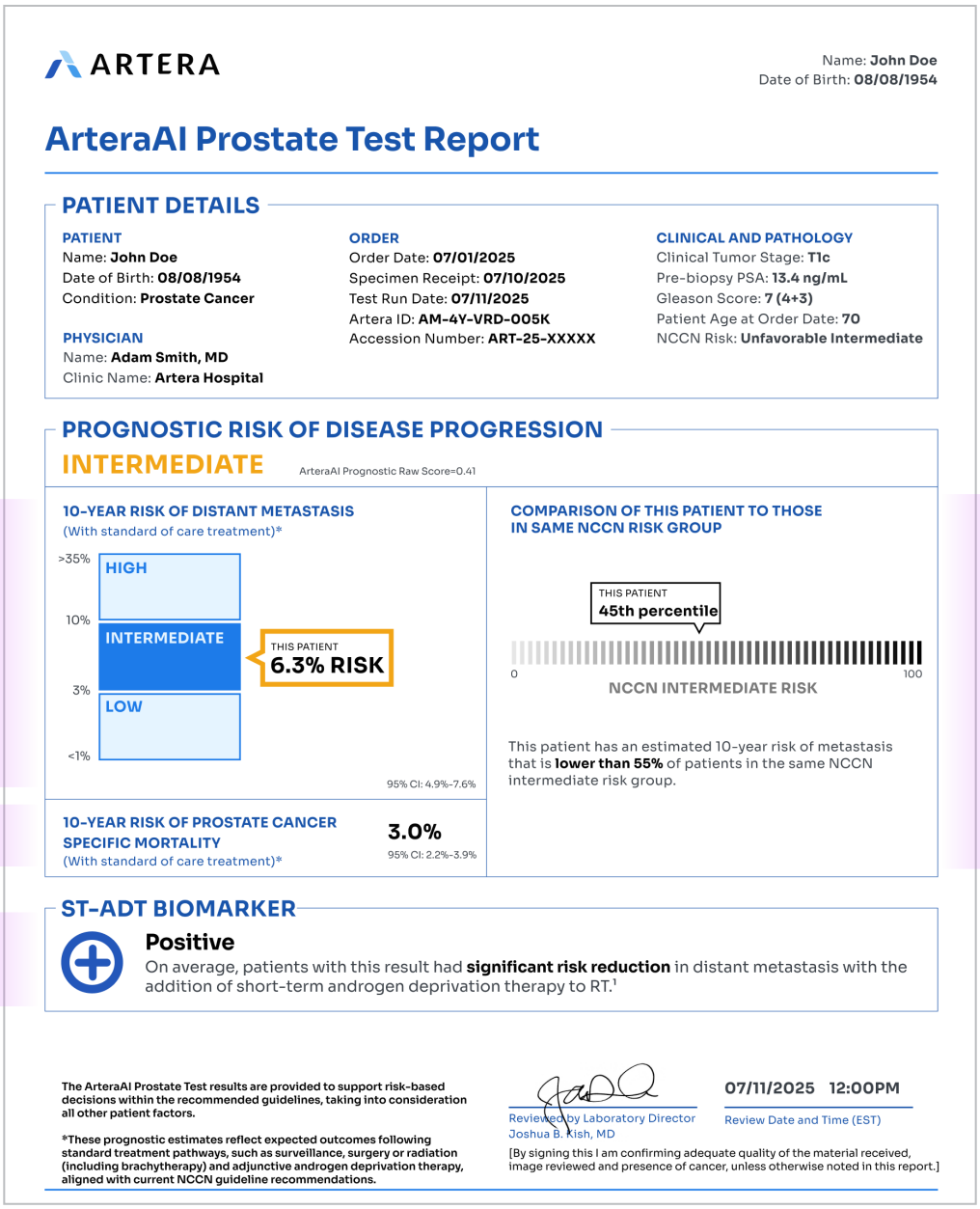
NCCN Unfavorable Intermediate Risk Example Test Report



ARTERA

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

ArteraAI Prostate Test Report

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-XXXXX**

CLINICAL AND PATHOLOGY
Clinical Tumor Stage: **T1c**
Pre-biopsy PSA: **13.4 ng/mL**
Gleason Score: **7 (4+3)**
Patient Age at Order Date: **70**
NCCN Risk: **Unfavorable Intermediate**

PROGNOSTIC RISK OF DISEASE PROGRESSION

INTERMEDIATE

ArteraAI Prostate Raw Score=0.41

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

>35%
HIGH
10%
INTERMEDIATE
THIS PATIENT **6.3% RISK**
3%
LOW
<1%

95% CI: 4.9%-7.6%

10-YEAR RISK OF PROSTATE CANCER SPECIFIC MORTALITY
(With standard of care treatment)*

3.0%
95% CI: 2.2%-3.9%

COMPARISON OF THIS PATIENT TO THOSE IN SAME NCCN RISK GROUP

THIS PATIENT **45th percentile**

0 — 100
NCCN INTERMEDIATE RISK

This patient has an estimated 10-year risk of metastasis that is **lower than 55%** of patients in the same NCCN intermediate risk group.

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]

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

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.

April 2026, PML 061.A

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

ArteraAI Prostate Test Report

SPECIMEN DETAILS

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

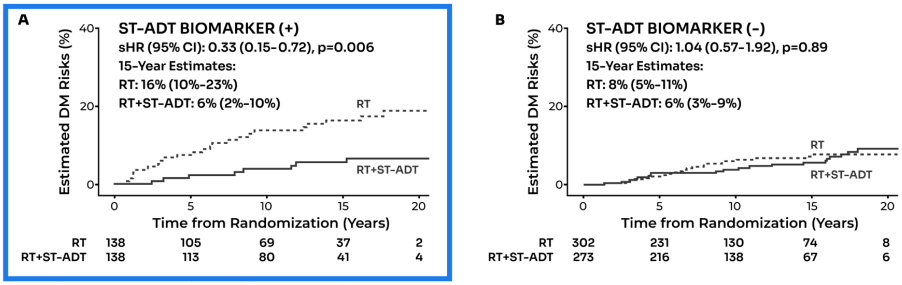
Specimen Site: **Prostate**
Specimen ID: **22-00129**

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

SUPPLEMENTAL INFORMATION

ST-ADT BIOMARKER

D



Population-level data supporting the clinical interpretation shown below.

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 07/07/2025 at 12:00PM.

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.