

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.

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: 13.4 ng/mL
Gleason Score: 7 (4+3)
Patient Age at Order Date: 71
NCCN Risk: Unfavorable Intermediate

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

PROGNOSTIC RISK

LOW

ArteraAI Prognostic Raw Score=0.13

10-YEAR RISK OF DISTANT METASTASIS

(With standard of care treatment)

>35%

HIGH

10%

INTERMEDIATE

3%

LOW

THIS PATIENT

1.7% RISK

95% CI: 1.3%-2.3%

COMPARISON OF THIS PATIENT TO THOSE IN SAME NCCN RISK GROUP

THIS PATIENT

35th percentile

0

100

NCCN INTERMEDIATE RISK

This patient has an estimated 10-year risk of metastasis that is **lower than 65%** of patients in the same NCCN intermediate risk group.

10-YEAR RISK OF PROSTATE CANCER SPECIFIC MORTALITY

(With standard of care treatment)

1.1%

95% CI: 0.7%-1.6%

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 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 other clinical 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

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.

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SPECIMEN DETAILS

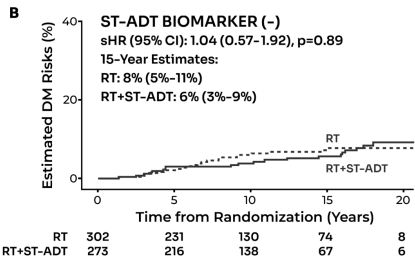
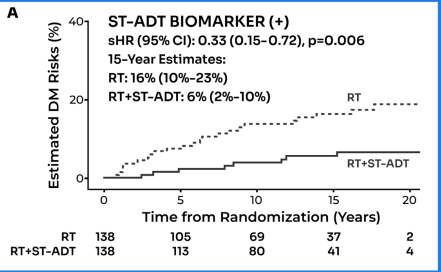
Date of Biopsy: 05/08/2022
Procedure: Biopsy

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 therapy¹

- 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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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.