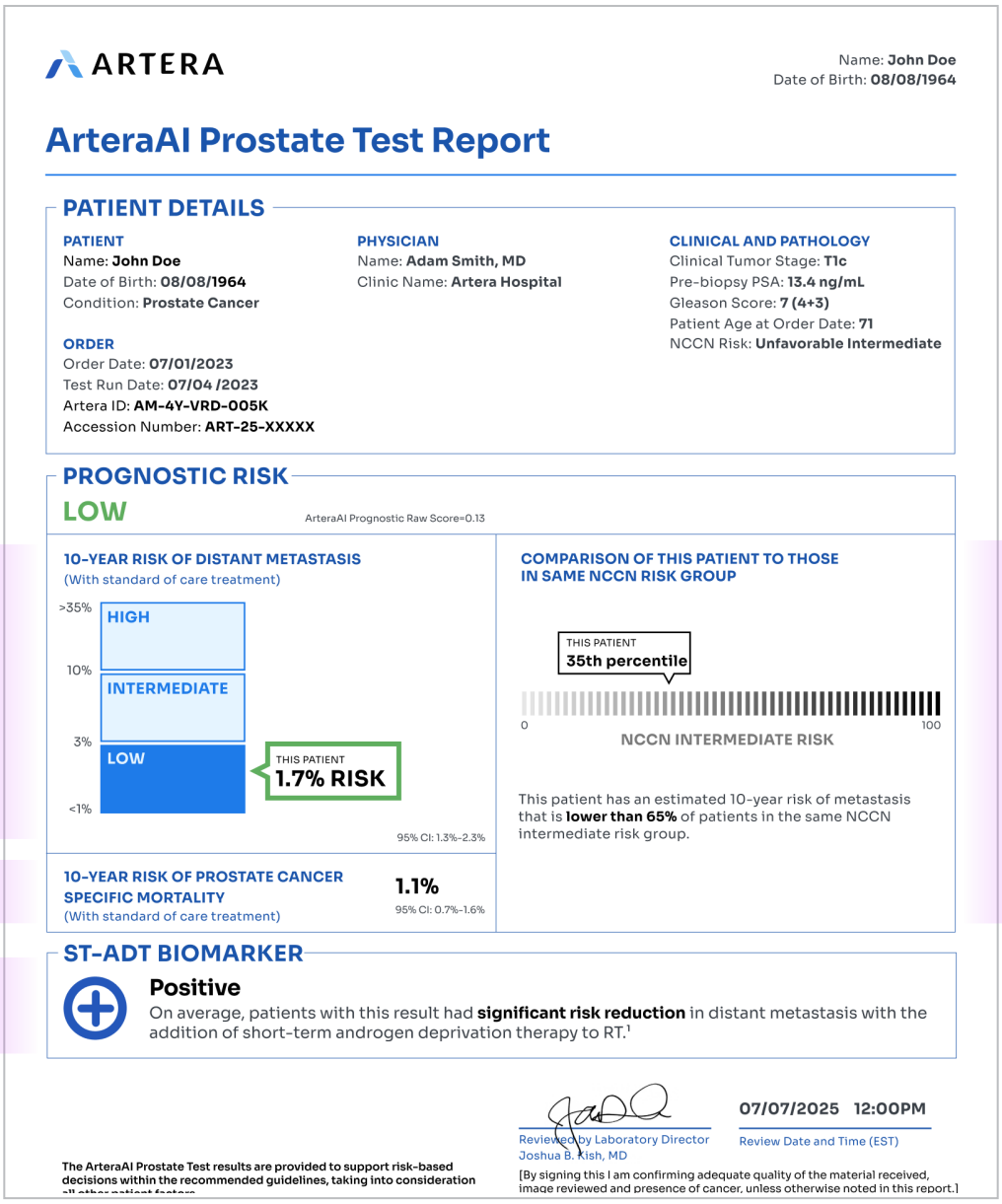
This example is for a patient who has NCCN unfavorable intermediate-risk disease. Active surveillance insights are only reported for those who have NCCN very low-, low-, and favorable intermediate-risk disease, abiraterone insights are only reported for those who have NCCN high- and very high-risk disease,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



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 **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.

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.

This example is for a patient who has NCCN unfavorable 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.

ARTERA

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

ArteraAI Prostate Test Report

SPECIMEN DETAILS

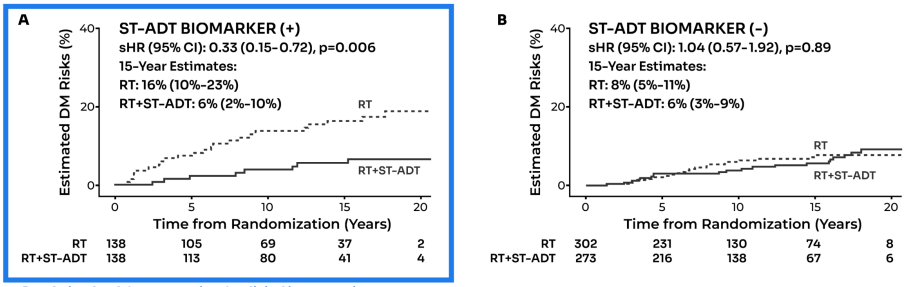
Date of Biopsy: **05/08/2022**
Procedure: **Biopsy**

Specimen Site: **Prostate**
Specimen ID: **22-00129**

Gross Description: **Received and reviewed [1] H&E slide(s) labeled [22-00128]**

SUPPLEMENTAL INFORMATION

ST-ADT BIOMARKER



Population-level data supporting the clinical interpretation .

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)
  - These patients 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. The average metastasis risk reduction at 15 years was 10%
- 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)
  - These patients had an average 1.4-fold (95% CI: 0.7-2.9) decrease in risk of distant metastasis within 15 years when treated with radiation therapy plus short-term androgen deprivation therapy compared with radiation alone. The average metastasis risk reduction at 15 years was 2%

CASE COMMENTS

Comments from Clinical

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

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 | TEL: 650 239 7018 | FAX: 650 231 6899 | EMAIL: support@artera.ai

D **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.