


NCCN High/Very High Risk Example Test Report



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: **T3a**
Pre-biopsy PSA: **23.2 ng/mL**
Gleason Score: **8 (4+4)**
Patient Age at Order Date: **70**
NCCN Risk: **Very High**

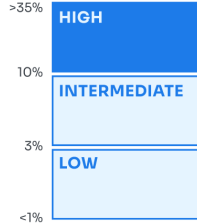
PROGNOSTIC RISK OF DISEASE PROGRESSION

HIGH

ArteraAI Prognostic Raw Score=0.56

10-YEAR RISK OF DISTANT METASTASIS

(With standard of care treatment)*

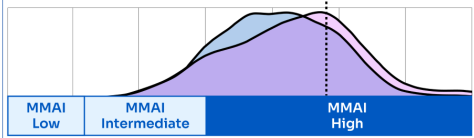


THIS PATIENT
11% RISK

95% CI: 11.0%–13.0%

COMPARISON OF THIS PATIENT TO COMPARABLE RISK COHORTS

Abiraterone Benefit Cutpoint



THIS PATIENT

■ STAMPEDE NO (LT-ADT ± RT, ABI+LT-ADT ± RT)
■ STAMPEDE N1 (LT-ADT ± RT, ABI+LT-ADT ± RT)

This plot shows how this patient's MMAI score compares to score distributions from STAMPEDE and the abiraterone benefit cutoff. The abiraterone benefit cutoff is the 75th percentile of MMAI scores from treatment arms A and G/J of STAMPEDE.

10-YEAR RISK OF PROSTATE CANCER SPECIFIC MORTALITY

(With standard of care treatment)*

9.0%

95% CI: 8.0%–10.0%

A

HIGH RISK INSIGHTS

Likely to Benefit Less from Abiraterone

On average, patients with this result had **no clear improvement in MFS or PCSM risk reduction** with the addition of abiraterone to long-term androgen deprivation therapy ± RT.

C

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 STAMPEDE Patient Cohorts: There is variability among the patients within the STAMPEDE high-risk patient cohorts. This visualization is provided to show where the patient's MMAI risk score compares to lymph node-negative and lymph node-positive patients in the STAMPEDE trial.
- D

High Risk Insight - Adjunctive Abiraterone Therapy Benefit: For men with NCCN high- and very high-risk disease, a therapeutic signal for abiraterone adjunctive therapy is provided. Based on a prognostic score cutoff, patients above the cutoff are more likely to benefit from abiraterone added to LT-ADT +/- radiation therapy, whereas patients below the cutoff are less likely to benefit. In an analysis of 1335 high-risk non-metastatic patients, 25% (334) of patients were found to likely benefit from abiraterone adjunctive therapy and 75% (1001) of patients were found to not likely to benefit from abiraterone adjunctive therapy.

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SPECIMEN DETAILS

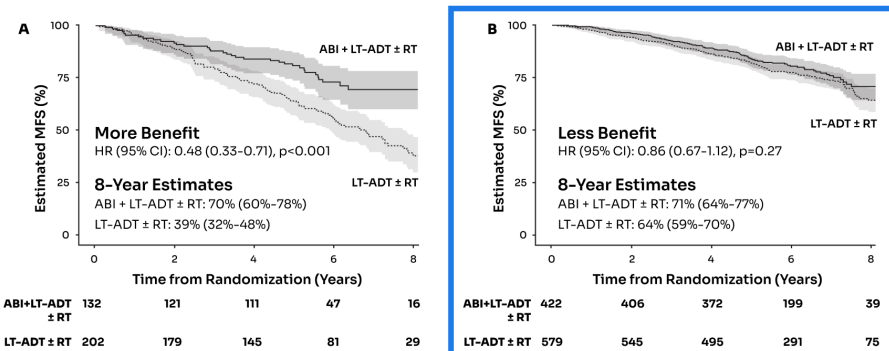
Date of Biopsy: 05/08/2022
Procedure: Biopsy

Specimen Site: Prostate
Specimen ID: 22-00129

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

PROGNOSTIC SUPPLEMENTAL INFORMATION

QUARTILE ANALYSIS OF ABIRATERONE BENEFIT IN STAMPEDE (MO)



Population-level data supporting the clinical interpretation.

Figure 1. Kaplan-Meier estimate of metastasis-free survival (MFS) in the exploratory analysis of high-risk non-metastatic patients who were categorized as (A) More Benefit or (B) Less Benefit indicating the likelihood of benefit from the addition of ABI* to LT-ADT ± RT.

In an exploratory analysis of 1335 high-risk non-metastatic patients who had been treated with curative intent therapy in STAMPEDE (MO),² a grid search identified a threshold where:

- 25% (334 patients) were categorized as **More Benefit** indicating the likelihood of receiving a significant benefit from the addition of ABI* to LT-ADT ± RT. The average difference in absolute risk of MFS and PCSM at 8 years was 31% and 24%, respectively³
- 75% (1001 patients) were categorized as **Less Benefit** indicating the likelihood of receiving little to no benefit from the addition of ABI* to LT-ADT ± RT. The average difference in absolute risk of MFS and PCSM at 8 years was 7% and 2%, respectively³

*ABI: abiraterone acetate + prednisolone.

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

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E Data Supporting High Risk Insight Interpretation: In a clinical study, NCCN high- and very-high risk patients who were above the prognostic score cutoff had a significantly different rate of metastasis-free survival (MFS) rate when adding abiraterone therapy to LT-ADT to radiation therapy; patients who were below the prognostic score cutoff had little to no difference in the rate of MFS. The accompanying Kaplan-Meier (K-M) curve shows metastasis-free survival over time. The K-M curve highlighted by the blue box represents the clinical study data supporting the clinical interpretation on page 1 of the report.

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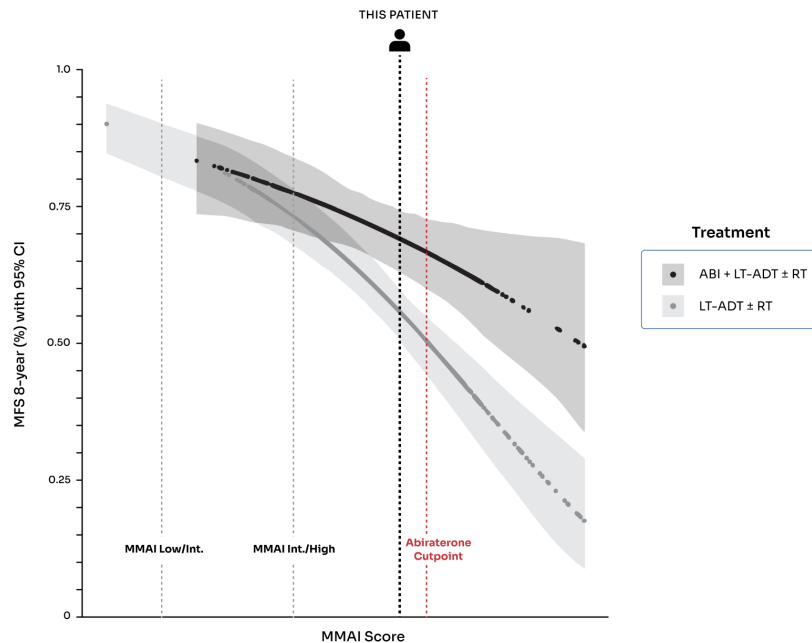


Figure 2. Interaction effects plot for ABI* + LT-ADT ± RT and LT-ADT ± RT treatment arms of STAMPEDE (MO), based on metastasis-free survival (MFS). Shaded regions represent 95% confidence intervals. MMAI category cutpoints are shown as dotted lines alongside the abiraterone cutpoint.

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F

F

Abiraterone Therapy Interaction Plot: This visualization shows an interaction plot, comparing how the different treatment arms of the STAMPEDE cohort fared. As the MMAI score increases, there is a divergence between the treatment arms with regards to MFS. Various MMAI cutpoints, such as the one between Low and Intermediate, Intermediate and High, and Abiraterone Benefit, are shown for reference to help guide shared decision making.

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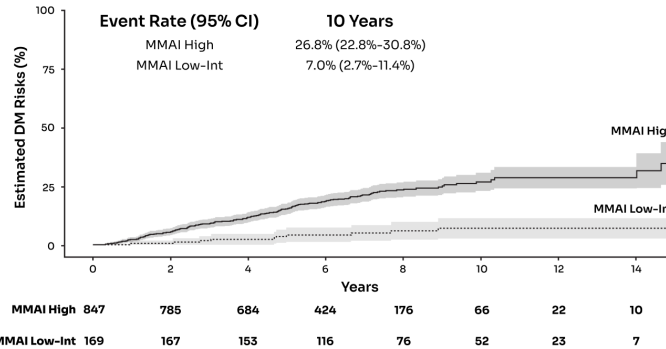
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PROGNOSTIC SUPPLEMENTAL INFORMATION

LT-ADT POOLED COHORT OBSERVATIONS

Estimated 10-year risk of distant metastasis in a cohort of 1016 patients with NCCN high/very high-risk disease treated with 24–28 months of **LT-ADT ± RT**¹



CASE COMMENTS

Comments from Clinical

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LT-ADT Pooled Cohort Analysis: This is a pooled cohort analysis of the estimated 10-year risk of distant metastasis (DM) of 1016 patients with NCCN high- and very-high disease treated with 24–28 months of LT-ADT +/- radiation therapy. Patients with an MMAI High score had a 10-year risk of DM of 26.8%, whereas patients with an MMAI Low or Intermediate score had a 10-year risk of DM of 7.0%.