ARTERA

Example Test Report

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

ArteraAI Prostate Test Report (Biopsy)

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**

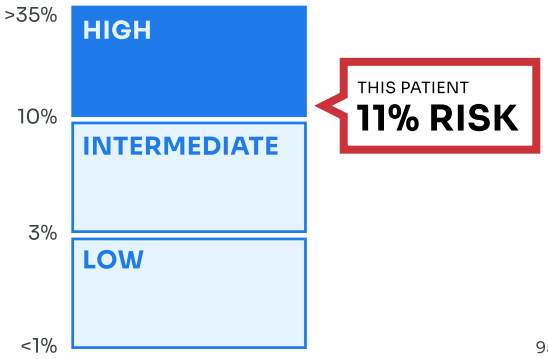
CLINICAL AND PATHOLOGY
Clinical Tumor Stage: **T3a**
Pre-biopsy PSA: **23.2 ng/mL**
Gleason Score: **8 (4+4)**
Patient Age at Order Date: **70**
NCCN Risk: **Very High**

PROGNOSTIC RISK OF DISEASE PROGRESSION

HIGH

ArteraAI Prognostic Raw Score=0.56

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



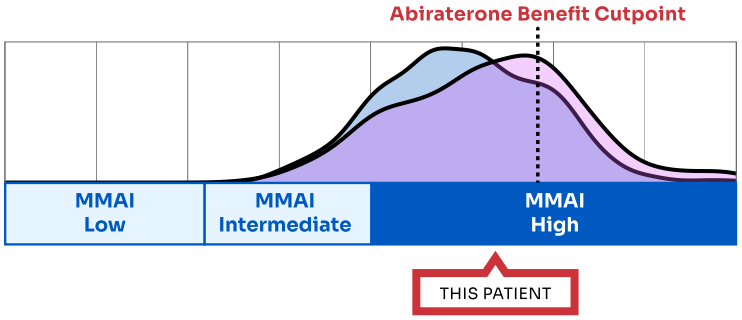
95% CI: 11.0%-13.0%

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

9.0%

95% CI: 8.0%-10.0%

COMPARISON OF THIS PATIENT TO COMPARABLE RISK COHORTS



STAMPEDE N0 (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 cutpoint.

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.

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

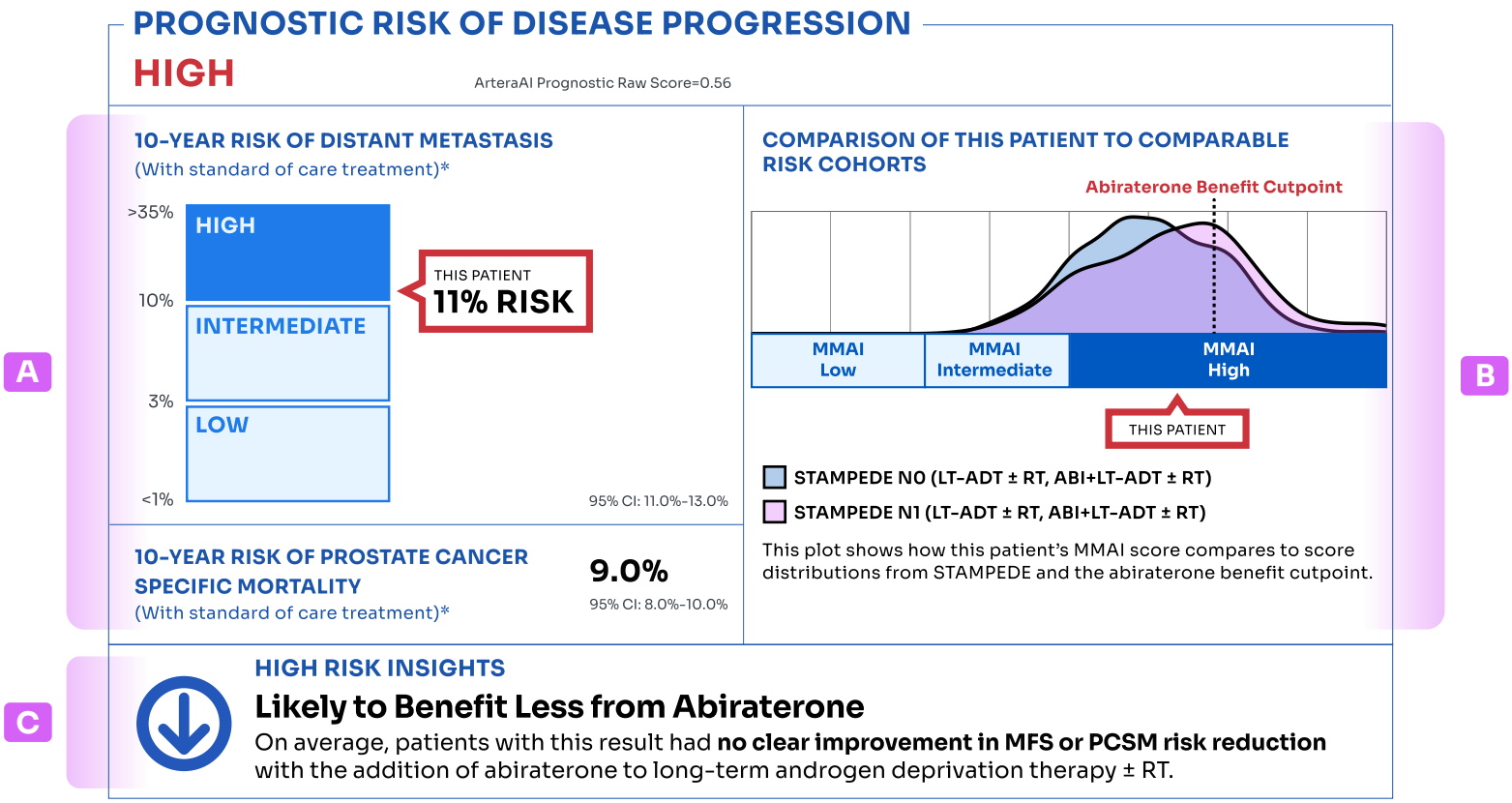
07/11/2025 12:00PM
Review Date and Time (EST)

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

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ArteraAI Prostate Test (Biopsy), NCCN High/Very High Risk

Understanding the 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. The 10-year risk of prostate cancer-specific mortality is also reported. This can help provide more information to support optimized decision making.

B **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.

C **High Risk Insights – Predicting the Benefit of Adjunctive Abiraterone Therapy:** For men with NCCN high- and very high-risk disease, a predictive signal for abiraterone therapy is provided. In an analysis of patients in STAMPEDE randomized to either long-term ADT with or without radiation therapy and long-term ADT plus abiraterone with or without radiation therapy, patients above a predetermined MMAI score cutoff were more likely to benefit from the addition or abiraterone, whereas patients below the cutoff were less likely to benefit. Additional data from this analysis is shown on pages two and three of the patient test report.

ArteraAI Prostate Test (Biopsy), NCCN High/Very High Risk

Understanding the Report

SUPPLEMENTAL INFORMATION

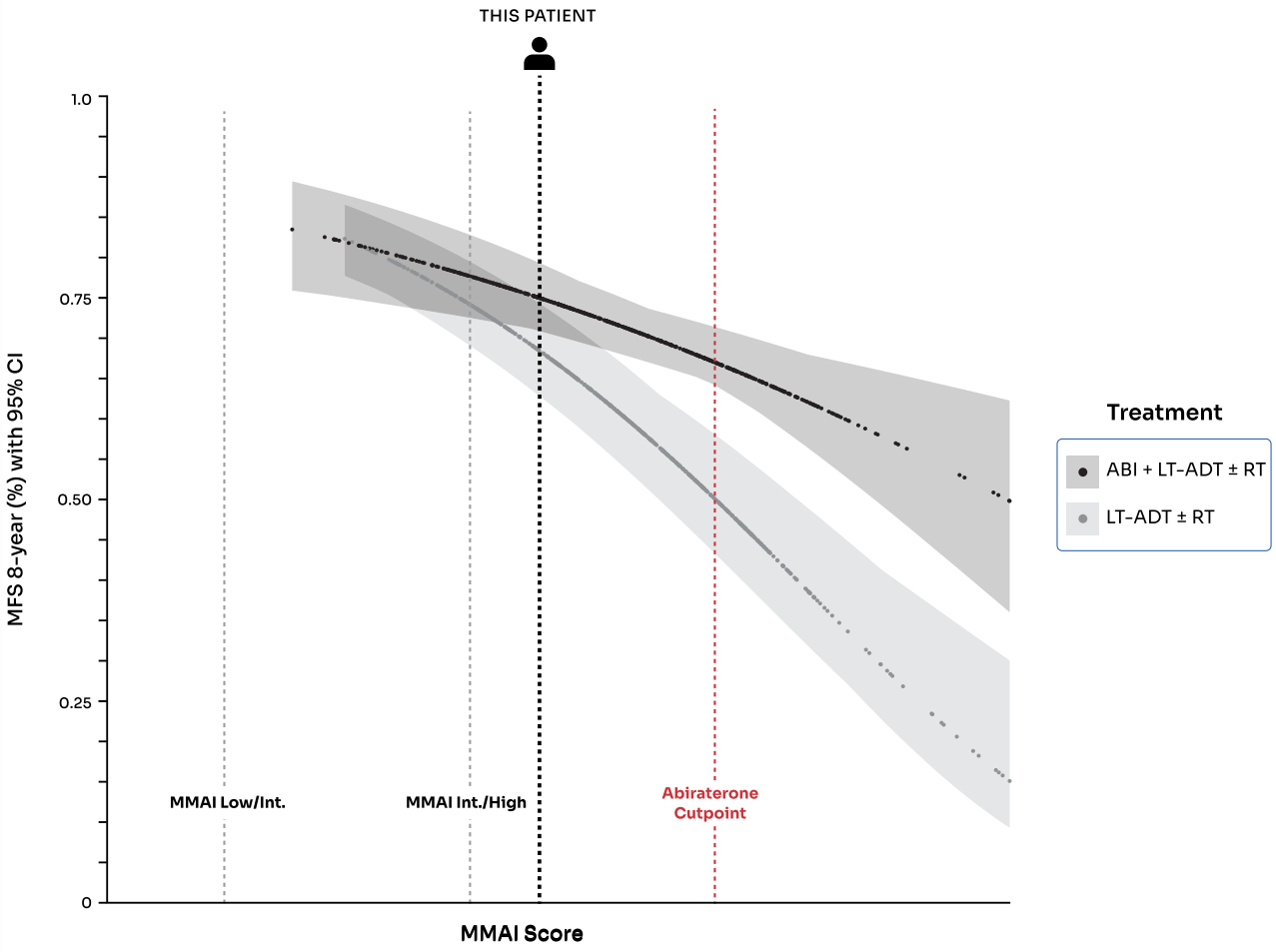


Figure 1. Interaction effects plot for ABI* + LT-ADT ± RT and LT-ADT ± RT treatment arms of STAMPEDE (M0), based on metastasis-free survival (MFS). Shaded regions represent 95% confidence intervals. MMAI category cutpoints are shown as dotted lines alongside the abiraterone cutpoint.

*ABI: abiraterone acetate + prednisolone.

D

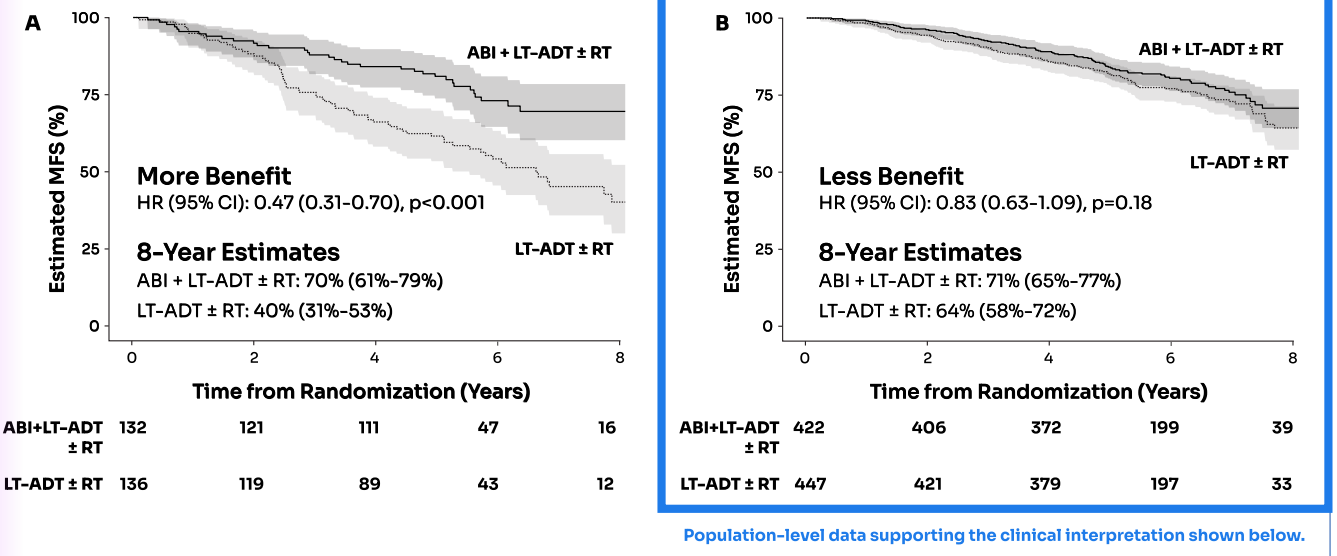
Abiraterone Therapy Interaction Plot: On page two of the patient test report, this visualization shows an interaction plot, comparing how the different treatment arms of the STAMPEDE cohort fared. As the MMAI score increases, there is a divergence between the treatment arms with regard to MFS. Various 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.

ArteraAI Prostate Test (Biopsy), NCCN High/Very High Risk

Understanding the Report

SUPPLEMENTAL INFORMATION

PREDICTIVE ANALYSIS OF ABIRATERONE BENEFIT IN STAMPEDE (M0)



Population-level data supporting the clinical interpretation shown below.

Figure 2. Kaplan-Meier estimate of metastasis-free survival (MFS) comparing the addition of ABI* to LT-ADT ± RT among high-risk non-metastatic patients who were categorized as (A) More Benefit or (B) Less Benefit.

In an analysis of 1137 high-risk non-metastatic patients who had been treated with curative intent therapy in STAMPEDE (M0),[2] a previously defined upper score quartile cut-point approach identified a threshold where:

- The differential treatment benefit between **More Benefit** and **Less Benefit** groups was significant, demonstrating a predictive signal for abiraterone benefit in this analysis[3]
  - 268 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 30% and 24%, respectively[3]
  - 869 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%, respectively[3]

*ABI: abiraterone acetate + prednisolone.

E

Predictive Analysis Supporting High Risk Insight Interpretation: In an analysis of patients in STAMPEDE, NCCN high- and very-high risk patients who were above the Abiraterone Cutpoint had a significantly different rate of metastasis-free survival (MFS) rate when randomized to abiraterone therapy plus LT-ADT; patients who were below the Abiraterone Cutpoint had no statistically significant difference in the rate of MFS between treatment groups. The accompanying Kaplan-Meier (K-M) curve shows metastasis-free survival over time. The K-M curve highlighted by the blue blox represents the clinical study data supporting the clinical interpretation on page one of the report.

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