


# NCCN Favorable Intermediate Risk Example Test Report



Name: John Doe  
Date of Birth: 08/08/1954

## ArteraAI Prostate Test Report

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### PATIENT DETAILS

**PATIENT**  
Name: John Doe  
Date of Birth: 08/08/1954  
Condition: Prostate Cancer

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

**ORDER**  
Order Date: 07/01/2025  
Specimen Receipt: 07/10/2025  
Test Run Date: 07/11/2025  
Artera ID: AM-4Y-VRD-005K  
Accession Number: ART-25-XXXX

**CLINICAL AND PATHOLOGY**  
Clinical Tumor Stage: T1c  
Pre-biopsy PSA: 3.8 ng/mL  
Gleason Score: 7 (3+4)  
Patient Age at Order Date: 70  
NCCN Risk: Favorable Intermediate

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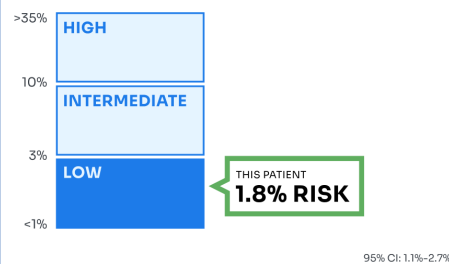
### PROGNOSTIC RISK OF DISEASE PROGRESSION

LOW

ArteraAI Prognostic Raw Score=0.18

#### 10-YEAR RISK OF DISTANT METASTASIS

(With standard of care treatment)\*



#### ACTIVE SURVEILLANCE (AS) INSIGHTS

THIS PATIENT

May Consider  
Active  
Surveillance

ArteraAI  
Low Risk  
(<3% 10-year DM)

May Consider  
Definitive  
Therapy

ArteraAI  
Int.-High Risk  
(>3% 10-year DM)

This patient's estimated 10-year risk of distant metastasis suggests that **active surveillance** per guideline recommendations may be an appropriate treatment option. Definitive therapy may still be an appropriate option for this patient.

#### 10-YEAR RISK OF PROSTATE CANCER SPECIFIC MORTALITY

(With standard of care treatment)\*


0.8%

95% CI: 0.5%-1.3%

In the validation cohort, no prostate cancer specific mortality events were observed in the ArteraAI Low Risk group within 10 years of diagnosis.

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### 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.<sup>1</sup>

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

\*These prognostic estimates reflect expected outcomes following standard treatment pathways, such as surveillance, surgery or radiation (including brachytherapy) and adjunctive androgen deprivation therapy, aligned with current NCCN guideline recommendations.

Reviewed by Laboratory Director  
Joshua B. Kish, MD

07/11/2025 12:00PM

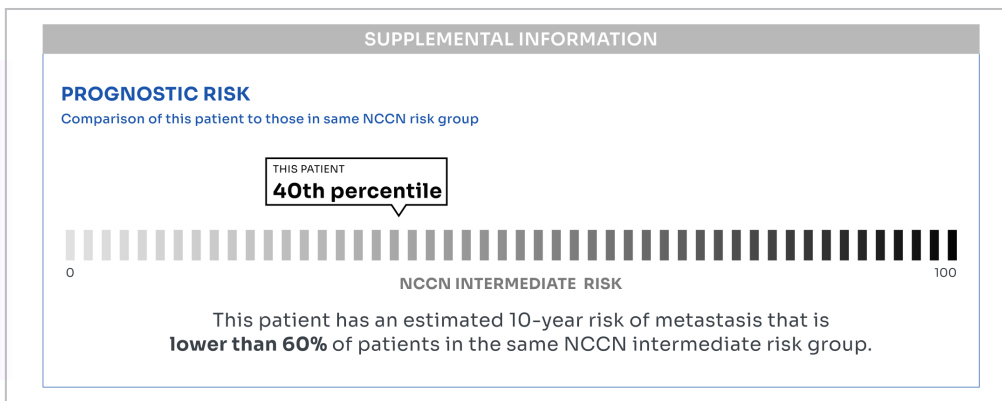
Review Date and Time (EST)

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

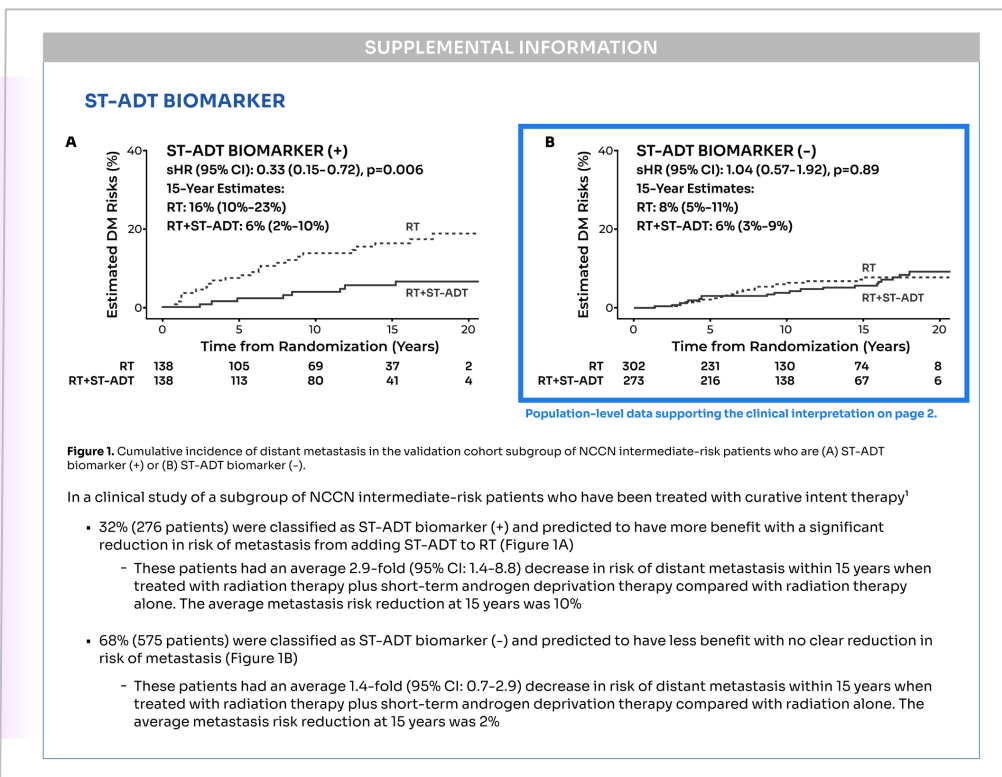
- A
**Prognostic Risk:** The ArteraAI prognostic risk group can explain how aggressive the patient's prostate cancer is. The 10-year risk of distant metastasis is reported as a continuous variable with low-, intermediate-, and high-risk categories.
- B
**Additional Prognostic Endpoints:** In addition 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, the test provides a binary indication of distant metastasis risk in a modern, real world active surveillance-managed cohort, indicating if the patient's progression risk may warrant earlier treatment.
- 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.

# NCCN Favorable Intermediate Risk Example Test Report

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.