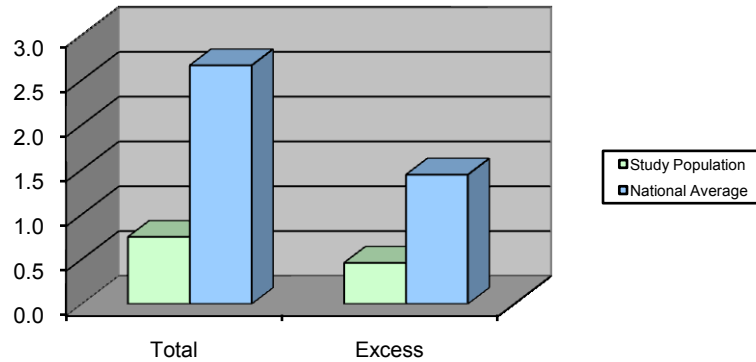
COPD

	Total	Excess
Study Population	12.8	5.3
National Average	17.3	6.8



Lung Cancer

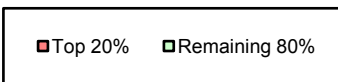
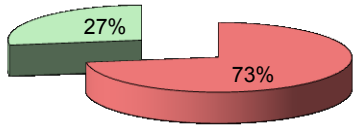
	Total	Excess
Study Population	0.7	0.5
National Average	2.7	1.4



Distribution of Excess Cases* among Top 20% and Remaining 80% of the Population**

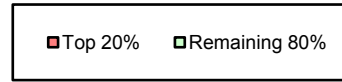
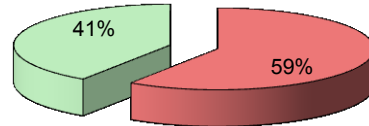
Type 2 Diabetes

Top 20%	Remaining 80%	Total
47.7	17.9	65.6



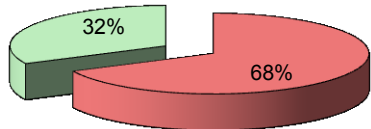
Coronary Heart Disease

Top 20%	Remaining 80%	Total
15.7	10.7	26.4



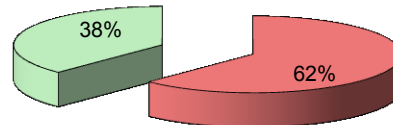
Stroke

Top 20%	Remaining 80%	Total
14.0	6.6	20.6



Heart Failure

Top 20%	Remaining 80%	Total
3.8	2.3	6.1



This page illustrates the fact that future disease onset cases are not evenly distributed across the population. The majority of cases are concentrated in the top 20% high risk group.

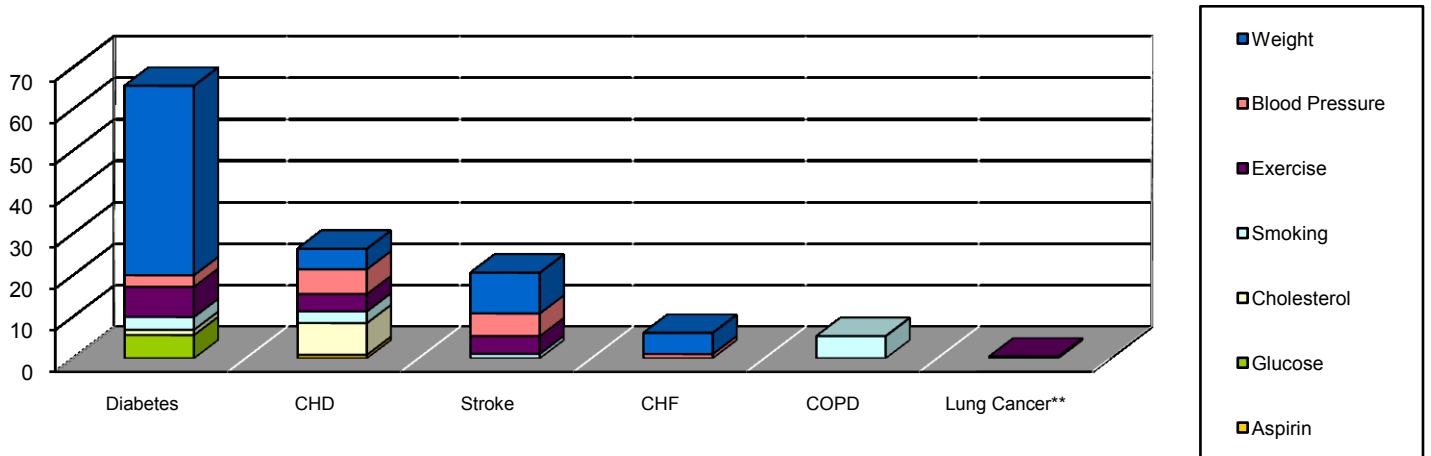
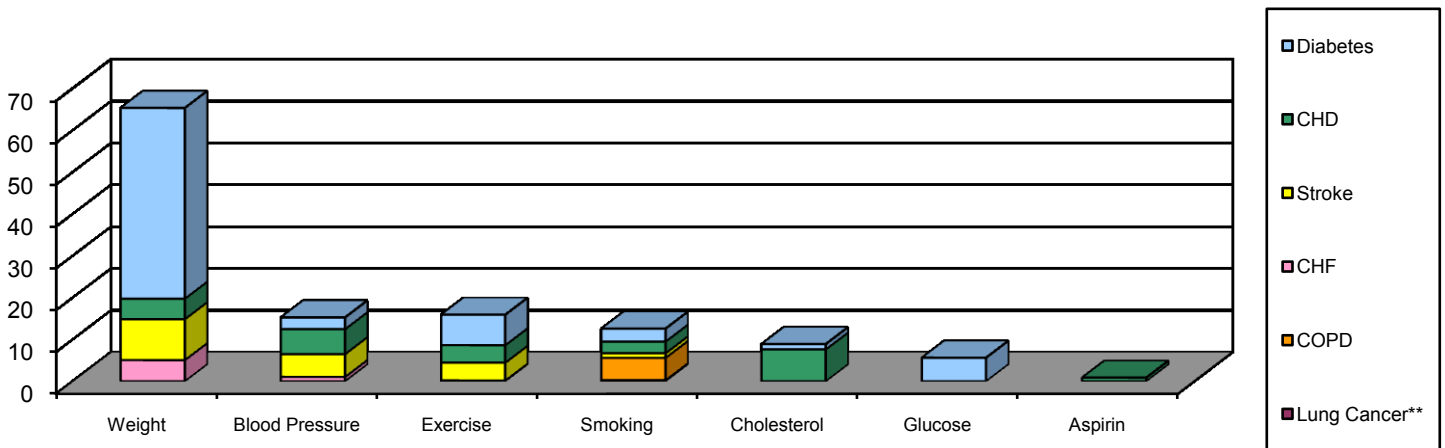
* Excess cases are the cases that can be avoided in the next 5 years, if all modifiable risk factors are brought within the normal range.

** Top 20% refers to the top 20% of the study population who have the highest modifiable risk.

Contribution of Risk Factors to Excess Cases* of Each Disease

Risk Factors	Diabetes	CHD	Stroke	CHF	COPD	Lung Cancer**	Total
Weight	45.6	4.9	9.8	5.1			65.3
Blood Pressure	2.8	6.0	5.5	1.1			15.3
Exercise	7.3	4.2	4.3			0.2	15.9
Smoking	3.1	2.8	1.1		5.3	0.3	12.6
Cholesterol	1.3	7.6					8.9
Glucose	5.6						5.6
Aspirin		0.9					0.9
Total	65.6	26.4	20.6	6.1	5.3	0.5	124.5

The blank spaces in the table refer to a risk factor that does not contribute to the risk of that disease.



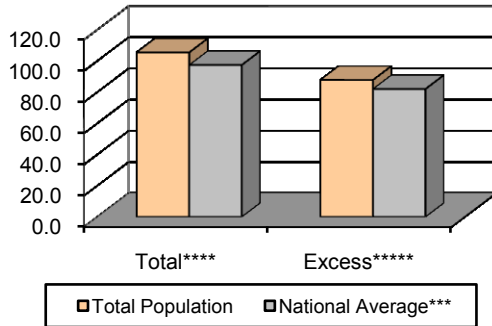
* Excess cases are the cases that can be avoided in the next 5 years, if each modifiable risk factor is brought within the normal range.

** Even though almost all of lung cancer cases are attributed to smoking, quitting smoking can only reduce a small portion of lung cancer risk within the next 5 years. The impact of quitting smoking would be much higher in 10 to 20 years.

Extrapolation to Total Population *
Projected Total & Excess Cases of Disease Onset within Next
Five Years and Comparisons with National Averages**

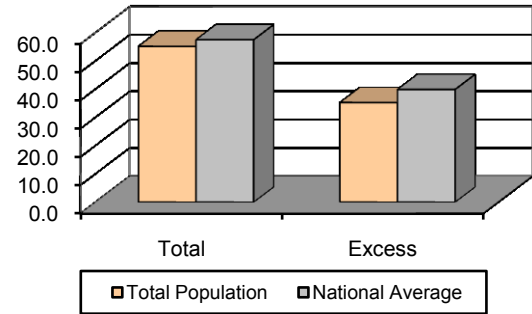
Total Population: N= 3000
Type 2 Diabetes

	Total****	Excess*****
Total Population	105.4	87.8
National Average***	97.4	82.0



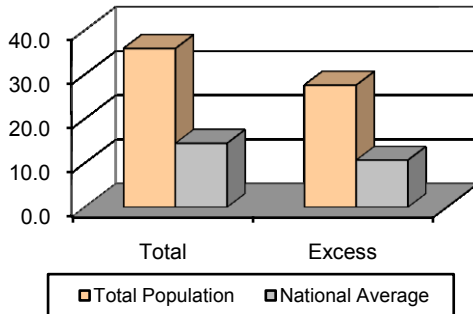
Coronary Heart Disease

	Total	Excess
Total Population	55.2	35.3
National Average	57.5	39.9



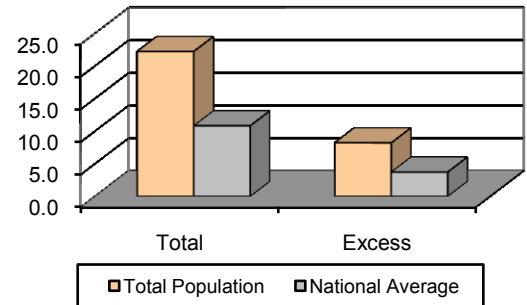
Stroke

	Total	Excess
Total Population	35.9	27.6
National Average	14.4	10.6



Heart Failure

	Total	Excess
Total Population	22.2	8.2
National Average	10.8	3.7



* Total population is the population that the study population represents.

** The total population may be less healthy than the National Average when numbers are shown in red.

*** The National Average is derived from the NHANES1999-2000 population and it is weighted by the age and gender distribution of the total population. In other words, the National Average is the average value among a national sample that has the same age and gender distribution as the total population.

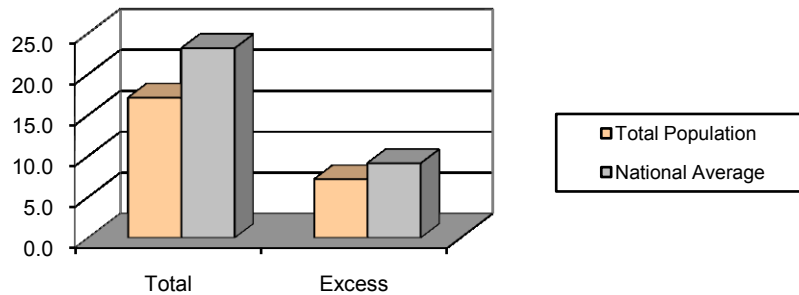
**** Total cases are the projected number of new cases in the next 5 years in the total population.

***** Excess cases are the cases that can be avoided in the next 5 years in the total population, if all modifiable risk factors are brought within the normal range.

Extrapolation to Total Population
Projected Total & Excess Cases of Disease Onset within Next
Five Years and Comparisons with National Averages
(continued)

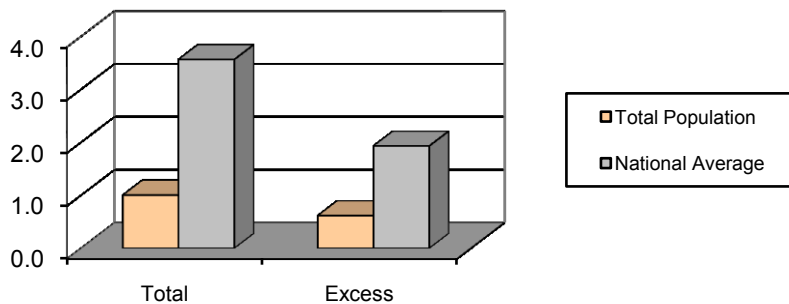
Total Population: N= 3000
COPD

	Total	Excess
Total Population	17.1	7.1
National Average	23.1	9.1



Lung Cancer

	Total	Excess
Total Population	1.0	0.6
National Average	3.6	1.9

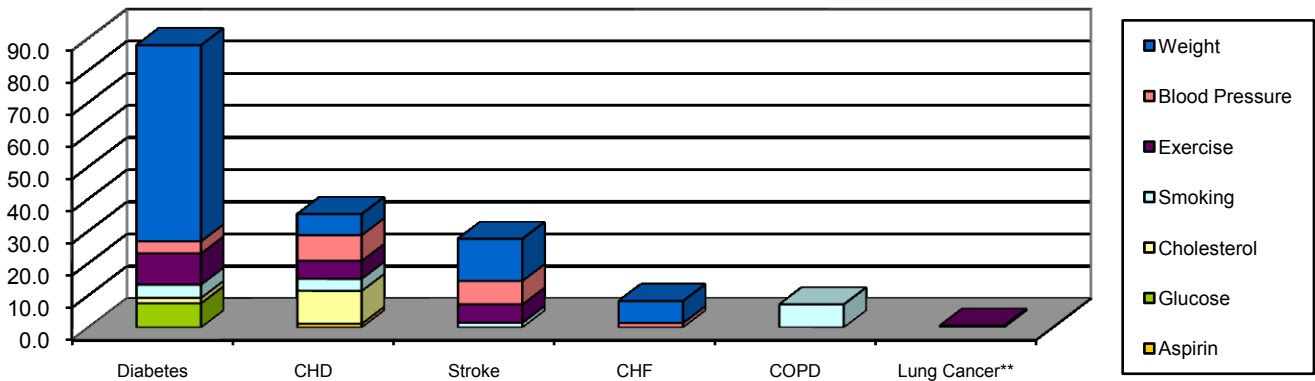
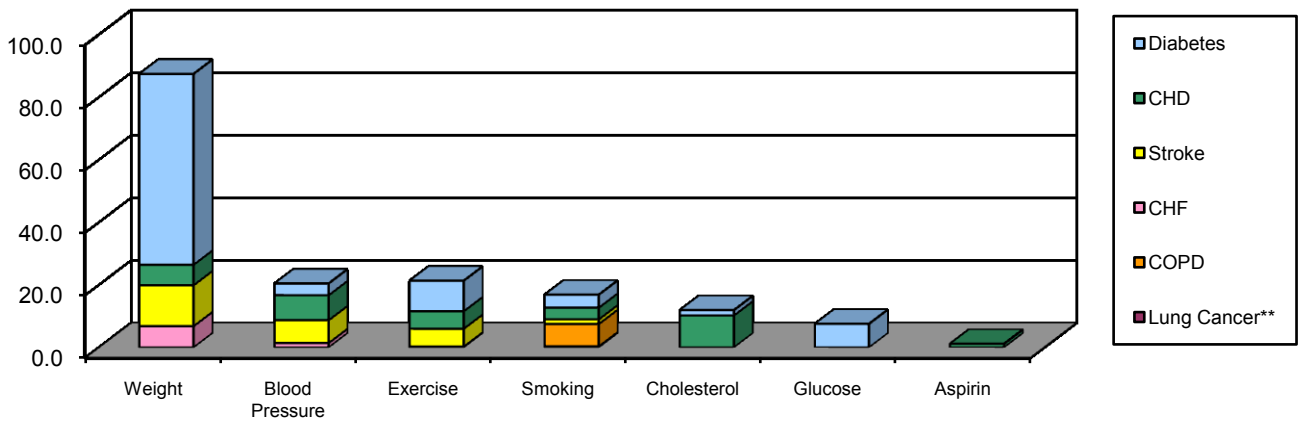


Extrapolation to total population
Contribution of Risk Factors to Excess Cases* of Each Disease

Total Population: N= 3000

Risk Factors	Diabetes	CHD	Stroke	CHF	COPD	Lung Cancer**	Total
Weight	61.0	6.6	13.1	6.8			87.4
Blood Pressure	3.7	8.0	7.3	1.4			20.4
Exercise	9.7	5.6	5.7			0.3	21.3
Smoking	4.1	3.7	1.5		7.1	0.4	16.8
Cholesterol	1.7	10.2					11.9
Glucose	7.5						7.5
Aspirin		1.2					1.2
Total Excess Cases	87.8	35.3	27.6	8.2	7.1	0.6	166.6

The blank spaces in the table refer to a risk factor that does not contribute to the risk of that disease.



* Excess cases are the cases that can be avoided in the next 5 years, if each modifiable risk factor is brought within the normal range.

** Even though almost all of lung cancer cases are attributed to smoking, quitting smoking can only reduce a small portion of lung cancer risk within the next 5 years. The impact of quitting smoking would be much higher in 10 to 20 years.

Predicted Five-year Cost * of Future Chronic Disease Onset Comparisons** with National Averages

Study Population***

Study Population

N= 2242

Diseases	Study Population		National Average	
	Predicted Total Cost	Predicted Excess Cost	Predicted Total Cost	Predicted Excess Cost
Type 2 Diabetes	\$2,148,894	\$1,789,223	\$1,984,693	\$1,671,307
Coronary Heart Disease	\$988,868	\$632,476	\$1,030,826	\$715,406
Stroke	\$750,082	\$576,832	\$302,156	\$222,624
Heart Failure	\$265,040	\$97,947	\$129,098	\$44,505
COPD	\$104,351	\$43,588	\$141,072	\$55,495
Lung Cancer	\$51,157	\$31,428	\$181,924	\$98,578
All Diseases	\$4,308,392	\$3,171,494	\$3,769,770	\$2,807,914

Extrapolation to Total Population****

Total Population

N= 3000

Diseases	Total Population		National Average	
	Predicted Total Cost	Predicted Excess Cost	Predicted Total Cost	Predicted Excess Cost
Type 2 Diabetes	\$2,875,416	\$2,394,143	\$2,655,700	\$2,236,361
Coronary Heart Disease	\$1,323,196	\$846,310	\$1,379,339	\$957,278
Stroke	\$1,003,678	\$771,854	\$404,312	\$297,891
Heart Failure	\$354,647	\$131,062	\$172,745	\$59,551
COPD	\$139,631	\$58,324	\$188,767	\$74,258
Lung Cancer	\$68,452	\$42,053	\$243,431	\$131,906
All Diseases	\$5,765,021	\$4,243,747	\$5,044,295	\$3,757,245

* The formula used to calculate predicted cost is:

probability of disease onset (KYN) x 2.5 years x annual cost of disease.

** The population may have more expenses for the specific disease compared with the National Average when it is shown in red.

*** Study population is the population who participated in Know Your Number.

**** Total population is the population that the study population represents.

The annual cost for type 2 diabetes was \$10,909; CHD was \$9,595; stroke was \$11,196; CHF was \$6,385; COPD was \$3,263; lung cancer was \$27,324 per patient year. The costs included direct and indirect medical costs associated with occurrence of each disease. They were calculated using the most current annual costs based on national averages documented by the American Heart Association, the American Diabetes Association, the American Lung Association and National Cancer Institute.

Predicted Five-year Cost * of Future Chronic Disease Onset Comparisons** with top 20% High Risk Group

Study Population***

Study Population	N= 2242	
	Predicted Excess Cost	Top 20% Excess Cost
Type 2 Diabetes	\$1,789,223	\$1,300,653
Coronary Heart Disease	\$632,476	\$375,515
Stroke	\$576,832	\$390,914
Heart Failure	\$97,947	\$61,020
All Diseases	\$3,171,494	\$2,128,103

Extrapolation to Total Population****

Total Population	N= 3000	
	Predicted Excess Cost	Top 20% Excess Cost
Type 2 Diabetes	\$2,394,143	\$1,740,392
Coronary Heart Disease	\$846,310	\$502,474
Stroke	\$771,854	\$523,079
Heart Failure	\$131,062	\$81,651
All Diseases	\$4,243,747	\$2,847,596

* The formula used to calculate predicted cost is:

probability of disease onset (KYN) x 2.5 years x annual cost of disease.

** The population may have more expenses for the specific disease compared with the National Average when it is shown in red.

*** Study population is the population who participated in Know Your Number.

**** Total population is the population that the study population represents.

The annual cost for type 2 diabetes was \$10,909; CHD was \$9,595; stroke was \$11,196; CHF was \$6,385; COPD was \$3,263; lung cancer was \$27,324 per patient year. The costs included direct and indirect medical costs associated with occurrence of each disease. They were calculated using the most current annual costs based on national averages documented by the American Heart Association, the American Diabetes Association, the American Lung Association and National Cancer Institute.