ARTERA

Example Test Report

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

ArteraAI Prostate Test Report (mHSPC)

PATIENT DETAILS

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: **MM/DD/YYYY**
Specimen Receipt: **MM/DD/YYYY**
Test Run Date: **MM/DD/YYYY**
Artera ID: **XX-XX-XXX-XXXX**
Accession: **ART-26-XXXXX**

CLINICAL AND PATHOLOGY
Specimen: **Primary Prostate Biopsy**
Clinical Tumor Stage: **T1c**
Pre-Treatment PSA: **3.8 ng/mL**
Patient Age at Order Date: **61**

ARTERA MMAI SCORE 0.74

Percentile of MMAI-Defined Risk compared to other patients with metastatic disease		Prostate Cancer-Specific Mortality Risk at 5 years when treated with ADT + ABI	
if **Low Volume** 57th percentile	if **High Volume*** 30th percentile	if **Low Volume** 23%	if **High Volume*** 41%

Personalized MMAI Score Percentiles

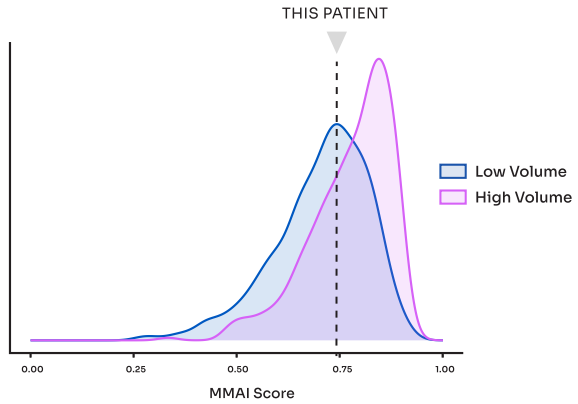

Figure 1. MMAI score for this patient relative to metastatic prostate cancer patients from the phase 3 STAMPEDE trials (n=1598)[1], separated by metastatic volume. For further details, see Page 2.

Personalized Risk Estimates

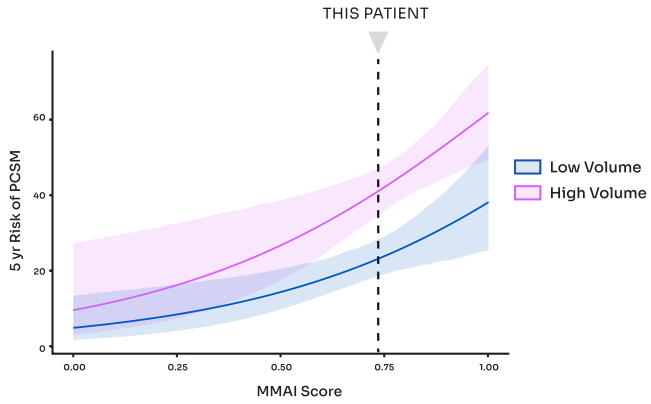

Figure 2. Estimated 5-year prostate cancer-specific mortality (PCSM) of patients with metastatic prostate cancer who received ADT + abiraterone in arms G + J (n=542) of the STAMPEDE trials[1], separated by metastatic volume.

Clinical Interpretation

- In multiple phase III clinical trial cohorts of metastatic prostate cancer, higher MMAI scores were associated with higher rates of prostate cancer-specific mortality in both high and low volume subgroups.[1,2]
- In patients who received ADT + abiraterone, MMAI score provides more granular risk stratification within metastatic volume subgroups, which may help contextualize outcomes on doublet therapy.
- MMAI score was also prognostic across other key clinical endpoints including time to castration resistant prostate cancer, clinical progression, and overall survival.[2,3]

*High volume: ≥4 bone lesions, with ≥1 beyond the spine or pelvis, or visceral metastases.

12/04/2024 12:00PM

Reviewed by Laboratory Director
Joshua B. Kish, MD

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.]

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ArteraAI Prostate Test (mHSPC)

Understanding the Report

1

ARTERA MMAI SCORE 0.74

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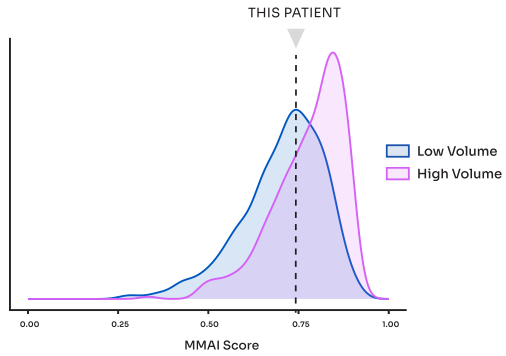
2

Personalized MMAI Score Percentiles



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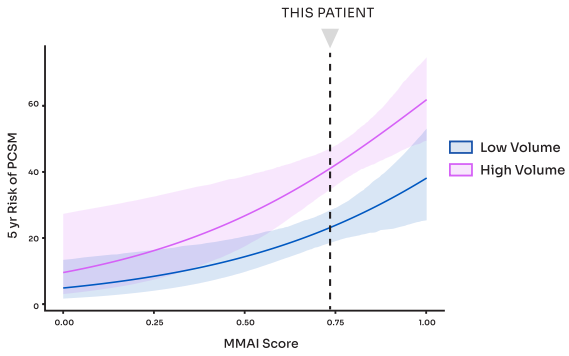
Personalized Risk Estimates



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1 **The Artera MMAI Score** is produced based on the patient's digital pathology image and clinical data.

Determine if the patient has high or low metastatic volume per CHAARTED criteria:
High Volume: ≥4 bone lesions, with ≥1 outside the spine or pelvis, or presence of visceral metastasis
Low Volume: mHSPC patients that do not meet high volume criteria

2 **MMAI score percentile** for the patient compared to distribution among M1 STAMPEDE patients (Arms A, C, E, G, and J; n=1598), represented numerically and visually in low-volume and high-volume subgroups. Within this cohort, 43% of patients had low metastatic disease volume and 48% of patients had high metastatic disease volume.

3 **Personalized 5-year PCSM estimate** based on the patient's MMAI score, derived from STAMPEDE patients treated with androgen deprivation therapy plus abiraterone (Arm G, n=245) or androgen deprivation therapy plus abiraterone plus enzalutamide (Arm J, n=297) using the Fine & Gray competing risk model. Predicted 5-year PCSM risks were estimated across the range of MMAI scores for high- and low-volume subgroups from the fitted model. The vertical dashed line indicates the patient's predicted MMAI score and the corresponding 5-year PCSM risk can be read from the appropriate volume-specific curve at that value.

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