ARTERA

Precision oncology, powered by AI

ArteraAI is a leading precision medicine company developing AI tests to personalize cancer therapy. ArteraAI's multimodal artificial intelligence (MMAI) biomarkers utilize a unique algorithm that predicts whether patients will benefit from a particular therapy and estimates their long-term outcomes.

Our clinically validated ArteraAI Prostate Test is the first and only AI test to be recommended by the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) as a risk stratification tool for localized prostate cancer.[1]

References

1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Prostate Cancer V.4.2023. © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed September 21, 2023. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.
2. Armstrong AJ, Liu VYT, Selvaraju RR, et al. Development and validation of an AI-derived digital pathology-based biomarker to predict benefit of ling-term androgen deprivation therapy with radiotherapy in men with localized high-risk prostate cancer across multiple phase III NRG/RTOG trials. Presented at: 2023 ASCO Annual Meeting. June 4, 2023. Abstract 5001.
3. Spratt DE, Tang S, Sun Y, et al; on behalf of NRG Prostate Cancer AI Consortium. Artificial intelligence predictive model for hormone therapy use in prostate cancer. NEJM Evid. 2023;2(8). doi:10.1056/EVIDoa230002.

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If you have any questions, please contact ArteraAI at: info@artera.ai

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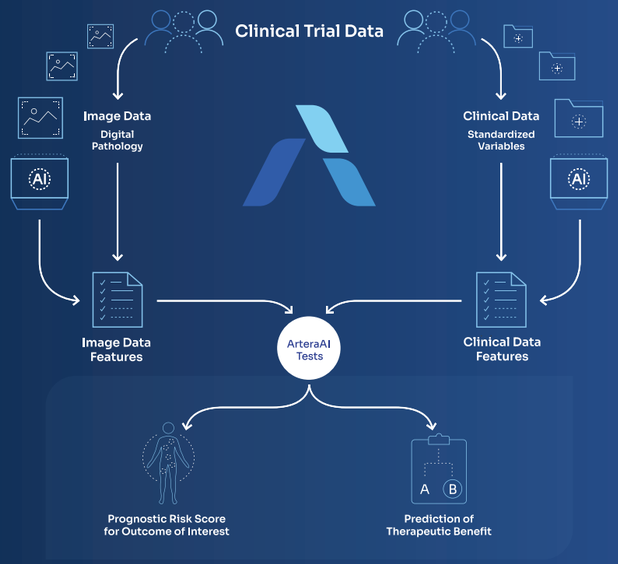
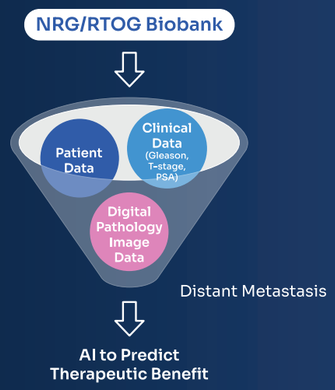
ArteraAI Multimodal AI Architecture Enables Personalized Prostate Cancer Therapy

ArteraAI leverages an artificial intelligence (AI) algorithm that was developed using data from multiple large, randomized, phase 3 clinical trials. Two types of data—clinical data and biopsy tissue slide image data—were used to develop models that can predict therapeutic benefit and guide the use or duration of androgen-deprivation therapy (ADT).[2,3]



MMAI Predictive Biomarker Development and Validation



Studies Used for Development and Validation

	ST-ADT Biomarker	LT-ADT Biomarker
NRG/RTOG studies used for training	9202, 9413, 9910, 0126	9902, 9413, 9910, 0521, 9408, 0126
Training set, n	2024	2641
NRG/RTOG study used for validation	9408	9202
Validation set, n	1594	1192

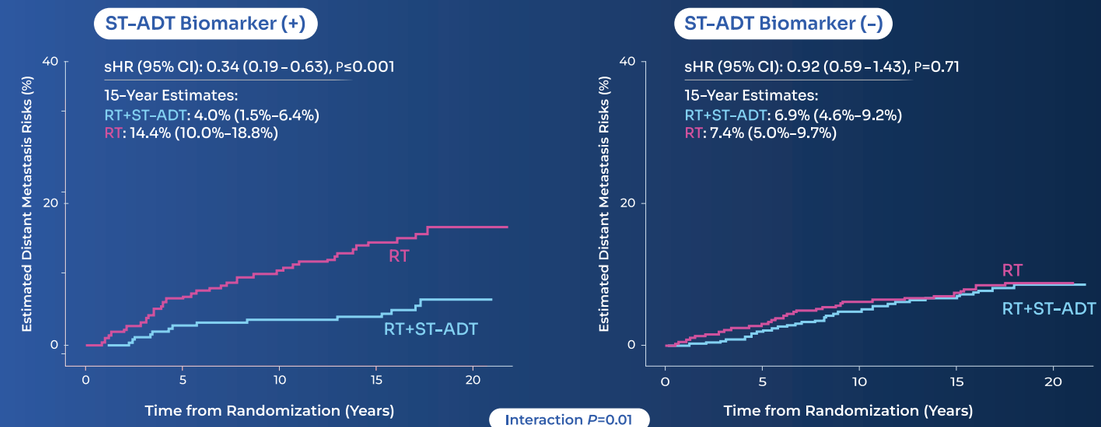
ArteraAI predictive biomarkers are specifically designed to predict whether a patient is likely to benefit from a specific treatment[2,3]

Predictive ST-ADT: determines whether a patient's risk of distant metastasis will be reduced if ST-ADT is added to RT (compared with RT alone)[2]

Predictive LT-ADT: determines whether a patient's risk of distant metastasis will be reduced if LT-ADT is added to RT (compared with ST-ADT + RT)[3]

LT-ADT, long-term androgen-deprivation therapy; RT, radiation therapy; ST-ADT, short-term androgen-deprivation therapy.

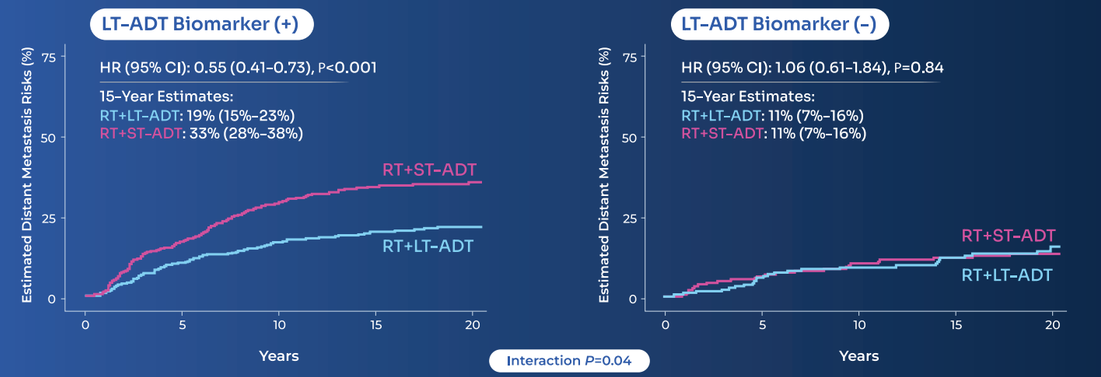
MMAI Predictive Biomarkers Enable the Personalized Use of ADT in Men With Localized Prostate Cancer



34% (543 patients) were classified as ST-ADT biomarker (+) and predicted to have more benefit with a significant reduction in risk of metastasis from adding ST-ADT to RT[2]

66% (1051 patients) were classified as ST-ADT biomarker (–) and predicted to have less benefit with no clear reduction in risk of metastasis with treatment intensification[2]

MMAI predictive biomarker identifies 34% of patients who could benefit from treatment intensification with short-term ADT[2]



66% (785 patients) were classified as LT-ADT biomarker (+) and predicted to have more benefit with a significant reduction in risk of metastasis from adding LT-ADT vs ST-ADT to RT[3]

34% (407 patients) were classified as LT-ADT biomarker (–) and predicted to have less benefit with no clear reduction in risk of metastasis with longer duration ADT[3]

MMAI predictive biomarker identifies 34% of patients who could safely avoid treatment intensification with long-term ADT[3]

The LT-ADT biomarker is still being developed and currently not commercially available.

LT-ADT, long-term androgen deprivation therapy; RT, radiation therapy; ST-ADT, short-term androgen deprivation therapy.