


This example is for a patient who has NCCN favorable intermediate-risk disease. Active surveillance insights are only reported for those who have NCCN very low-, low-, and favorable intermediate-risk disease, abiraterone insights are only reported for those who have NCCN high- and very high-risk disease, and ST-ADT biomarker results are only reported for those who have NCCN intermediate-risk disease.



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

ArteraAI Prostate Test Report

PATIENT DETAILS

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

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

CLINICAL AND PATHOLOGY
Clinical Tumor Stage: **T1c**
Pre-biopsy PSA: **3.8 ng/mL**
Gleason Score: **7 (3+4)**
Patient Age at Order Date: **71**
NCCN Risk: **Favorable Intermediate**

ORDER
Order Date: **07/01/2023**
Test Run Date: **07/04/2023**
Artera ID: **AM-4Y-VRD-005K**
Accession Number: **ART-25-XXXXX**

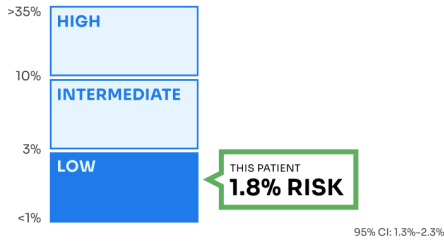
PROGNOSTIC RISK

LOW

ArteraAI Prognostic Raw Score=0.13

10-YEAR RISK OF DISTANT METASTASIS

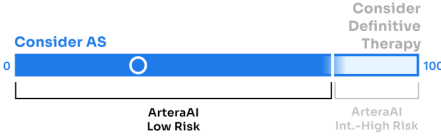
(With standard of care treatment)



95% CI: 1.3%-2.3%

ACTIVE SURVEILLANCE (AS) INSIGHTS

This patient's relative risk of adverse pathology at radical prostatectomy (RP) is in the **30th percentile** of a cohort of patients managed with AS who had RP.



ArteraAI Low Risk ArteraAI Int.-High Risk


10-YEAR RISK OF PROSTATE CANCER SPECIFIC MORTALITY

(With standard of care treatment)

0.8%


95% CI: 0.6%-1.0%

ST-ADT BIOMARKER



Negative

On average, patients with this result had **no clear risk reduction** in distant metastasis with the addition of short-term androgen deprivation therapy to RT.¹


Reviewed by Laboratory Director
Joshua B. Kish, MD

07/07/2025 12:00PM
Review Date and Time (EST)

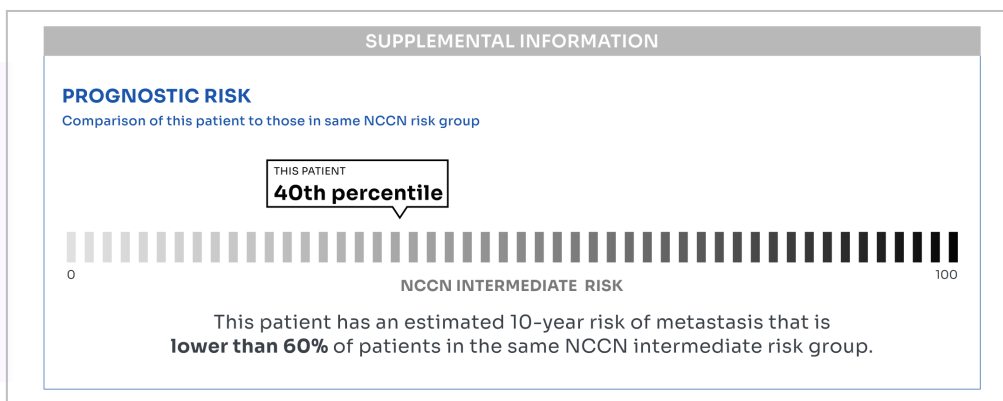
The ArteraAI Prostate Test results are provided to support risk-based decisions within the recommended guidelines, taking into consideration all other patient factors.

[By signing this I am confirming adequate quality of the material received, image reviewed and presence of cancer, unless otherwise noted in this report.]

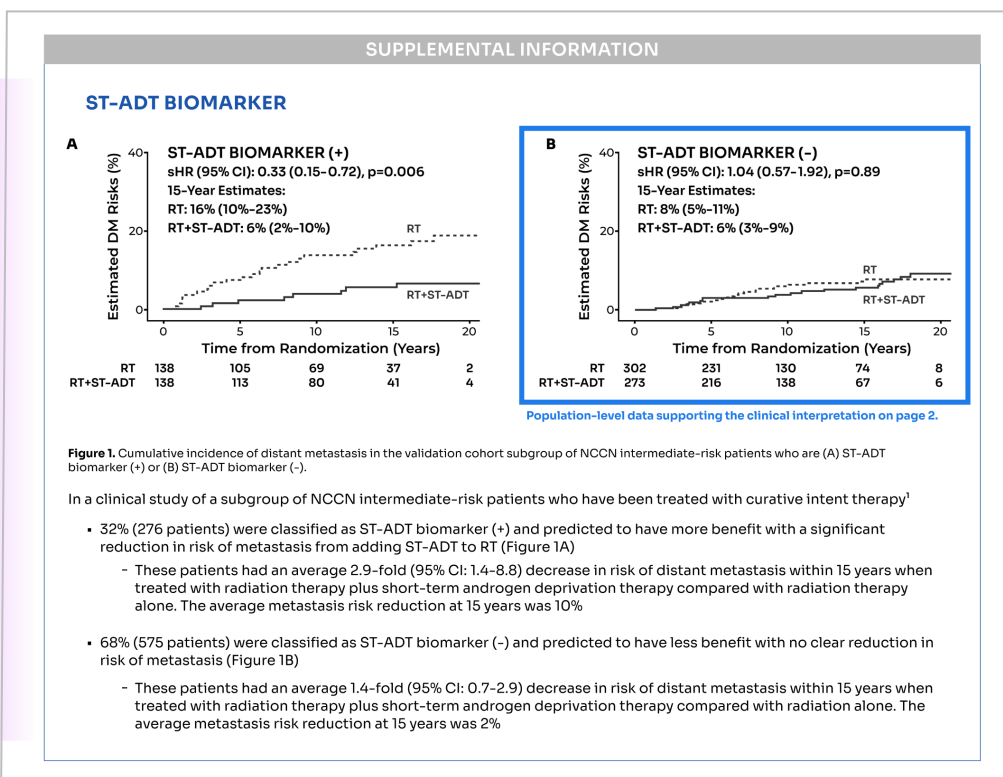
- A Prognostic Risk:** The ArteraAI prognostic risk group can explain how aggressive the patient's prostate cancer is. The 10-year risk of distant metastasis is reported as a continuous variable with low-, intermediate-, and high-risk categories.
- B Additional Prognostic Endpoints:** In addition to the 10-year risk of distant metastasis, 10-year risk of prostate cancer-specific mortality is also reported. This can help provide more information to support optimized decision-making.
- C Active Surveillance Insights:** For men with NCCN very low-, low-, and favorable intermediate-risk prostate cancer, comparing their risk of adverse pathology to that of other patients who were on active surveillance (AS) and underwent radical prostatectomy can help determine if AS is a suitable management option.
- D Short-Term Androgen Deprivation Therapy (ST-ADT) Biomarker:** For men with NCCN intermediate risk disease, an ST-ADT predictive biomarker result is provided. 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.

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E



F



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 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 (K-M) curves show risk of distant metastasis over time. The K-M curve highlighted by the blue box represents the clinical study data supporting the clinical interpretation on page 2 of the report.