

Unlocking the power of clinico-genomic datasets for cardiometabolic drug discovery and development

Helix, a leader in population genomics, is offering end-to-end solutions that leverage our growing clinico-genomic database of recontactable individuals into actionable insights across the drug development cycle for Cardiometabolic conditions.





Comprehensive Whole Exome Sequencing Platform

The first and only FDA de novo class II authorized exome platform (Exome+®) optimized to be the most comprehensive and technically sensitive WES offering available.



Differentiated Clinical Data

De-identified, OMOP-standardized EHR integrations, including full clinical data & lab results, within US network. Ongoing data refreshes enable continued following of patient journey beyond initial encounter.

Proprietary Clinico-Genomic Database & Support



Exome+® genomic data linked with rich longitudinal clinical data from a network of US health systems with diverse patient populations.



Continuously aggregating databases for common therapeutic areas of interest, including Cardiovascular and Metabolic Disorders.



Geographically and demographically diverse population consented for Life Sciences re-contact



World class analytical capabilities and a dedicated in-house Research Services team

The power of Exome+® to drive drug discovery and preclinical research



Target Identification and Validation

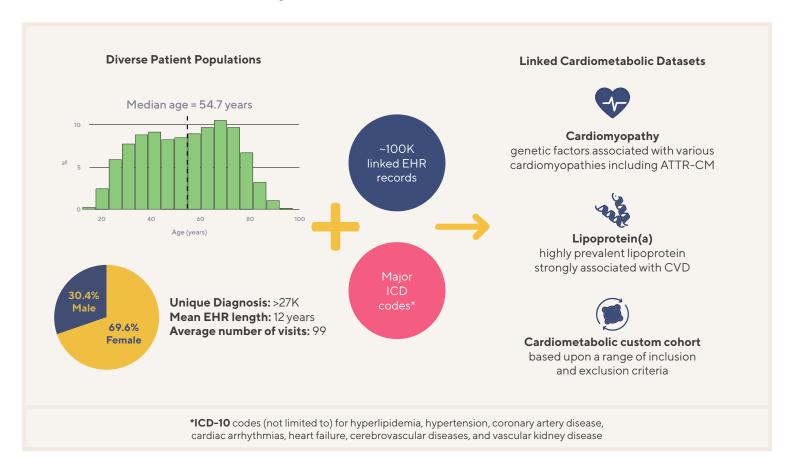


New Biomarker Discovery



Understanding Disease Mechanism

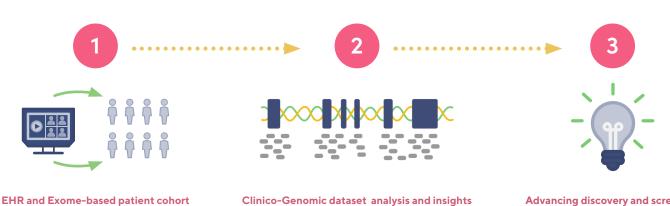
Research-ready cohorts for Cardiometabolic diseases



Cardiomyopathy case study

Characterize the relationship between different cardiac conditions in those with TTN truncating variants (TTNtvs) and identify individuals with highest risk of dilated cardiomyopathies (DCM)





Two population cohorts to evaluate individually significant TTN gene-disease associations including DCM and Afib

Interpret models fo TTNtvs across the genes and quantify cardiomyopathy risk in patients

Advancing discovery and screening
Analysis provides real-world evidence
to support population screening
of TTNtvs for CM