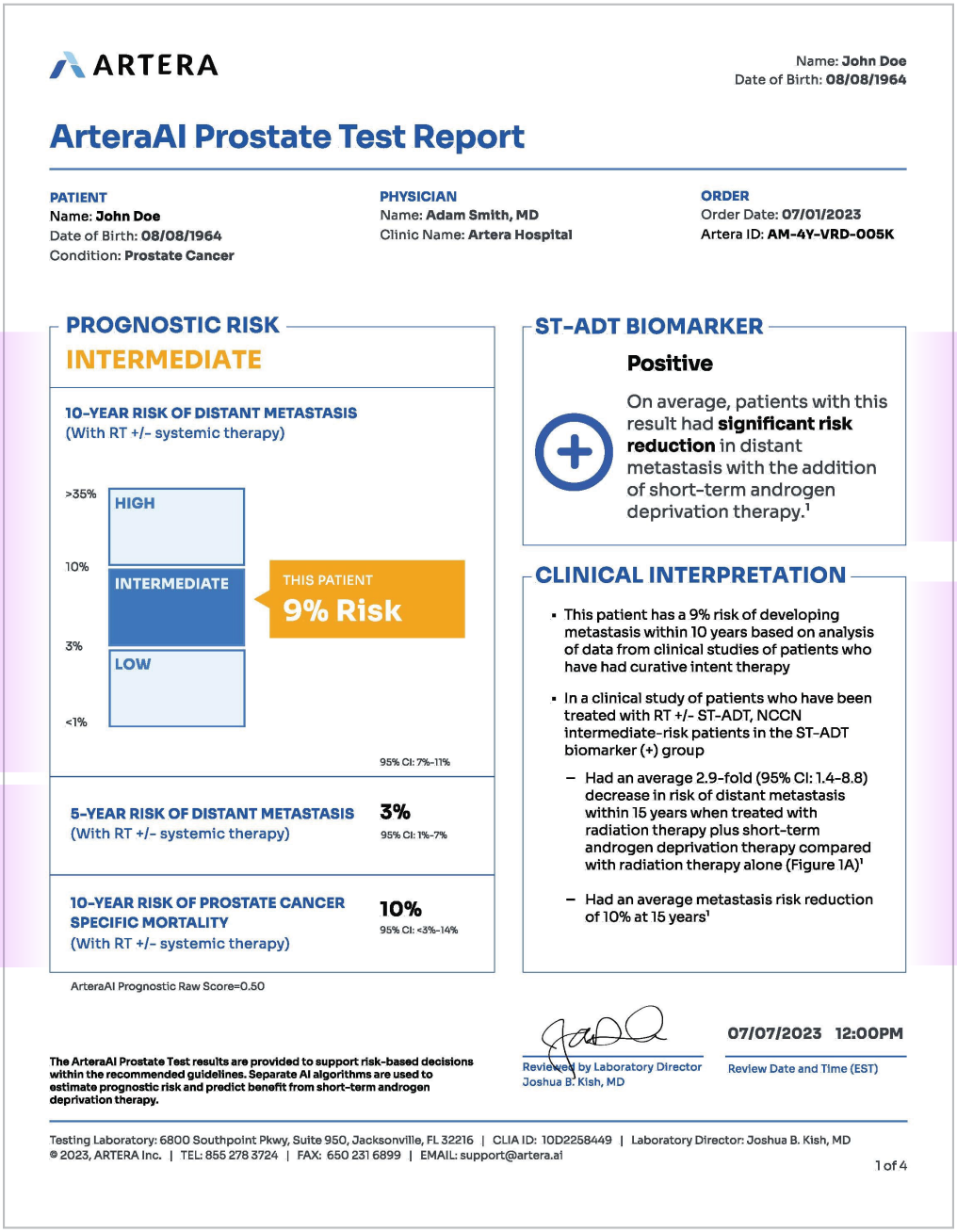
ST-ADT biomarker results are only reported for patients who have NCCN intermediate-risk disease.



ARTERA

Name: **John Doe**
Date of Birth: **08/08/1964**

ArteraAI Prostate Test Report

PATIENT
Name: **John Doe**
Date of Birth: **08/08/1964**
Condition: **Prostate Cancer**

PHYSICIAN
Name: **Adam Smith, MD**
Clinic Name: **Artera Hospital**

ORDER
Order Date: **07/01/2023**
Artera ID: **AM-4Y-VRD-005K**

PROGNOSTIC RISK
INTERMEDIATE

10-YEAR RISK OF DISTANT METASTASIS
(With RT +/- systemic therapy)

>35% HIGH
10% INTERMEDIATE — THIS PATIENT **9% Risk**
3% LOW
<1%

95% CI: 7%-11%

5-YEAR RISK OF DISTANT METASTASIS (With RT +/- systemic therapy) **3%** 95% CI: 1%-7%

10-YEAR RISK OF PROSTATE CANCER SPECIFIC MORTALITY (With RT +/- systemic therapy) **10%** 95% CI: <3%-14%

ArteraAI Prognostic Raw Score=0.50

ST-ADT BIOMARKER
Positive

On average, patients with this result had **significant risk reduction** in distant metastasis with the addition of short-term androgen deprivation therapy.[1]

CLINICAL INTERPRETATION
- This patient has a 9% risk of developing metastasis within 10 years based on analysis of data from clinical studies of patients who have had curative intent therapy
- In a clinical study of patients who have been treated with RT +/- ST-ADT, NCCN intermediate-risk patients in the ST-ADT biomarker (+) group
  - Had an average 2.9-fold (95% CI: 1.4-8.8) decrease in risk of distant metastasis within 15 years when treated with radiation therapy plus short-term androgen deprivation therapy compared with radiation therapy alone (Figure 1A)[1]
  - Had an average metastasis risk reduction of 10% at 15 years[1]

The ArteraAI Prostate Test results are provided to support risk-based decisions within the recommended guidelines. Separate AI algorithms are used to estimate prognostic risk and predict benefit from short-term androgen deprivation therapy.

Reviewed by Laboratory Director
Joshua B. Kish, MD

07/07/2023 12:00PM
Review Date and Time (EST)

Testing Laboratory: 6800 Southpoint Pkwy, Suite 950, Jacksonville, FL 32216 | CLIA ID: 10D2258449 | Laboratory Director: Joshua B. Kish, MD
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1 of 4

A

Prognostic Risk: The ArteraAI prognostic risk group can explain how aggressive the patient's prostate cancer is. The 10-year risk of distant metastasis is reported as a continuous variable with low-, intermediate-, and high-risk categories. Estimates are calibrated to a cohort of 1236 patients with localized prostate cancer who received either radiation therapy alone, radiation therapy with hormone therapy, or radiation therapy with hormone therapy and chemotherapy between 1992 and 2009.

B

Additional Prognostic Endpoints: In addition to the 10-year risk of distant metastasis, 5-year risk of distant metastasis and 10-year risk of prostate cancer-specific mortality are also reported. This can help provide more information to support optimized decision-making.

C

Short-term Androgen Deprivation Therapy (ST-ADT) Biomarker: An ST-ADT predictive biomarker result is given. A "positive" result indicates the patient will likely benefit from ST-ADT added to radiation therapy. A "Negative" result indicates the patient will likely not benefit from adding ST-ADT to radiation therapy. In a model validation study, 68% (575 patients) were classified as ST-ADT (-), indicating they could avoid treatment with ST-ADT. Only 32% (276 patients) were classified as ST-ADT (+) and predicted to derive benefit from adding ST-ADT to radiation therapy.

ST-ADT biomarker results are only reported for patients who have NCCN intermediate-risk disease.

D

Clinical Interpretation: To help aid shared decision-making, a more detailed interpretation of the prognostic and predictive biomarker results is also provided.

ST-ADT biomarker results are only reported for patients who have NCCN intermediate-risk disease.

ARTERA

Name: **John Doe**
Date of Birth: **08/08/1964**

ArteraAI Prostate Test Report

CLINICAL AND PATHOLOGY DETAILS (AS PROVIDED BY THE ORDERING PHYSICIAN)

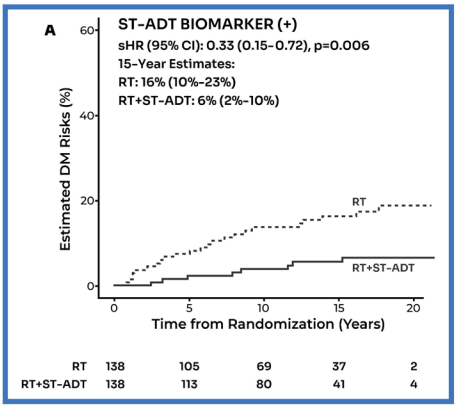
Date of Biopsy: **05/23/2022**
Procedure: **Biopsy**
Clinical Tumor Stage: **T1c**
Baseline PSA: **5.5 ng/mL**
Gleason Score: **7 (4+3)**
Patient Age at Order Date: **60**
Specimen Site: **Prostate**
Specimen ID: **22-00130**
NCCN Risk: **Intermediate Unfavorable**

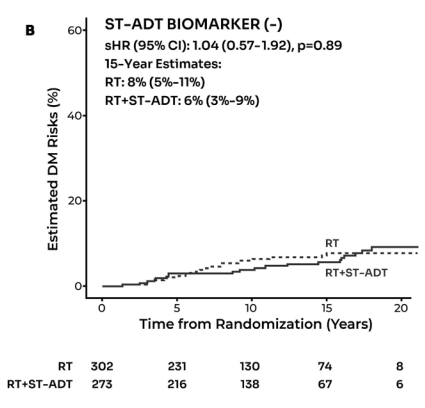
E

This patient has an estimated 10-year risk of metastasis that is **higher than 75%** of patients in the same NCCN intermediate risk group.

F

ST-ADT BIOMARKER SUPPLEMENTAL INFORMATION





Population-level data supporting the clinical interpretation on page 1.

Figure 1. Cumulative incidence of distant metastasis in the validation cohort subgroup of NCCN intermediate-risk patients who are (A) ST-ADT biomarker (+) or (B) ST-ADT biomarker (-).

In a clinical study of a subgroup of NCCN intermediate-risk patients who have been treated with curative intent therapy[1]

- 32% (276 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 (Figure 1A)
- 68% (575 patients) were classified as ST-ADT biomarker (-) and predicted to have less benefit with no clear reduction in risk of metastasis (Figure 1B)

This report was electronically signed by Dr. Joshua B. Kish on 07/07/2023 at 12:00PM.

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E **Comparison With National Comprehensive Cancer Network (NCCN) Risk Group:** There is variability among patients within NCCN risk groups. A visualization is provided to show how the risk of metastasis, based on the ArteraAI risk score, compares to other patients with NCCN intermediate-risk disease.

F **Data Supporting Short-term Androgen Deprivation Therapy (ST-ADT) Interpretation:** In a clinical study, intermediate-risk patients who were ST-ADT biomarker (+) had significantly reduced risk of metastasis at 15 years when adding ST-ADT to radiation therapy; patients who were ST-ADT biomarker (-) had little to no reduction in risk of metastasis when adding ST-ADT to radiation therapy. The accompanying Kaplan-Meier (KM) curves show risk of distant metastasis over time. The KM curve highlighted by the blue box represents the clinical study data supporting the clinical interpretation on page 1 of the report.