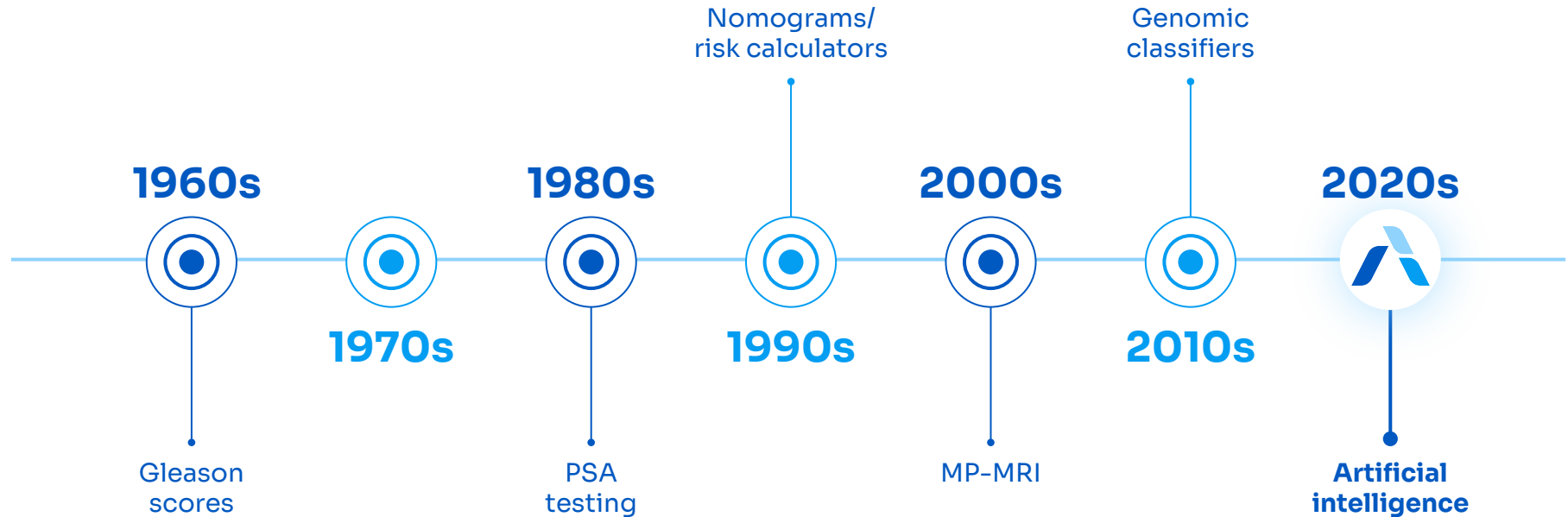


ArteraAI

Evolution of Risk Stratification Tools in Prostate Cancer¹⁻⁴

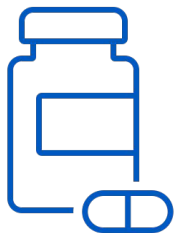


MP-MRI, multiparametric-magnetic resonance imaging; PSA, prostate-specific antigen.

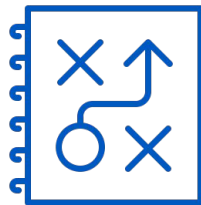
1. Turkbey B, Choyke MD. *Radiol Clin North Am.* 2018;56(2):327-337. 2. Pereira-Azevedo N, et al. *Transl Androl Urol.* 2018;7(1):18-26.

3. Tucker N. *Target Oncol.* 2021;16(5):633-642. 4. Esteva A, et al. *NPJ Digit Med.* 2022;5(1):71.

Current Challenges to Personalizing Cancer Therapy



Cancer is a **heterogeneous disease**, and patients may respond to treatment differently



An **abundance of treatment** options can make it difficult to choose the optimal treatment for each patient



Difficulty personalizing cancer care may lead to over- or undertreatment

Artera Is a Leading Precision Medicine Company Developing AI Tests to Personalize Cancer Therapy

Artera develops AI-enabled predictive and prognostic cancer tests to help patients and doctors determine the best treatment plan



The **ArteraAI Prostate Test** can estimate long-term outcomes, guide active surveillance suitability, and predict ST-ADT benefit in localized prostate cancer

Test results are generated **without consuming tissue** and are available to review within 24–36 hours after receipt of the patient's specimen

Validated & Recognized by Numerous 3rd Party Organizations



**REGULATORY
BODIES**



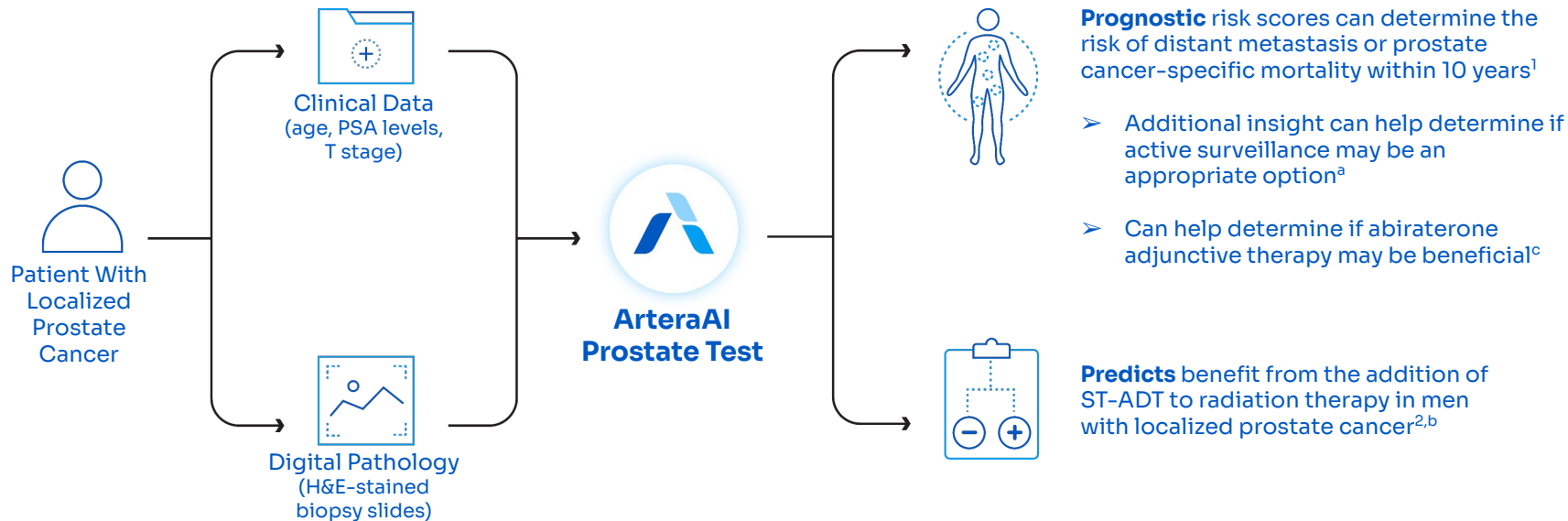
**MEDIA
AWARDS**



**INDUSTRY
PARTNERS**

ArteraAI Prostate Test Overview

MMAI Algorithm Assesses a Patient's Digital Biopsy Images and Clinical Data



^aActive surveillance insights are only reported for those who have NCCN very low-, low-, and favorable intermediate-risk disease. ^bST-ADT biomarker results are only reported for those who have NCCN intermediate-risk disease. ^cAbiraterone insights are only reported for those who have NCCN very high- and high-risk disease.

H&E, hematoxylin and eosin; MMAI, multimodal artificial intelligence; NCCN, National Comprehensive Cancer Network; PSA, prostate-specific antigen; ST-ADT, short-term androgen deprivation therapy.

1. Esteva A, et al. *NPJ Digit Med.* 2022;5(1):71. 2. Spratt DE, et al. *NEJM Evid.* 2023;2(8):EVIDo2300023.

The ArteraAI Prostate Test is Recommended in Clinical Guidelines

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Prostate Cancer

NCCN Guidelines® Version 4.2026 Prostate Cancer

The ArteraAI Prostate Test is recommended as an option for **prognostic use in intermediate-, high-, and very-high-risk prostate cancer**

The ArteraAI Prostate Test is the **only predictive tool** recognized

Advanced Prognostic Tools		
Tools	Category	Discussion
Intermediate-Risk Prostate Cancer		
Multimodal artificial intelligence (MMAI) – ArteraAI Prostate Test	AI-Pathology	The results of a post-hoc meta-analysis of eight phase III randomized trials suggest that the benefit of ST-ADT in NCCN intermediate-risk prostate cancer is likely to be smaller in patients with MMAI low-risk disease than in patients with MMAI intermediate- or high-risk disease.
High-Risk and Very-High-Risk Prostate Cancer		
Multimodal artificial intelligence (MMAI) – ArteraAI Prostate Test	AI-Pathology	The results of multiple post-hoc meta-analyses suggest that the benefit of ADT in NCCN high- and very-high-risk prostate cancer is likely to be smaller in patients with MMAI low-risk disease than in patients with MMAI intermediate- or high-risk disease. Results from four phase III randomized trials from the STAMPEDE platform suggest that the benefit of abiraterone in NCCN very-high-risk prostate cancer is likely to be smaller with MMAI low-risk disease than in patients with MMAI high-risk disease.

There is also an MMAI predictive biomarker that was validated post-hoc in RTOG 9408 to predict benefit of ST-ADT added to RT in patients with intermediate-risk prostate cancer. While promising, due to differences in tissue sampling, grading, staging, and treatment, the Panel recommends further validation prior to using this predictive biomarker to guide treatment decisions in isolation.

Comparison to gene expression classifiers

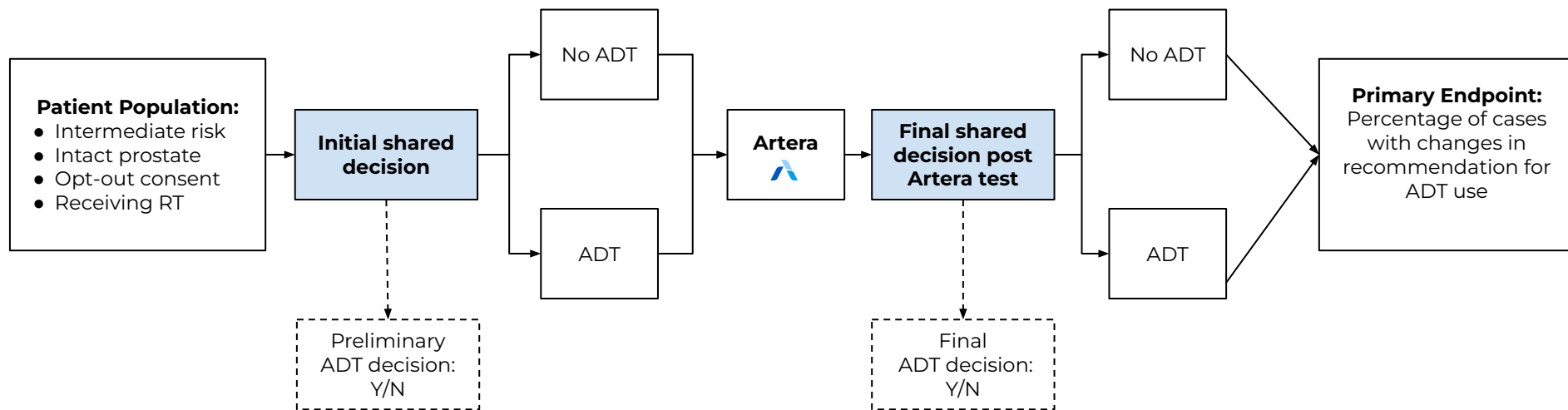
	<u>Prolaris</u>	<u>GPS / Oncotype DX</u>	<u>Decipher Biopsy</u>	<u>ArteraAI</u>
CPT® Code	81541	0047U	81542	0376U
Charged Price	\$3,900*	\$4,520*	\$5,150*	\$1,725
NCCN Recommendation	No	No	Yes	Yes
Validation Studies (as determined within NCCN guidelines)	N/A	N/A	RTOG 9202 9413 9902 0126	RTOG 9202 9408 9413 9902 9910 0126 0415 0521 STAMPEDE
Predictive Biomarker	No	No	No	Yes
Turn Around Time (from receipt of specimen to report to clinician)	2 to 4 weeks	2 to 4 weeks	2 to 4 weeks	1 - 2 days
Tissue Consumptive	Yes	Yes	Yes	No

*Estimated based on publicly available Medicare 2022 submitted charge and volume data

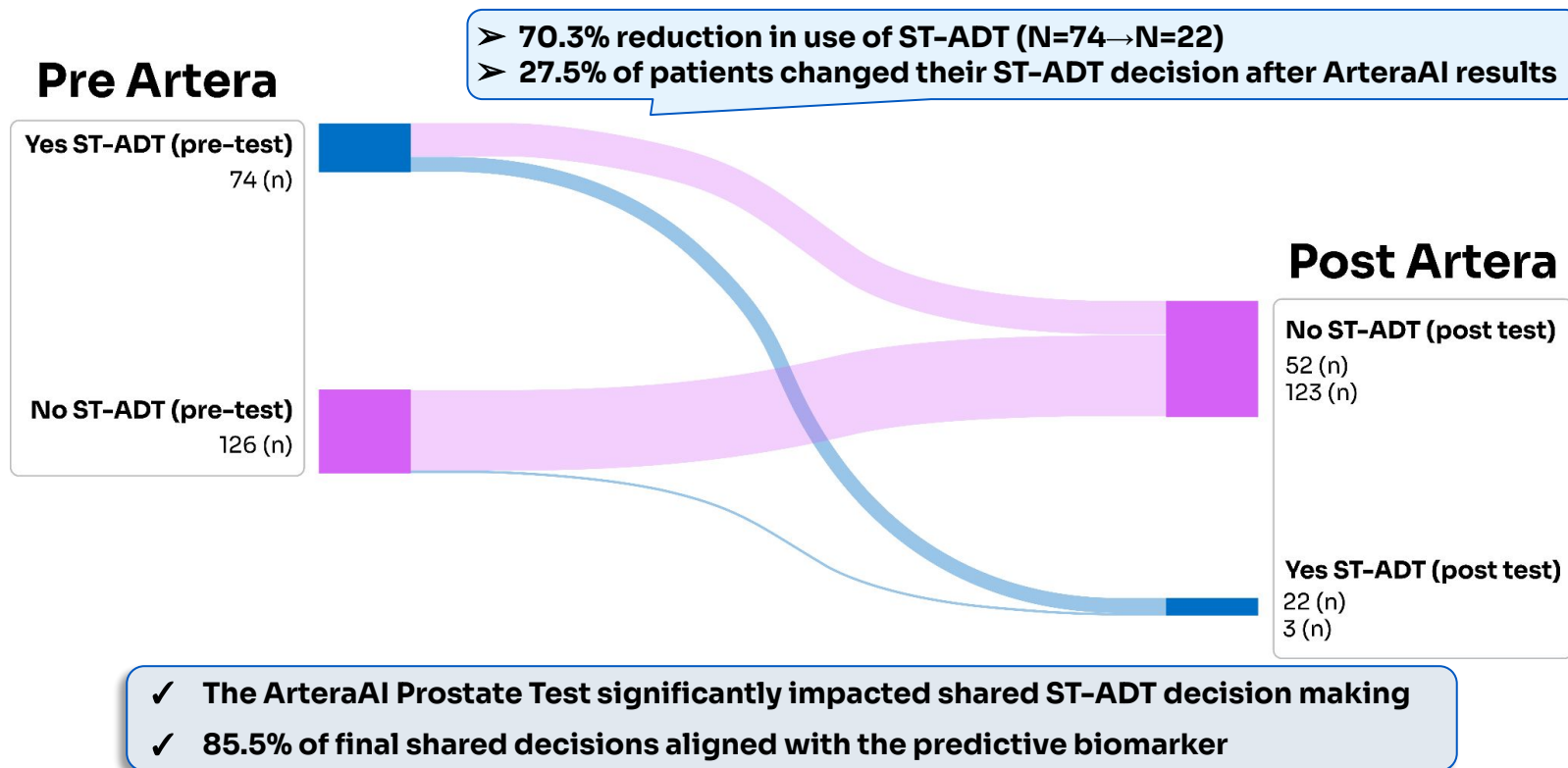
ASTuTE Trial: Real World Clinical Utility Evidence for ArteraAI Prostate Test in ST-ADT Decision-Making

Common Question: Is Artera conducting any clinical utility studies that demonstrate impact of the test on real world decision-making?

- The ASTuTE Trial (Australia) at GenesisCare evaluates SOC decision-making compared to Artera ST-ADT predictive biomarker-informed management changes in men with intermediate risk localized disease.
- **Hypothesis:** The ArteraAI Prostate Test result changes management of intermediate prostate cancer patients.



Clinical Utility: Shared Decision-Making Before and After the ArteraAI Prostate Test (ASTuTE Trial)



Artera's predictive model demonstrates cost-effectiveness in guiding ST-ADT use

A retrospective cost-effectiveness analysis using RTOG 9408 data compared three strategies for guiding ST-ADT in intermediate-risk patients receiving radiotherapy

Compared ADT use in:

1. All NCCN intermediate risk patients
2. Only NCCN unfavorable int-risk patients
3. Only ArteraAI biomarker-positive patients

This analysis utilized a Markov model: QALY² and ICERs³ were modeled over 15-years using Medicare claims data

Results¹

ADT Strategy	Cost (\$)	Effectiveness (QALY) ²
ADT for all	56,637	6.90
ADT for NCCN UI	46,892	6.92
ADT for Artera +	34,596	6.93

Artera identified more patients who could safely omit ADT vs. both NCCN UI and ADT for all treatment strategies

ArteraAI-guided treatment reduced costs by \$12,296 per patient vs. NCCN strategy, with equivalent outcomes

1. Courtney PT et al. JNCI Cancer Spectr. 2026;pkag035.
2. QALY, Quality-adjusted life years; measures both quantity and quality of life (1 QALY = 1 year in perfect health)
3. ICER, incremental cost-effectiveness ratios; calculates the extra cost needed for one additional QALY gained