APIC Prostate Test Report

PATIENT

Name:
Date of Birth:
ID:
Date of Biopsy:
Biopsy WSI ID:

CLINICAL AND PATHOLOGY

Clinical Stage:
PSA (ng/mL):
Gleason Score:
Metastasis Volume:
Metastasis Timing:
NCCN Risk Group:

ORDERING PHYSICIAN

Name:
Clinic:

CONCLUSION

Less Likely to Benefit from Docetaxel

Patients classified as **APIC Negative** are predicted to not experience improved survival with the addition of docetaxel. These patients may be suitable candidates for alternative intensification, such as doublet therapy with an ARPI.

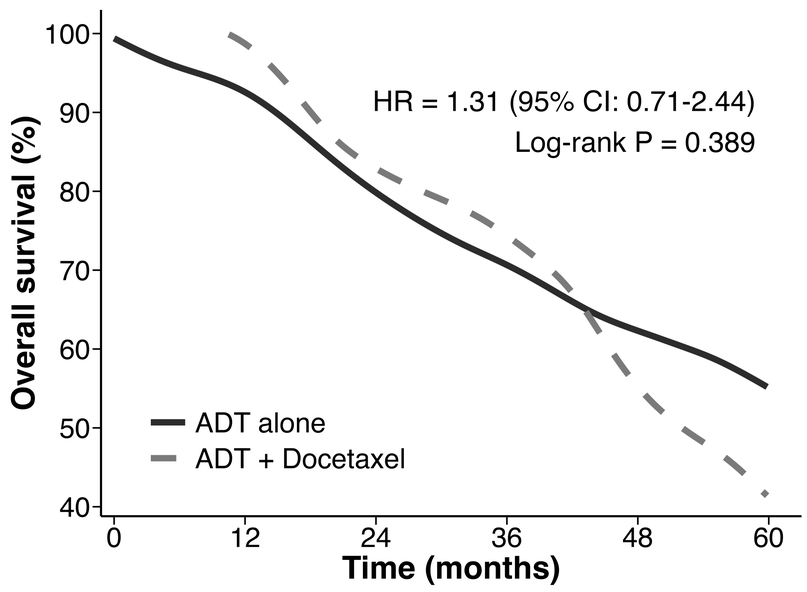
Current treatment guidelines recommend ARPI based doublet or triplet therapies based on clinical risk assessment. APIC complements these guidelines by providing additional information which may help refine treatment decisions, particularly in evaluating whether the inclusion of docetaxel, as part of doublet or triplet regimens, is likely to provide meaningful benefit for a given patient.

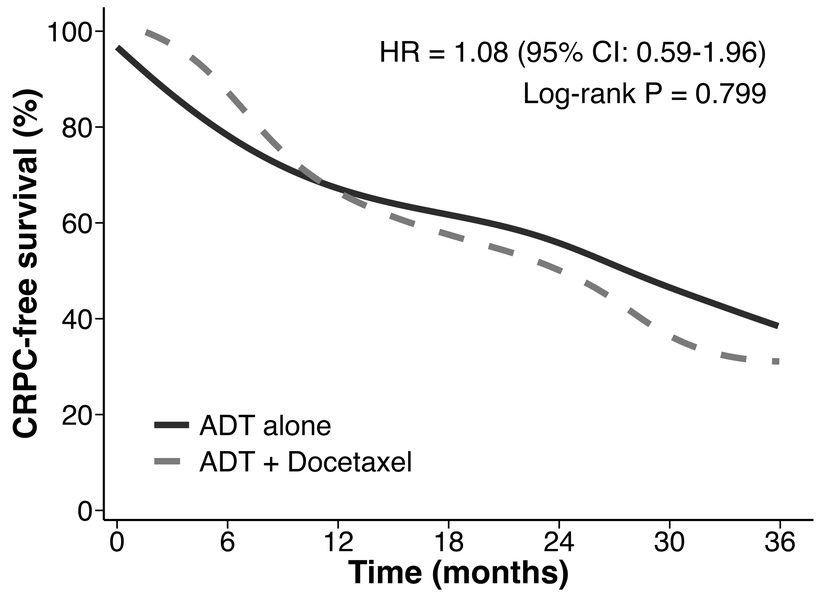
PROGNOSTIC ESTIMATES

5-YEAR RISK OF DEATH (With standard of care)

2-YEAR RISK OF CASTRATION RESISTANCE (With standard of care)

TREATMENT CONSIDERATIONS





ON AVERAGE, PATIENTS IN THE APIC NEGATIVE GROUP DID NOT EXPERIENCE RISK REDUCTION IN DEVELOPING CASTRATION RESISTANCE OR DEATH WITH THE ADDITION OF DOCETAXEL TO LONG-TERM ANDROGEN DEPRIVATION THERAPY

INTERPRETATION AND QUALITY CONTROL

PATIENT GROUP:

BIOPSY ANALYZED

Core-needle biopsy analyzed, green contours show tissue following QC.

APIC analyzes digitized prostate biopsy images to identify specific patterns in how tumor cells are arranged and how immune cells (green) interact with the tumor (blue). APIC examines features like tumor cell diversity and the spatial relationship between cancer cells and immune cells that are challenging to visually quantify by the human eye but predict treatment response. Based on these microscopic patterns, APIC classifies patients as either likely to benefit from docetaxel chemotherapy (APIC-positive) or unlikely to benefit (APIC-negative).