ULTAGENOMICS

DECODE YOUR DNA. GUIDE YOUR HEALTH.

Genetic Hormone Insights

GENETICS REPORT

1	7	115
Report	Report Panels	Gene Variants

Example Client
Prepared for

September 19, 2026
Report Date

Our genetic test provides insights into how your unique genetic profile influences health areas. By understanding these genetic tendencies, you and your healthcare provider can make more informed lifestyle and wellness choices to support long-term health goals.

THESE GENE RESULTS MIGHT TELL YOU

- ✓ How your body may respond to certain nutrients
- ✓ Dietary patterns and environmental factors
- ✓ Potential predispositions in detoxification, metabolism, and physical performance
- ✓ Why some wellness strategies may work differently for you

THESE GENE RESULTS WILL NOT TELL YOU

- ✕ Any medical diagnoses
- ✕ Cancer diagnoses or clinical cancer risk assessments
- ✕ Predictions about future health conditions
- ✕ How lifestyle factors outside of genetics impact health outcomes

This report is intended for informational purposes only and does not constitute medical advice. Results reflect genetic predispositions, not guarantees of health outcomes. Always consult a qualified healthcare practitioner before making changes to your health regimen.

A typical or decreased result does not mean there is no risk, and an increased result does not mean a condition will develop. Environment, lifestyle and family history also play a role. Any result that mentions cancer reflects a genetic tendency only. It is not a clinical cancer risk assessment and does not replace recommended cancer screening.

Talk with a healthcare provider before starting any supplement, especially if pregnant or breastfeeding, taking prescription medications, or managing a medical condition. Do not start, stop or change any medication based on these results without first talking with the prescribing provider.

Statements about supplements in this report have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

Research on how genes relate to health is still developing. Some recommendations are based on limited evidence and may be updated as new research becomes available.

Testing is performed by a CLIA-certified, CAP-accredited laboratory. Genotyping is highly accurate, but no laboratory test is completely error-free. Results that will change clinical decisions may warrant confirmatory testing.

OVERVIEW

Results at a Glance

This report covers 7 panels and 17 individual results. The summary below shows where the genetic profile indicates areas worth focusing on, areas to monitor, and areas where results are favorable. The Moderate results are where targeted support may have the most impact.

0

NEEDS ATTENTION

9

MODERATE

- Thyroid Hormone Conversion
- DHEA-S Propensity
- Progesterone Receptors
- Testosterone Level Propensity
- LH Level Propensity
- DHT Level Propensity
- Conversion from Testosterone to Estrogen
- Estrogen Level Propensity
- Estrogen Receptor Response

8

OPTIMAL

- TSH Level Propensity
- Progesterone Metabolism (CYP2C19)
- Progesterone Level Propensity
- Progesterone Conversion
- SHBG Level Propensity
- Estrogen Metabolite Elimination
- Cortisol Level Propensity
- Aromatase Inhibitor Side-effects Risk

1 Thyroid

18 variants analyzed

In plain terms: The thyroid gland plays a crucial role in regulating various bodily functions by producing thyroid hormones, primarily thyroxine (T4) and triiodothyronine (T3). These hormones influence metabolism, energy production, body temperature, and more. Thyroid health is essential for overall well-being, and genetic factors can provide insights into thyroid function.

Genetic variations can influence the body's natural set point for thyroid-stimulating hormone (TSH) levels. TSH is produced by the pituitary gland and regulates the production of thyroid hormones in the thyroid gland. Some individuals may have genetic factors that predispose them to have naturally higher or lower baseline levels of TSH.

Thyroid hormones include thyroxine (T4) and triiodothyronine (T3). T4 is converted into the more active T3 hormone in various tissues throughout the body. Genetic variations can affect this conversion process. Some individuals may have genetic factors that promote efficient T4 to T3 conversion, ensuring that they have adequate levels of the active thyroid hormone. Others may have genetic variations that result in less efficient conversion, potentially leading to lower T3 levels.

Understanding genetic predispositions related to TSH levels and thyroid hormone conversion can have implications for thyroid health. Elevated TSH levels, often due to genetic factors, may indicate an underactive thyroid, while low TSH levels may suggest an overactive thyroid. Thyroid dysfunction can impact various aspects of health, including metabolism, energy levels, and mood.

Efficient conversion of T4 to T3 is essential for ensuring that the body has an adequate supply of the active thyroid hormone. Genetic factors that affect this conversion can influence thyroid function. Individuals with less efficient conversion may be at risk of suboptimal thyroid hormone levels, potentially leading to symptoms of hypothyroidism.

It's important to note that while genetics play a role in thyroid health, other factors, such as iodine intake, autoimmune conditions, and environmental influences, can also contribute to thyroid dysfunction. Regular thyroid function tests and consultations with healthcare professionals are essential for comprehensive thyroid management.

YOUR RESULTS

Thyroid Hormone Conversion



INCREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with increased thyroid hormone conversion genetic results convert T4 to the active T3 form more efficiently than average, which can lead to higher T3 relative to T4. Most people with this result have normal thyroid function, though some may notice signs of a more active thyroid, such as a rapid heartbeat, unplanned weight loss or anxiety, which are worth discussing with a healthcare provider.

RECOMMENDATIONS

SUPPLEMENT

Use Caution With Thyroid Support Supplements

Review labels with a provider before use

Thyroid support blends may contain more iodine than needed for individuals who already convert T4 to T3 efficiently.

SUPPLEMENT

Selenium at Moderate Doses

Up to 55 to 100 mcg daily from food and supplements combined

Selenium supports normal thyroid hormone conversion, and moderate amounts are enough for this result.

DIET

Balanced Iodine Intake

Iodized salt and seafood in usual amounts; skip kelp supplements

Steady, moderate iodine supports normal thyroid function without the excess that concentrated sources can add.

DIET

Selenium-Rich Foods

1 to 2 Brazil nuts, fish, eggs

Selenium supports the enzymes that convert thyroid hormone.

LIFESTYLE

Prioritize Sleep and Stress Management

7 to 9 hours nightly

Stress and poor sleep affect thyroid hormone balance.

LIFESTYLE

Track Symptoms

Note heart rate, energy, weight and mood for a few weeks

Helps a provider interpret thyroid results.

FURTHER TESTING

Thyroid Panel (TSH, Free T4, Free T3)

Shows whether higher conversion is affecting thyroid hormone levels; free T4 and free T3 add context when TSH alone looks low.

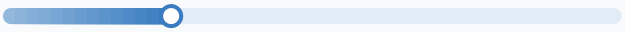
FURTHER TESTING

Stop Biotin 2 Days Before Thyroid Labs

High-dose biotin can falsely alter thyroid test results and mimic an overactive thyroid.

YOUR RESULTS

TSH Level Propensity



DECREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with decreased TSH level propensity genetic results tend to have a somewhat lower natural TSH set point, with studies suggesting a reduction of about 0.25 to 1 uIU/mL at baseline. These variants appear to affect TSH independently of T4 and T3, so a lower TSH on its own is unlikely to mean thyroid dysfunction. This genetic context can help a healthcare provider interpret thyroid lab results.

GENETIC SUMMARY

GENE	RS ID	YOUR GENOTYPE	GENE	RS ID	YOUR GENOTYPE
DIO1 C*29T	rs11206244	**CC**	**PDE10A C67+34106G**	rs753760	**CC**
DIO1 C682-34A	rs2235544	**AC**	**CAPZB (A>G)**	rs10917469	**AA**
DIO2 C-143T	rs12885300	**TT**	**FOXE1 (A>G)**	rs965513	**AG**
DIO2 T274C	rs225014	**TT**	**ATP5MGP4 (T>C)**	rs10032216	**TC**
FOXE1 g.A558G	rs7850258	**AG**	**IGFBP5 (A>G)**	rs13015993	**AG**
PDE8B G339+11353A	rs4704397	**GG**	**LHX3 G776-90A**	rs7860634	**AA**
PDE8B A339+23260G	rs6885099	**AA**	**MAFTRR (C>T)**	rs3813582	**TC**
NFIA A559+66144G	rs334699	**GG**	**THRA T53+1059C**	rs939348	**CC**
PDE8B T339+14779C	rs1382879	**TT**	**VEGFA (C>T)**	rs9472138	**TC**

2 DHEA

9 variants analyzed

In plain terms: Dehydroepiandrosterone (DHEA) is a hormone made by the adrenal glands, which are located above the kidneys. DHEA is important because it helps produce other hormones like testosterone and estrogen. These hormones are crucial for many body functions, including mood, energy levels, and sexual health. DHEA levels are highest in one's 20s and decrease with age. Understanding DHEA levels can provide insights into overall health.

Understanding genetic makeup can help create a personalized health plan. For individuals with genes that result in lower DHEA levels, symptoms like low energy or mood swings may occur. Conversely, higher DHEA levels are generally desirable, yet could increase the risk of conditions such as polycystic ovary syndrome (PCOS) at excessive levels. Based on genetic information, tailored recommendations can include lifestyle changes, dietary adjustments, or supplements to help balance DHEA levels. This personalized approach aims to enhance overall well-being and address specific health concerns related to DHEA levels.

YOUR RESULTS

DHEA-S Propensity

DECREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with decreased DHEA-S propensity genetic results are more likely than average to have lower DHEA-S levels. In women, DHEA-S is an important source of testosterone and estrogen, especially after menopause, so lower levels may contribute to low energy, reduced libido or vaginal dryness. Testing can confirm actual levels before any supplement is considered.

RECOMMENDATIONS

SUPPLEMENT

DHEA, Only With Provider Guidance

Often 10 to 25 mg daily, only after testing

May raise low DHEA-S levels; best used only after testing and with provider oversight.

SUPPLEMENT

Ashwagandha

300 to 600 mg daily (root extract)

May support the body's stress response, which shares a pathway with DHEA.

DIET

Balanced Meals With Protein and Healthy Fat

Each meal

Steady meals support adrenal hormone production.

DIET

Limit Added Sugar and Alcohol

Both add to stress-hormone load.

LIFESTYLE

Daily Stress Management

10 to 20 minutes daily: breathing, meditation or yoga

Chronic stress shifts adrenal output toward cortisol, and stress reduction may help support DHEA balance.

LIFESTYLE

Avoid Overtraining

Balance hard sessions with rest days

Very high training loads without enough recovery raise cortisol and can lower DHEA.

FURTHER TESTING

Serum DHEA-S

Confirms levels before considering any DHEA supplementation, which should be provider-guided.

FURTHER TESTING

Morning Cortisol

Before 9 AM

Helps interpret DHEA-S, since both come from the adrenal glands.

GENETIC SUMMARY

GENE	RS ID	YOUR GENOTYPE	GENE	RS ID	YOUR GENOTYPE
SULT2A1 (G>A)	rs2637125	**AG**	**ZKSCAN5 C772+874T**	rs11761528	**CC**
SULT2A1 (C>T)	rs182420	**TC**	**TRIM4 G*215A**	rs17277546	**GG**
CYP2C9 (T>C)	rs2185570	**TT**	**SRP14-DT (A>G)**	rs7181230	**AA**
BCL2L11 (G>C)	rs6738028	**CG**	**ARPC1A C983+519T**	rs740160	**CC**
HHEX (A>C)	rs2497306	**CC**			

3 Progesterone

14 variants analyzed

In plain terms: Progesterone is a vital hormone in the human body, primarily associated with the female reproductive system, and is produced mainly by the ovaries, with smaller amounts from the adrenal glands. This hormone plays a key role in various aspects of reproductive health and overall well-being.

Genetic factors can influence how efficiently the body metabolizes progesterone. Some individuals may have genetic variations that affect the enzymes responsible for breaking down progesterone. These variations can impact the rate at which progesterone is cleared from the body, potentially leading to variations in hormone levels and response.

Genetic factors can also influence baseline progesterone levels. Some individuals may have a genetic predisposition for higher or lower levels of progesterone. This can be relevant for fertility, menstrual cycle regulation, and overall reproductive health.

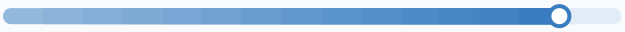
Progesterone exerts its effects by binding to progesterone receptors, including progesterone receptor A (PRA) and progesterone receptor B (PRB). Genetic variations can affect the expression and sensitivity of these receptors, influencing how the body responds to progesterone.

Progesterone can be converted into other hormones in the body, such as cortisol or testosterone. In this case, conversion refers more specifically to androstenedione, which is a precursor for testosterone. Variations in genes involved in hormone metabolism can affect the balance of hormones in the body and may have implications for reproductive health and overall well-being.

Understanding genetic predispositions related to progesterone can provide insights into hormonal health and reproductive function. It can help explain variations in progesterone levels, receptor responsiveness, and hormone metabolism. This information can be valuable for managing conditions related to hormonal imbalance, optimizing fertility, and making informed decisions about hormone therapy.

YOUR RESULTS

Progesterone Metabolism (CYP2C19)



ULTRA-RAPID METABOLISM

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with ultra-rapid CYP2C19 progesterone metabolism genetic results may clear progesterone somewhat faster than average through this pathway. CYP2C19 is one of several enzymes involved, so this result is not expected to meaningfully change progesterone levels or the response to progesterone-based therapies. A pharmacogenomic report gives the full picture for medications that use CYP2C19.

YOUR RESULTS

Progesterone Level Propensity



TYPICAL

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with typical progesterone level propensity genetic results are likely to produce progesterone in a manner consistent with the general population. Progesterone rises after ovulation each cycle and supports a regular cycle, sleep and mood, and this result suggests a typical genetic baseline for those functions.

YOUR RESULTS

Progesterone Receptors



INCREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with increased progesterone receptor genetic results may have tissues that respond more strongly to progesterone. This can show up as more noticeable symptoms in the second half of the cycle, such as breast tenderness, bloating or mood changes, and it is useful information for a healthcare provider when hormonal birth control or hormone therapy is being considered.

RECOMMENDATIONS

SUPPLEMENT

Magnesium (glycinate)

200 to 400 mg daily

Magnesium may ease bloating, breast tenderness and mood symptoms in the second half of the cycle.

SUPPLEMENT

Vitamin B6

25 to 50 mg daily

Vitamin B6 may reduce PMS-related mood and breast symptoms.

DIET

Limit Caffeine and Salt Before Periods

Especially in the week before a period

Cutting back on caffeine and salt may reduce breast tenderness and bloating.

DIET

Fiber-Rich Diet

25 g fiber daily

Fiber supports hormone balance through the gut.

LIFESTYLE

Track Cycle-Related Symptoms

Note symptoms by cycle day for 2 to 3 months

A symptom log shows whether changes follow the cycle and is helpful before choosing hormonal birth control or hormone therapy.

LIFESTYLE

Share Hormone Results Before Hormone-Based Treatment

Mention them if birth control or menopausal hormone therapy is considered

Stronger tissue response to progesterone and estrogen can affect how hormone-containing medications are tolerated.

FURTHER TESTING

Mid-Luteal Progesterone

About 7 days after ovulation

Shows whether symptoms reflect progesterone levels or sensitivity to normal levels.

YOUR RESULTS

Progesterone Conversion



TYPICAL

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with typical progesterone conversion genetic results convert progesterone to androstenedione at a rate consistent with the general population, which supports normal downstream hormone balance.

GENETIC SUMMARY

GENE	RS ID	YOUR GENOTYPE	GENE	RS ID	YOUR GENOTYPE
APOE C526T	rs7412	**CC**	**CYP2C19 T358C**	rs41291556	**TT**
APOE C388T	rs429358	**TT**	**CYP2C19 T819+2A**	rs72558186	**TT**
PGR C1978A	rs1042838	**AC**	**CYP2C19 G395A**	rs72552267	**GG**
CYP17A1 A-34G	rs743572	**AA**	**CYP2C19 C1297T**	rs56337013	**CC**
CYP2C19 C-806T	rs12248560	**TT**	**CYP2C19 A1G**	rs28399504	**AA**
CYP2C19 C680T	rs6413438	**CC**	**CYP2C19 G636A**	rs4986893	**GG**
CYP2C19 G431A	rs17884712	**GG**	**CYP2C19 G681A**	rs4244285	**GG**

4 Testosterone

12 variants analyzed

In plain terms: Testosterone is present in women in smaller amounts than estrogen and supports libido, energy, muscle and bone. It plays a crucial role in various physiological processes, including the development of sexual characteristics, muscle mass, bone density, and overall health. Testosterone levels can vary significantly among individuals and may be influenced by genetics.

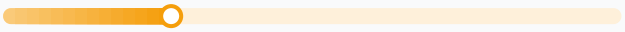
Luteinizing hormone (LH) is a hormone produced by the anterior pituitary gland, and it plays a key role in regulating testosterone production. When LH levels rise, they stimulate the cells to produce more testosterone. Conversely, when LH levels are low, testosterone production decreases. Genetic variations can influence an individual's LH level propensity, potentially leading to variations in testosterone levels.

The body converts some testosterone into estrogen. It is primarily carried out by an enzyme called aromatase, which converts testosterone into estradiol, a form of estrogen. This conversion also supports bone density and cardiovascular health.

Genetic predispositions related to LH levels and testosterone-to-estrogen conversion can provide insights into hormonal health. They may help explain variations in testosterone levels, which can have implications for fertility, muscle development, and overall well-being.

YOUR RESULTS

Testosterone Level Propensity



DECREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with decreased testosterone level propensity genetic results are more likely than average to have testosterone in the lower part of the female range. In women, testosterone supports libido, energy, muscle and bone, and lower levels may contribute to low libido or fatigue. Sleep, strength training and nutrition all influence testosterone levels.

RECOMMENDATIONS

SUPPLEMENT

Vitamin D3

1,000 to 2,000 IU daily, or as guided by testing

Low vitamin D is associated with lower sex hormone levels, and correcting a deficiency may help.

SUPPLEMENT

Zinc (only if intake is low)

15 mg daily with food

Zinc supports healthy sex hormone production when intake is low.

DIET

Enough Protein, Healthy Fat and Calories

Protein at each meal; avoid long, steep calorie deficits

Under-eating and very low-fat diets can lower sex hormone production, including testosterone.

DIET

Zinc-Rich Foods

Oysters, beef, pumpkin seeds, legumes

Food sources support healthy hormone production.

LIFESTYLE

Resistance Training

2 to 3 sessions weekly

Strength training supports healthy testosterone levels, muscle and bone.

LIFESTYLE

Prioritize Sleep

7 to 9 hours nightly

Short sleep lowers testosterone, so consistent sleep is one of the simplest supports.

FURTHER TESTING

Total and Free Testosterone with SHBG

Early in the cycle, if cycling

Shows actual levels using female reference ranges.

FURTHER TESTING

Vitamin D (25-OH)

Identifies a deficiency that may be contributing to lower hormone levels.

YOUR RESULTS

SHBG Level Propensity



TYPICAL

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with typical SHBG level propensity genetic results are likely to have SHBG levels consistent with the general population. SHBG carries testosterone and estrogen in the blood, so a typical level supports a normal balance of free, active hormone.

YOUR RESULTS

LH Level Propensity



INCREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with increased LH level genetic results tend to have higher than typical luteinizing hormone levels. In women, LH triggers ovulation, and a persistently high LH can be associated with irregular cycles, conditions such as PCOS, or the transition to menopause. Bloodwork timed to the cycle can show whether LH is in balance with other reproductive hormones.

RECOMMENDATIONS

SUPPLEMENT

Myo-Inositol

2 to 4 g daily

May support ovulation and healthier LH balance, especially with irregular cycles.

SUPPLEMENT

Omega-3 Fatty Acids (EPA/DHA)

1,000 mg daily

May support healthier hormone and insulin balance.

DIET

Protein and Fiber at Each Meal

Steadier blood sugar supports hormone balance.

LIFESTYLE

Track Cycle Length and Ovulation

Note cycle start dates for 3 months

Cycle patterns help a provider interpret LH results.

FURTHER TESTING

LH and FSH

Day 2 to 5 of the cycle, if cycling

Shows whether higher LH is affecting ovulation; best read alongside estradiol.

YOUR RESULTS

DHT Level Propensity



INCREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with increased DHT level propensity genetic results are more likely than average to have higher DHT, the most potent form of testosterone. In women, higher DHT can be associated with thinning hair at the crown, acne and unwanted facial or body hair, and it can be part of the picture in PCOS. Testing can help clarify the cause if these signs are present.

RECOMMENDATIONS

SUPPLEMENT

Saw Palmetto

320 mg daily

May modestly reduce the conversion of testosterone to DHT and has been studied for DHT-related hair thinning.

DIET

Spearmint Tea

2 cups daily

Small studies suggest spearmint tea may lower free testosterone and reduce unwanted hair growth.

DIET

Lower-Glycemic Eating Pattern

Fewer refined carbs and sugary drinks

High insulin can increase androgen production, which matters for acne, hair and PCOS.

LIFESTYLE

Address Hair Thinning Early

See a dermatologist when thinning first appears

DHT-related hair thinning responds best when treatment starts early.

FURTHER TESTING

DHT

Shows whether DHT is elevated if acne, hair thinning or unwanted hair growth are present.

FURTHER TESTING

Fasting Insulin and Glucose

Insulin resistance often drives higher androgens in women and can point to PCOS.

YOUR RESULTS

Conversion from Testosterone to Estrogen



INCREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with increased testosterone-to-estrogen conversion genetic results tend to convert more testosterone to estrogen than average, which can lead to relatively higher estrogen. In women, this may contribute to heavier or more uncomfortable cycles, breast tenderness or other signs of estrogen dominance. Body fat, alcohol and some environmental chemicals increase this conversion, so these are useful areas to address.

RECOMMENDATIONS

SUPPLEMENT

DIM (Diindolylmethane)

100 mg daily

DIM from cruciferous vegetables supports healthy estrogen metabolism and may help when conversion is high.

SUPPLEMENT

Calcium D-Glucarate

200 to 500 mg daily

Supports the liver's clearance of estrogen so less is recycled back into circulation.

DIET

Cruciferous Vegetables and Fiber

Broccoli, cauliflower, kale; 25 g fiber daily

Cruciferous compounds and fiber support liver processing and removal of estrogen.

LIFESTYLE

Maintain a Healthy Weight

Focus on waist size and body fat

Body fat is a major site of testosterone-to-estrogen conversion, so reducing excess fat lowers estrogen.

FURTHER TESTING

Estradiol

Early in the cycle, if cycling

Shows whether higher conversion is raising estrogen; best read alongside testosterone and progesterone results.

FURTHER TESTING

Waist Circumference and Body Composition

Body fat drives conversion, so these measures help track change.

GENETIC SUMMARY

GENE	RS ID	YOUR GENOTYPE	GENE	RS ID	YOUR GENOTYPE
AR G639A	rs6152	**GG**	**SHBG G-68A**	rs1799941	**GG**
AR (T>C)	rs2497938	**TT**	**CYP17A1 G138A**	rs6162	**GG**
SRD5A2 G265A	rs523349	**CG**	**CYP17A1 A-34G**	rs743572	**AA**
SHBG g.T25411C	rs727428	**TT**	**NR3C1 G1184+646C**	rs41423247	**GG**
SHBG G-62+4486T	rs12150660	**GG**	**NR3C1 T*3833C**	rs6198	**TC**
SHBG C554T	rs6258	**CC**	**NR3C1 C68T**	rs6190	**CC**

5 Estrogen

16 variants analyzed

In plain terms: Estrogen is a group of hormones central to female reproductive health. There are several types of estrogen, which are responsible for various physiological processes in the body, including the development of secondary sexual characteristics, regulation of the menstrual cycle, and maintenance of bone density.

Estrogen levels can vary significantly among individuals and throughout life stages. Estrogen levels typically rise during puberty, change across the menstrual cycle and decline during menopause.

Estrogen receptors are proteins found on the surface of cells in various tissues throughout the body. These receptors bind to estrogen molecules, allowing estrogen to exert its effects. Genetic variations can influence the number and sensitivity of these receptors, affecting how an individual's body responds to estrogen.

YOUR RESULTS

Estrogen Level Propensity



INCREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with increased estrogen level propensity genetic results tend toward higher than typical baseline estrogen levels. In women, this may contribute to heavier periods, breast tenderness, fibroids or PMS symptoms, and long-term estrogen exposure is one factor in breast health. Supporting healthy estrogen clearance through diet, weight and lifestyle can help keep estrogen in balance.

RECOMMENDATIONS

SUPPLEMENT

Sulforaphane (Broccoli Sprout Extract)

As directed on the label

Supports healthy estrogen metabolism in the liver.

SUPPLEMENT

Probiotic

10 to 20 billion CFU daily

Gut bacteria help regulate how much estrogen is recycled.

DIET

Ground Flaxseed

1 to 2 tablespoons daily

Flax lignans and fiber help the body bind and remove excess estrogen.

DIET

Limit Alcohol

No more than 1 drink per day

Alcohol raises estrogen levels and is linked with breast cancer risk.

LIFESTYLE

Reduce Exposure to Hormone-Disrupting Chemicals

Avoid heating food in plastic; choose BPA-free containers and fragrance-free products

BPA, phthalates and similar chemicals can act like estrogen in the body.

LIFESTYLE

Regular Exercise

150 minutes weekly

Regular activity is linked with lower estrogen levels and lower breast cancer risk.

FURTHER TESTING

Estrogen Metabolites (urine)

Shows how estrogen is being processed and cleared.

FURTHER TESTING

Estradiol and Progesterone (cycle-timed)

Estradiol early in the cycle; progesterone about 7 days after ovulation

Shows estrogen relative to progesterone.

YOUR RESULTS

Estrogen Receptor Response

INCREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with increased estrogen receptor response genetic results have tissues that respond more strongly to estrogen. This can influence cycle symptoms, bone density and breast tissue, and it is useful information for a healthcare provider when birth control or menopausal hormone therapy is being considered, along with routine breast health screening.

RECOMMENDATIONS

DIET

Soy Foods in Moderation

1 to 2 servings of whole soy foods daily

Whole soy foods are generally safe and may balance estrogen activity, while concentrated isoflavone supplements are best avoided.

DIET

Calcium-Rich Foods

Dairy, fortified plant milks, sardines, leafy greens

Supports bone, which estrogen also protects.

LIFESTYLE

Stay Current With Breast Health Screening

Follow age-based mammogram guidelines

Stronger estrogen response is one factor in breast tissue health, so routine screening is especially useful.

LIFESTYLE

Weight-Bearing Exercise

Walking, stairs or strength training most days

Helps protect bone density over time.

FURTHER TESTING

Bone Density Scan (DEXA)

Around menopause or per provider

Estrogen supports bone, and receptor differences can influence bone density over time.

FURTHER TESTING

Breast Cancer Risk Assessment

With a provider, using family history

Helps decide whether earlier or extra screening makes sense.

YOUR RESULTS

Estrogen Metabolite Elimination

INCREASED

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with increased estrogen metabolite elimination genetic results have an efficient capacity to process and clear estrogen metabolites, which supports healthy hormone balance. A balanced diet, regular physical activity and stress management can help maintain this favorable profile.

GENETIC SUMMARY

GENE	RS ID	YOUR GENOTYPE	GENE	RS ID	YOUR GENOTYPE
COMT C186T	rs4633	**CT**	**CYP19A1 G*19A**	rs10046	**AG**
COMT G597A	rs769224	**GG**	**CYP19A1 A*161C**	rs4646	**CC**
GSTM1 (A>G)	rs366631	**AG**	**COMT G472A**	rs4680	**GA**
GSTP1 A313G	rs1695	**AA**	**ESR1 A453-351G**	rs9340799	**GG**
CYP19A1 C145+418A	rs727479	**AC**	**ESR2 G*380C**	rs1255998	**GG**
CYP19A1 G-38-23584A	rs749292	**AG**	**ESR2 G*923T**	rs1256065	**GG**
CYP19A1 g.C4517T	rs7176005	**CC**	**PEMT C-97-6178G**	rs12325817	**CC**

GENETIC SUMMARY

GENE	RS ID	YOUR GENOTYPE	GENE	RS ID	YOUR GENOTYPE
CYP19A1 T240C	rs700518	**TC**	**UGT1A6 A541G**	rs2070959	**AG**

6 Cortisol

11 variants analyzed

In plain terms: Cortisol is a steroid hormone produced by the adrenal glands in response to stress and low blood glucose levels. It plays a crucial role in various bodily functions, including regulating metabolism, immune response, and blood pressure. Genetic factors can influence cortisol levels and how an individual's body responds to stress.

Genetic variations can impact the baseline levels of cortisol in the body. Some individuals may have genetic factors that make them more likely to have higher or lower cortisol levels when at rest. These variations can be linked to the activity of genes involved in cortisol production and regulation, such as those related to the adrenal glands and the hypothalamus-pituitary-adrenal (HPA) axis.

Understanding genetic predispositions related to cortisol levels and stress response can have implications for health. Elevated cortisol levels over an extended period, often due to chronic stress, can have negative effects on various systems in the body, including the cardiovascular, immune, and nervous systems. It's associated with conditions such as anxiety, depression, and metabolic disorders.

Conversely, low cortisol levels during periods of stress can also have health consequences. These may include reduced resilience to stress, fatigue, and altered immune function.

By understanding genetic predispositions for cortisol levels and stress response, steps can be taken to manage stress effectively, implement stress-reduction techniques, and make lifestyle choices that promote healthy cortisol levels. This information can be especially valuable for chronic stress or when concerned about conditions related to cortisol dysregulation.

YOUR RESULTS

Cortisol Level Propensity



TYPICAL

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with typical cortisol level propensity genetic results produce and regulate cortisol within normal population ranges, which supports a balanced stress response, metabolism and immune function. Regular physical activity, stress management and adequate sleep help maintain this balance.

GENETIC SUMMARY

GENE	RS ID	YOUR GENOTYPE	GENE	RS ID	YOUR GENOTYPE
COMT G472A	rs4680	**GA**	**NR3C1 C68T**	rs6190	**CC**
SERPINA6 (C>T)	rs11621961	**TT**	**NR3C1 T*3833C**	rs6198	**TC**
BDNF C196T	rs6265	**CC**	**NR3C1 G1184+646C**	rs41423247	**GG**
FKBP5 T106-2636C	rs1360780	**CC**	**NR3C1 G-13-6284A**	rs10052957	**AG**
CRHR1 G121+904T	rs242924	**GG**	**NR3C2 C538T**	rs5522	**TT**
CRHR1 G34-4329A	rs110402	**GG**			

7 Additional Hormone Genetics

35 variants analyzed

In plain terms: This section delves into various interesting genes associated with hormones which may not be included in other sections.

In addition to some research on aromatase inhibitor side-effects risk, there's some research available for providers on a few other topics such as postpartum depression, endometriosis, and preterm birth risk.

YOUR RESULTS

Aromatase Inhibitor Side-effects Risk



TYPICAL

UNDERSTANDING WHAT THIS MAY MEAN

Individuals with typical aromatase inhibitor side-effects risk genetic results are expected to have a standard side-effect profile from aromatase inhibitors, consistent with general population data. Use of these medications is guided and monitored by a healthcare provider.

GENETIC SUMMARY

GENE	RS ID	YOUR GENOTYPE	GENE	RS ID	YOUR GENOTYPE
SHBG g.T25411C	rs727428	**TT**	**CRHR1 C241+1631T**	rs242939	**TT**
SHBG G-62+4486T	rs12150660	**GG**	**CRHR1 A122-1309C**	rs242941	**CC**
SHBG C554T	rs6258	**CC**	**CRHR1 G121+904T**	rs242924	**GG**
SHBG G-68A	rs1799941	**GG**	**CRHR1 G34-4329A**	rs110402	**GG**
CYP19A1 (G>A)	rs934635	**AG**	**NR3C1 G1184+646C**	rs41423247	**GG**
ESR2 G*380C	rs1255998	**GG**	**NR3C1 T1088C**	rs56149945	**TT**
ESR2 G*923T	rs1256065	**GG**	**NR3C1 T*3833C**	rs6198	**TC**
PGR C331T	rs10895068	**CC**	**SERPINA7 A347T**	rs28933689	**AA**
PEMT C-97-6178G	rs12325817	**CC**	**TSHR A170+10352G**	rs179247	**AG**
APOE C388T	rs429358	**TT**	**TSHR C170+28858T**	rs12101255	**CC**
APOE C526T	rs7412	**CC**	**FOXE1 (A>G)**	rs965513	**AG**
PGR G*4550A	rs471767	**AA**	**TSHR G1637A**	rs121908866	**GG**
PGR C1978A	rs1042838	**AC**	**CYP17A1 A-34G**	rs743572	**AA**
Intergenic-8 (A>C)	rs10859871	**CC**	**CYP19A1 g.C4517T**	rs7176005	**CC**
CDKN2B-AS1 (C>A)	rs10965235	**CC**	**CYP19A1 T240C**	rs700518	**TC**
ESR1 A453-351G	rs9340799	**GG**	**CYP19A1 G*19A**	rs10046	**AG**
SERPINA6 C1033-601T	rs941601	**CC**	**CYP19A1 A*161C**	rs4646	**CC**
FKBP5 T106-2636C	rs1360780	**CC**			

APPENDIX A

Supplement Recommendations

Based on your results

Supplements listed below are recommended for panels where at least one result was outside the typical range.

SUPPLEMENT	RATIONALE	PANEL
Selenium at Moderate Doses Up to 55 to 100 mcg daily from food and supplements combined	Selenium supports normal thyroid hormone conversion, and moderate amounts are enough for this result.	Thyroid
DHEA, Only With Provider Guidance Often 10 to 25 mg daily, only after testing	May raise low DHEA-S levels; best used only after testing and with provider oversight.	DHEA
Ashwagandha 300 to 600 mg daily (root extract)	May support the body's stress response, which shares a pathway with DHEA.	DHEA
Magnesium (glycinate) 200 to 400 mg daily	Magnesium may ease bloating, breast tenderness and mood symptoms in the second half of the cycle.	Progesterone
Vitamin B6 25 to 50 mg daily	Vitamin B6 may reduce PMS-related mood and breast symptoms.	Progesterone
Vitamin D3 1,000 to 2,000 IU daily, or as guided by testing	Low vitamin D is associated with lower sex hormone levels, and correcting a deficiency may help.	Testosterone
Zinc (only if intake is low) 15 mg daily with food	Zinc supports healthy sex hormone production when intake is low.	Testosterone
Myo-Inositol 2 to 4 g daily	May support ovulation and healthier LH balance, especially with irregular cycles.	Testosterone
Omega-3 Fatty Acids (EPA/DHA) 1,000 mg daily	May support healthier hormone and insulin balance.	Testosterone
Saw Palmetto 320 mg daily	May modestly reduce the conversion of testosterone to DHT and has been studied for DHT-related hair thinning.	Testosterone
DIM (Diindolylmethane) 100 mg daily	DIM from cruciferous vegetables supports healthy estrogen metabolism and may help when conversion is high.	Testosterone
Calcium D-Glucarate 200 to 500 mg daily	Supports the liver's clearance of estrogen so less is recycled back into circulation.	Testosterone
Sulforaphane (Broccoli Sprout Extract) As directed on the label	Supports healthy estrogen metabolism in the liver.	Estrogen
Probiotic 10 to 20 billion CFU daily	Gut bacteria help regulate how much estrogen is recycled.	Estrogen

APPENDIX B

Further Testing Recommendations

Based on your results

Lab tests and assessments recommended for panels where at least one result was outside the typical range.

TEST / ASSESSMENT	CLINICAL RATIONALE	PANEL
Thyroid Panel (TSH, Free T4, Free T3)	Shows whether higher conversion is affecting thyroid hormone levels; free T4 and free T3 add context when TSH alone looks low.	Thyroid
Stop Biotin 2 Days Before Thyroid Labs	High-dose biotin can falsely alter thyroid test results and mimic an overactive thyroid.	Thyroid
Serum DHEA-S	Confirms levels before considering any DHEA supplementation, which should be provider-guided.	DHEA
Morning Cortisol Before 9 AM	Helps interpret DHEA-S, since both come from the adrenal glands.	DHEA
Mid-Luteal Progesterone About 7 days after ovulation	Shows whether symptoms reflect progesterone levels or sensitivity to normal levels.	Progesterone
Total and Free Testosterone with SHBG Early in the cycle, if cycling	Shows actual levels using female reference ranges.	Testosterone
Vitamin D (25-OH)	Identifies a deficiency that may be contributing to lower hormone levels.	Testosterone
LH and FSH Day 2 to 5 of the cycle, if cycling	Shows whether higher LH is affecting ovulation; best read alongside estradiol.	Testosterone
DHT	Shows whether DHT is elevated if acne, hair thinning or unwanted hair growth are present.	Testosterone
Fasting Insulin and Glucose	Insulin resistance often drives higher androgens in women and can point to PCOS.	Testosterone
Estradiol Early in the cycle, if cycling	Shows whether higher conversion is raising estrogen; best read alongside testosterone and progesterone results.	Testosterone
Waist Circumference and Body Composition	Body fat drives conversion, so these measures help track change.	Testosterone
Estrogen Metabolites (urine)	Shows how estrogen is being processed and cleared.	Estrogen
Estradiol and Progesterone (cycle-timed) Estradiol early in the cycle; progesterone about 7 days after ovulation	Shows estrogen relative to progesterone.	Estrogen
Bone Density Scan (DEXA) Around menopause or per provider	Estrogen supports bone, and receptor differences can influence bone density over time.	Estrogen
Breast Cancer Risk Assessment With a provider, using family history	Helps decide whether earlier or extra screening makes sense.	Estrogen