

This example is for a patient who has NCCN high/very high-risk disease. Active surveillance insights are only reported for those who have NCCN very low-, low-, and favorable intermediate-risk disease, abiraterone insights are only reported for those who have NCCN high- and very high-risk disease, and ST-ADT biomarker results are only reported for those who have NCCN intermediate-risk disease.

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

## ArteraAI Prostate Test Report

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### PATIENT DETAILS

<b>PATIENT</b> Name: John Doe Date of Birth: 08/08/1964 Condition: Prostate Cancer	<b>PHYSICIAN</b> Name: Adam Smith, MD Clinic Name: Artera Hospital	<b>CLINICAL AND PATHOLOGY</b> Clinical Tumor Stage: T3a Pre-biopsy PSA: 23.2 ng/mL Gleason Score: 8 (4+4) Patient Age at Order Date: 71 NCCN Risk: Very High
<b>ORDER</b> Order Date: 07/01/2023 Test Run Date: 07/04/2023 Artera ID: AM-4Y-VRD-005K Accession Number: ART-25-XXXXX		

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### PROGNOSTIC RISK

**HIGH** ArteraAI Prognostic Raw Score=0.55

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

95% CI: 11.0%-15.0%

**COMPARISON OF THIS PATIENT TO THOSE IN SAME NCCN RISK GROUP**

NCCN HIGH/VERY HIGH RISK

This patient has an estimated 10-year risk of metastasis that is **higher than 75%** of patients in the same NCCN high/very high risk group.

**10-YEAR RISK OF PROSTATE CANCER SPECIFIC MORTALITY**  
(With standard of care treatment) **9.0%**

95% CI: 8.0%-10.0%

**HIGH RISK INSIGHTS**

**More Likely to Benefit from Abiraterone**

On average, patients with this result had **improved MFS and PCSM risk reduction** with the addition of abiraterone to long-term androgen deprivation therapy ± RT.

**07/07/2025 12:00PM**  
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.

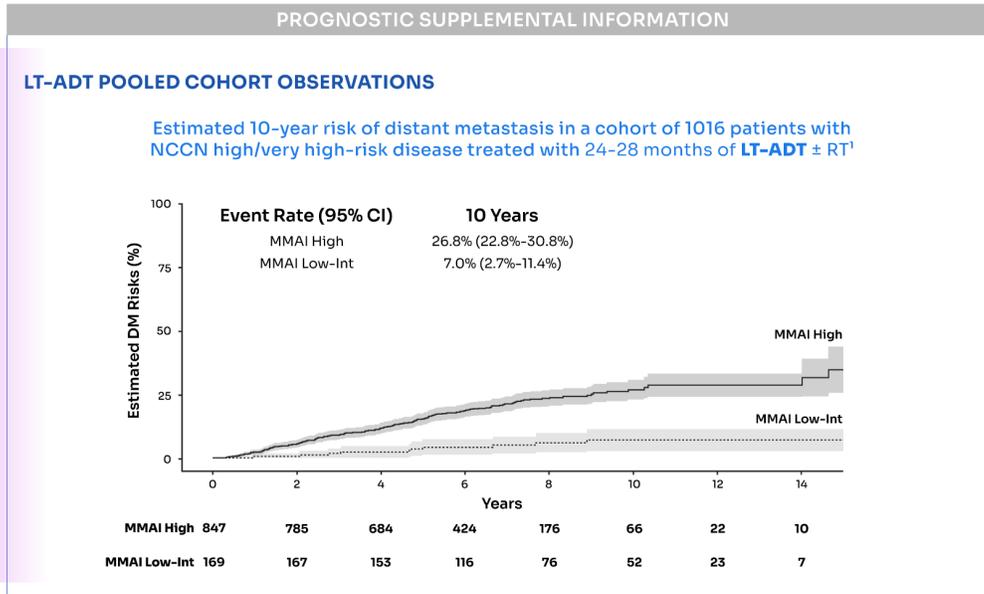
**A Prognostic Risk:** The ArteraAI prognostic risk group can explain how aggressive the patient's prostate cancer is. The 10-year risk of distant metastasis is reported as a continuous variable with low-, intermediate-, and high-risk categories.

**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.

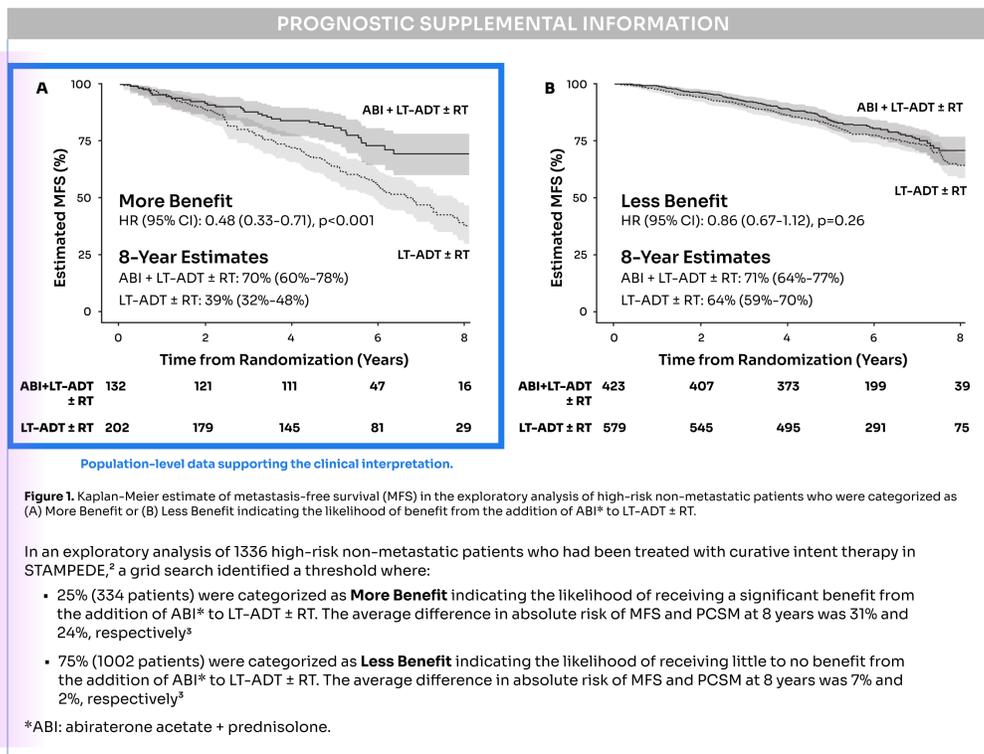
**C Comparison With National Comprehensive Cancer Network (NCCN) Risk Group:** There is variability among patients within NCCN risk groups. A visualization is provided to show how the risk of metastasis, based on the ArteraAI risk score, compares to other patients with NCCN high/very high-risk disease.

**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 1336 high-risk non-metastatic patients, 25% (334) of patients were found to likely benefit from abiraterone adjunctive therapy and 75% (1002) of patients were found to not likely to benefit from abiraterone adjunctive therapy.

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E



F

**E 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%.

**F 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.