CLINICAL INSIGHT / PATIENT ENGAGEMENT

The Utility of **LongevityQuest** for Physicians

Advanced Data Analytics as an Additional Resource for Clinical Insight and Patient Engagement

A COMPLEMENTARY CLINICAL RESOURCE

Our myLQAnalysis brings a population-scale analytical perspective to the physician–patient relationship. It organizes available biomedical and prescription information into a comparative longevity wellness assessment, Potential Conditions, and individualized discussion topics.

50M+
historical case studies

2,000+
modeled variables

200+
Potential Conditions

Prepared for physicians who may introduce the Analysis to patients or evaluate a report brought to an appointment.

01 / CLINICAL PURPOSE

An additional analytical perspective—not a substitute for clinical judgment

Physicians already integrate laboratory findings, medication histories, symptoms, physical examinations and patient-reported information. Our Analysis adds a different perspective: patterns drawn from extensive historical health and mortality data that may not be obvious when individual findings are considered separately.

The intent is practical. A patient may arrive with a clearer understanding of their modeled longevity wellness, a list of potential areas for further review, and questions tailored to their available records. The physician retains responsibility for interpreting those findings in the context of the full clinical picture.

A PHYSICIAN'S PERSPECTIVE

"Physicians are always looking for the best tools to help diagnose and treat patients. The myLQAnalysis tool helps put a patient's overall longevity wellness in perspective while providing actionable information on potential conditions that traditional diagnostics may not have identified."

— R. Michael Murray, MD | Physician and Medical Director

TWO WAYS TO USE THE REPORT

A physician may introduce myLQAnalysis as an optional patient information resource—or review findings that a patient has independently obtained. In either setting, the value is in the quality of the ensuing clinical conversation.

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02 / SCIENTIFIC FOUNDATION

Large-scale biomedical and actuarial science

Our analytical foundation draws on work involving Quest Diagnostics, through ExamOne, and the Massachusetts Institute of Technology (MIT). The source methodology describes the analysis of more than 50 million historical case studies, including diagnostic tests, prescription histories, physical measurements, claims information and mortality experience.[1]

The described modeling framework considers more than 2,000 variables and their interrelationships. Rather than interpreting every laboratory or physical measurement independently, multivariable methods assess patterns across available information.

SCIENCE USED BEHIND THE SCENES

Related analytical methods are used in the insurance industry to inform morbidity and mortality risk assessment for life, disability and long-term care products. Our consumer-facing Analysis translates this perspective into information that can support physician–patient discussion.[2]

From isolated values to combined patterns

TRADITIONAL REVIEW

Individual tests, histories, symptoms and clinical context. Diagnosis and treatment guided by the physician.

ADDITIONAL ANALYTICAL VIEW

Statistical associations across available data and historical outcomes. Modeled comparative rank, Potential Conditions and discussion prompts.

These are complementary sources of information with different purposes—not competing diagnostic methods.

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03 / HOW IT WORKS

From available records to the individual report

The patient begins with a brief digital process that includes identifying information and an authorization for access to relevant records. Our systems search available prescription, laboratory and diagnosis histories, then apply analytical and actuarial methods to generate the personalized report.

01 **Access available histories**
Prescription, diagnostic testing and diagnosis records

02 **Analyze interrelationships**
Multivariable biomedical models assess patterns

03 **Compare historical experience**
Patterns are evaluated against extensive case-study experience

04 **Generate report outputs**
myLQRank, Potential Conditions and tailored questions

EXTENSIVE DATA REACH

93%+ of U.S. prescription records in the referenced database. More than 50 billion diagnostic testing and diagnosis data records. Source-reported database scale; see Scientific Notes on page 9.

QUEST DIAGNOSTICS + LABCORP

Combined diagnostic database includes virtually all records from both laboratories. Source-reported scope; see page 9.

The breadth of a source database does not imply that every patient record is available. Results should be reconciled with the medical history held by the practice.[3]

04 / INTERPRETING THE REPORT

myLQRank and the patient's longevity perspective

Our patented myLQRank expresses modeled longevity wellness as a comparative percentile among people of the same age and gender at birth. The report shows a patient's relative position against population reference points and can serve as a starting point for conversations about wellness goals.[4]

Patients may also compare their current rank with a desired rank. The Analysis calculates the modeled difference in projected lifespan associated with reaching that target. For the physician, this may be a useful engagement tool: a statistical result becomes a personally meaningful reason to discuss modifiable factors.

CURRENT RANK

Where the patient stands today

DESIRED RANK

The patient's chosen goal

MODELED LIFESPAN DIFFERENCE

Potential additional years associated with the target rank

CLINICAL INTERPRETATION

The rank and associated lifespan difference are modeled comparisons, not a diagnosis, a patient-specific survival guarantee or a prediction that a particular intervention will yield a defined number of years.

The practical role of the rank

A percentile can help frame the patient's questions, document a baseline for later discussion, and create a shared language around longevity wellness. Changes in rank should be interpreted alongside clinical findings, treatment history and the completeness of available records.

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05 / POTENTIAL CONDITIONS

From statistical patterns to focused clinical questions

The Analysis can identify more than 200 Potential Conditions across a broad range of clinical categories. Findings are derived from associations among available diagnostic, prescription and demographic information. Some may not appear as established diagnoses in the retrieved records—what we call potential "cryptic risks."[5]

Each finding is presented with information intended to make it interpretable in a clinical conversation:

Scientific Confidence	A model-specific measure of the strength of the reported association
Longevity Impact	A High, Moderate or Low category describing modeled significance
Contributing Factors	Up to four data elements associated with the flagged condition
Records context	Available source information that can be reconciled with the chart

WHAT A POTENTIAL CONDITION MEANS

A flagged condition identifies an association worth reviewing; it is not confirmation of disease. Clinical urgency and the need for testing depend on symptoms, history, examination and the physician's judgment.

Our earlier materials describe substantial rates of previously unidentified risks in the underlying experience. Because those estimates require clear cohort definitions and validation before being generalized, this physician edition focuses on how to evaluate an individual finding rather than treating a population statistic as a clinical screening result.[5]

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06 / IN THE EXAM ROOM

Customized “Ask Your Doctor About” questions

One of the most clinically useful components of myLQAnalysis is its “Ask Your Doctor About” section. We use the patient’s own analytical findings—including flagged Potential Conditions and their Contributing Factors—to generate individualized questions for discussion.

These prompts are not a generic internet symptom checklist. They are organized around the patterns identified in that person’s available records, creating a more specific starting point for clinical review.

Illustrative workflow

01 **FINDING SURFACED**

A modeled pattern suggests a possible glucose-related concern.

02 **CONTEXT REVIEWED**

The physician considers symptoms, previous diagnoses, medications and the full laboratory history.

03 **PERSONALIZED DISCUSSION**

The report can prompt questions about recent glycemic results, risk factors and whether further evaluation is appropriate.

04 **PHYSICIAN-LED NEXT STEPS**

The clinician determines whether reassurance, records reconciliation, monitoring, testing or treatment is indicated.

Illustrative example only; no patient result or medical recommendation is represented.

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07 / PRACTICE APPLICATION

A useful tool in two common practice scenarios

When a physician introduces the Analysis

The report can be offered as an optional resource for patients who want a broader perspective on their longevity wellness. Its comparative rank and personalized findings may motivate a more specific discussion of health history, preventive care and goals.

When a patient brings the Analysis

The physician can review the data sources and flagged findings, distinguish modeled associations from established diagnoses, and decide what deserves clinical attention. The customized discussion topics may help structure a time-limited visit.

> **THE CORE PROPOSITION**
>
> We aim to strengthen—not displace—the relationship between patient and physician by providing another evidence-informed analytical perspective and a more focused starting point for discussion.

About LongevityQuest

LongevityQuest encourages people to pursue a long, good life. Our myLQAnalysis Report Card combines a patented comparative longevity rank with Potential Conditions and tailored healthcare discussion topics.

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SCIENTIFIC NOTES / IMPORTANT INFORMATION

Methodology, scope and clinical qualifications

1 | Scientific foundation

Descriptions of the Quest Diagnostics/ExamOne and MIT work, 50 million historical cases, and multivariable modeling are based on the LongevityQuest source publications supplied for this edition. This publication is not an independent validation of those institutional roles, methods or product-specific performance.

2 | Insurance applications

Actuarial and biomedical risk assessment methods are used in insurance contexts. This statement should not be read as an endorsement of myLQAnalysis by Quest Diagnostics, MIT, ExamOne or any insurer, or as proof that a specific insurer deploys the consumer product.

3 | Data completeness

Retrieved prescription, laboratory and diagnosis histories can be incomplete or delayed. The absence of a diagnosis from available records does not establish that a condition has never been diagnosed.

4 | Modeled rank and lifespan

Comparative ranks and projected lifespan differences are model-based estimates subject to uncertainty. They are not guaranteed survival outcomes or estimates of treatment benefit.

5 | Potential Conditions

Model-generated associations are not medical diagnoses. Scientific Confidence is a product-defined metric, not necessarily a clinically validated probability of disease. Estimates of undiagnosed or severe “cryptic risks” require population, outcome and validation definitions before use as general prevalence claims.

Source and data context

Source: Longevity Quest, Inc., The Utility of LongevityQuest for Physicians (February 2026), and previously developed LongevityQuest scientific white paper materials.

Additional data-source context

The source materials describe coverage of over 93% of U.S. prescription records and more than 50 billion diagnostic testing and diagnosis data records. These figures describe the breadth of referenced data sources, not completeness of any individual’s records or independently verified current coverage. The combined diagnostic database is described as containing virtually all diagnostic testing records from Quest Diagnostics and Labcorp.

FINAL NOTE | IMPORTANT INFORMATION

The information provided is intended for general use, and is not designed to diagnose, prevent, treat or cure any condition or disease. Longevity Quest uses biomedical data and prescription/diagnostic test records to analyze and calculate expected longevity and related information. While such information might point to a potential medical issue, all such diagnoses should always be performed by a qualified health care provider. The information provided is for demonstration purposes only, and in no way does such information constitute a warranty, representation, recommendation, or validation regarding your physical health or wellbeing.

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