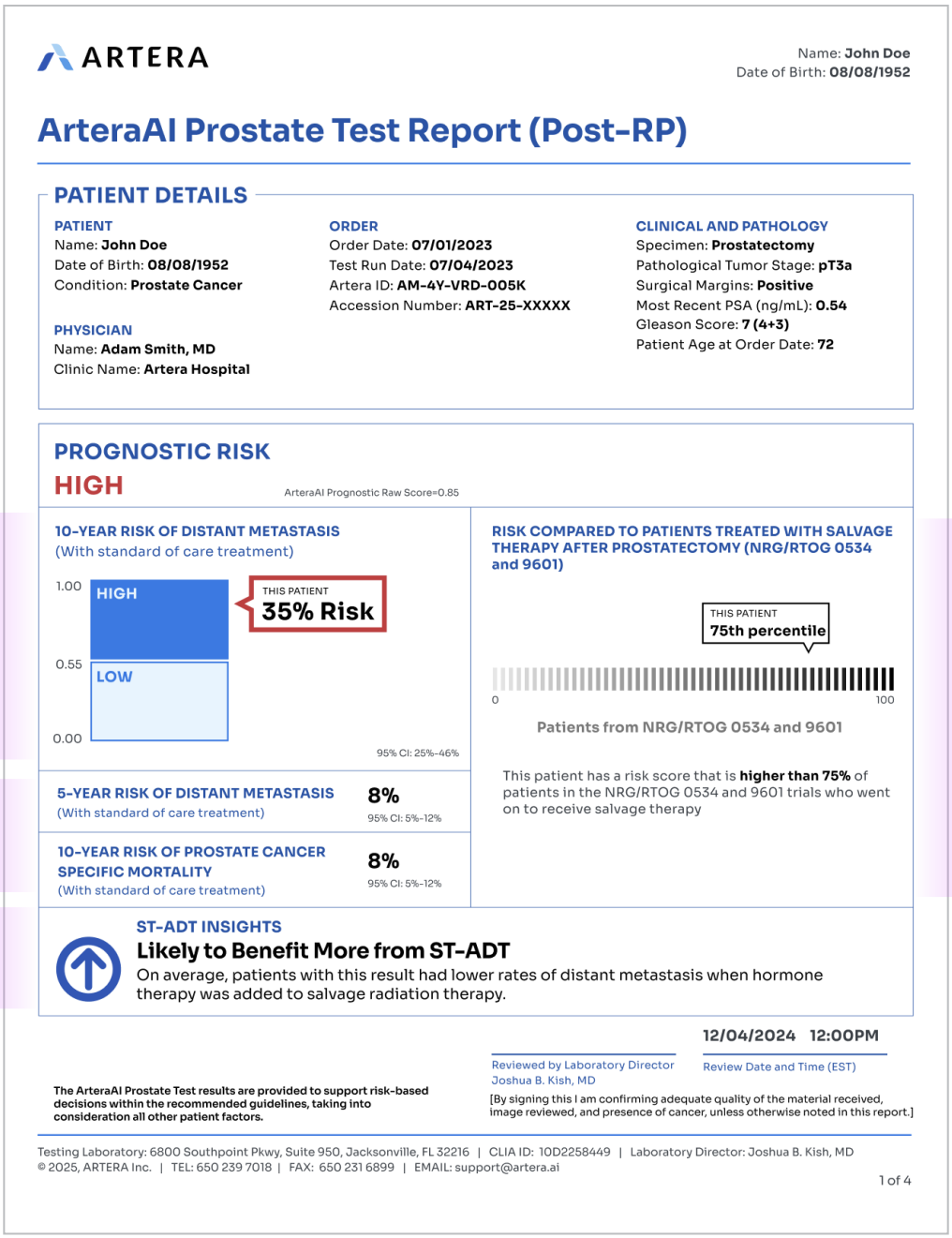
This is a sample Post-RP test report, run on a prostatectomy surgical specimen.



ARTERA

Name: **John Doe**
Date of Birth: **08/08/1952**

ArteraAI Prostate Test Report (Post-RP)

PATIENT DETAILS

PATIENT
Name: **John Doe**
Date of Birth: **08/08/1952**
Condition: **Prostate Cancer**

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

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

CLINICAL AND PATHOLOGY
Specimen: **Prostatectomy**
Pathological Tumor Stage: **pT3a**
Surgical Margins: **Positive**
Most Recent PSA (ng/mL): **0.54**
Gleason Score: **7 (4+3)**
Patient Age at Order Date: **72**

PROGNOSTIC RISK

HIGH

ArteraAI Prognostic Raw Score=0.85

10-YEAR RISK OF DISTANT METASTASIS
(With standard of care treatment)

1.00 — HIGH — THIS PATIENT **35% Risk**
0.55 — LOW
0.00

95% CI: 25%–46%

5-YEAR RISK OF DISTANT METASTASIS
(With standard of care treatment)
8%
95% CI: 5%–12%

10-YEAR RISK OF PROSTATE CANCER SPECIFIC MORTALITY
(With standard of care treatment)
8%
95% CI: 5%–12%

RISK COMPARED TO PATIENTS TREATED WITH SALVAGE THERAPY AFTER PROSTATECTOMY (NRG/RTOG 0534 and 9601)

THIS PATIENT **75th percentile**

0 — 100

Patients from NRG/RTOG 0534 and 9601

This patient has a risk score that is **higher than 75%** of patients in the NRG/RTOG 0534 and 9601 trials who went on to receive salvage therapy

ST-ADT INSIGHTS

Likely to Benefit More from ST-ADT

On average, patients with this result had lower rates of distant metastasis when hormone therapy was added to salvage radiation therapy.

12/04/2024 12:00PM
Review Date and Time (EST)

Reviewed by Laboratory Director
Joshua B. Kish, MD

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

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

Testing Laboratory: 6800 Southpoint Pkwy, Suite 950, Jacksonville, FL 32216 | CLIA ID: 10D2258449 | Laboratory Director: Joshua B. Kish, MD
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A **Prognostic Risk:** The ArteraAI prognostic risk group explains how aggressive the patient's prostate cancer is. The 10-year risk of distant metastasis is reported as a continuous variable with a binary low- and high-risk categorization. These risk estimates are based on patients receiving standard of care treatment: salvage RT ± ADT.

B **Additional Prognostic Endpoints:** 5-year risk of distant metastasis and 10-year risk of prostate cancer-specific mortality are also reported to support optimized decision-making. These risk estimates are based on patients receiving standard of care treatment: salvage RT ± ADT.

C **Comparison to NRG/RTOG 0534 and 9601 Patient Cohorts:** This visualization shows how this patient's risk score compares to other patients who recurred after prostatectomy and were treated with salvage radiation therapy with or without ST-ADT. This comparison includes all treatment arms of NRG/RTOG 0534 and 9601.

D **ST-ADT Insights:** Based on the MMAI risk group stratification, MMAI High risk patients were likely to benefit more from the addition of ST-ADT to salvage RT whereas MMAI Low risk patients were likely to benefit less from the addition of ST-ADT.

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Name: **John Doe**
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ArteraAI Prostate Test Report (Post-RP)

SPECIMEN DETAILS

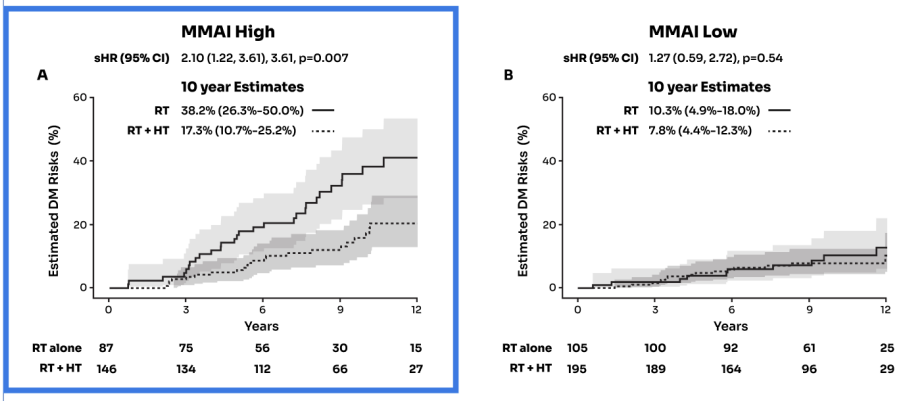
Date of Procedure: **10/08/2024**
Procedure: **Radical Prostatectomy**
Path Report Accession Number: **XXXXX**

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

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

SUPPLEMENTAL INFORMATION

ST-ADT INSIGHTS



Population-level data supporting the clinical interpretation.

Figure 1. Estimated risk of distant metastasis (95% CI) in the NRG/RTOG 0534 and 9601 validation cohorts who were categorized as (A) MMAI High or (B) MMAI Low, stratified by treatment arm. These results reflect how the potential benefit of adding ST-ADT to salvage radiotherapy may vary depending on ArteraAI risk group.

CASE COMMENTS

Comments from Clinical

This report was electronically signed by Dr. Joshua B. Kish on 07/07/2025 at 12:00PM.

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E

E **ST-ADT Insights Supplemental Information:** In the validation analysis of patients from NRG/RTOG 0534 and 9601 (n=533), men classified as MMAI High experienced a 21% absolute reduction in 10-year DM risk with ST-ADT added to salvage RT (38% vs. 17%), whereas MMAI Low patients did not show a clinically meaningful difference with ST-ADT (10% vs. 8%). Among MMAI High patients, those treated with salvage RT alone had roughly double the risk of DM compared with those receiving ST-ADT + salvage RT (sHR: 2.10, 95% CI: 1.22-3.61, p=0.007), while MMAI Low patients showed no meaningful difference between treatments (sHR: 1.27, 95% CI: 0.59-2.72, p=0.54). These findings highlight the potential of MMAI to stratify patients by risk and guide intensification of salvage therapy. In plots A and B, "RT Only" represents pelvic bed radiation therapy only.