

## Genomic Prostate Score

DOB: MM/DD/YYYY

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LASTNAME, FIRSTNAME MI.

Date of Birth: DD-Mmm-YYYY

mdx #: A123456

Physician:

Report Date: 01-Dec-2025

Account:

Submitted NCCN Risk Group<sup>(a),1</sup>: Favorable Intermediate

Physician-Provided Information<sup>(b)</sup>:

Gleason Score: 3+4

PSA (ng/mL): 7.2

Clinical Stage: T1c

Max. % of tumor involvement in any core: ≤ 50%

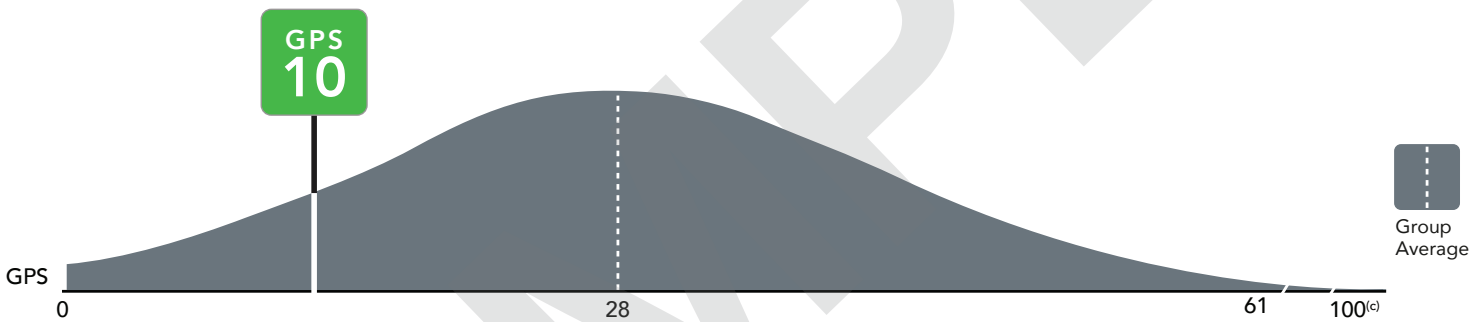
Prostate Volume (cc): 51.00

PSA Density (ng/mL/cc): 0.14

Number of Cores Positive: 1

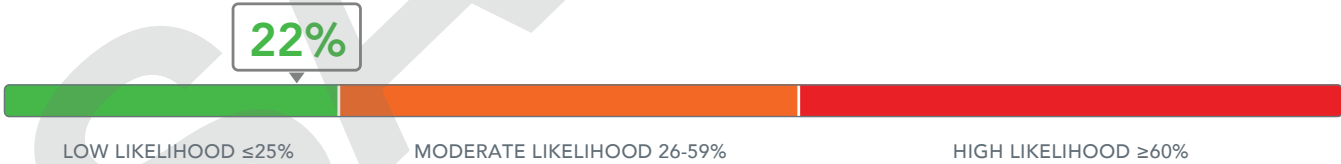
Number of Cores Collected: 12

Patient's GPS Result is 10



The graph above shows the range of GPS results with estimates of likelihood of adverse pathology for NCCN Favorable Intermediate risk. <sup>2, 3</sup>

Likelihood of Adverse Pathology at Radical Prostatectomy <sup>(d)</sup>



Clinical Interpretation<sup>(e)</sup>

- This patient's likelihood of adverse pathology (*Gleason Score* ≥4+3 and/or ≥pT3a) at radical prostatectomy is **22%** (95% CI: 15% - 31%) based on the combined GPS result and NCCN risk group.
- Data from the clinical validation studies suggest this patient has a **low likelihood** of adverse pathology, compared to other patients in the clinical validation studies. <sup>2,3</sup>
- In our clinical validation studies, 43% of patients with NCCN Favorable Intermediate risk prostate cancer had adverse pathology at radical prostatectomy. <sup>2,3</sup>

(a) Calculated or reported from physician-provided clinical information. (b) N/A (not available) indicates data has not been provided to Genomic Health. (c) Distribution curve for illustrative purposes only. (d) Based on GPS result & submitted NCCN risk group. (e) All Patients in the clinical validation studies have been treated with radical prostatectomy.

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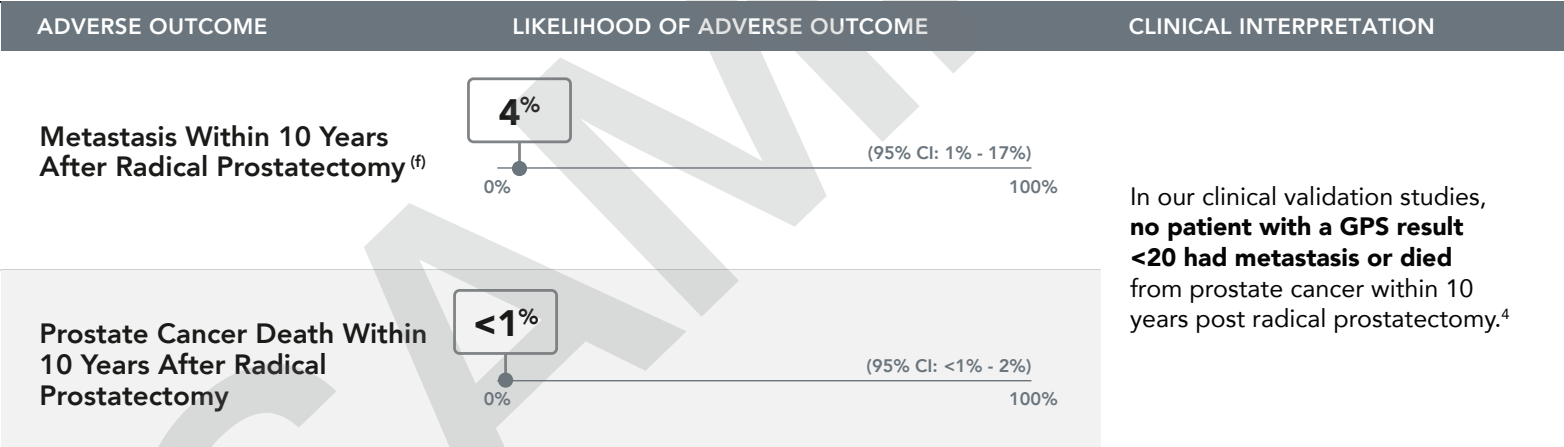
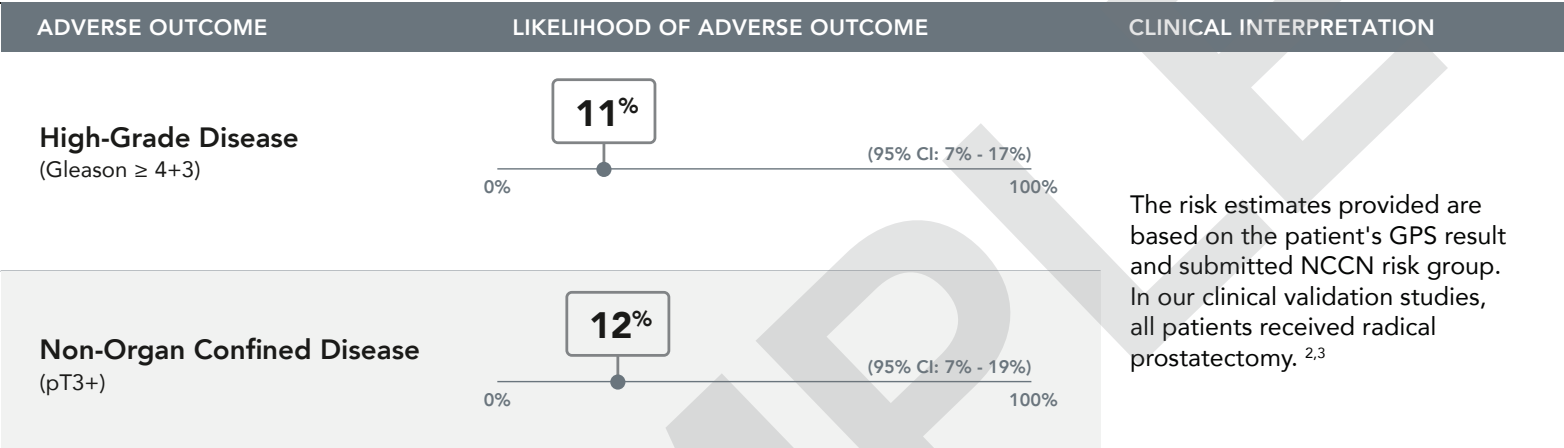
Account:

Medical Record/Patient #: 1234567-01

Specimen Type/ID: Slides/SP-16\_0123456

Date of Collection: 10-Apr-2023

Specimen Received: 12-Apr-2023



The Oncotype DX Genomics Prostate Score (GPS) test is a continuous scale (0-100) that quantifies expression of 17 genes in tumor tissue as assessed by RT-PCR. The GPS Test has been validated in three prospectively designed studies (N=1056) of biopsy tissue from patients with localized prostate cancer. <sup>2,3,4</sup>

<sup>(f)</sup> In the clinical validation study, metastasis was determined by imaging or biopsy.

**References:** 1. From the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Prostate Cancer Version 1.2024. © National Comprehensive Cancer Network, Inc. 2024. All rights reserved. To view the most recent and complete version of the guideline, go online to NCCN.org. 2. Klein E et al. Eur Urol. 2014. 3. Cullen J et al. Eur Urol. 2015. 4. Van Den Eeden S et al. Eur Urol. 2017.

**Disclaimer:** Mdxhealth is regulated under the Clinical Laboratory Improvement Amendments (CLIA) and College of American Pathologists (CAP) as an accredited laboratory to perform high complexity clinical testing. The Genomic Prostate Score for localized prostate cancer test was developed and its performance characteristics were determined by mdxhealth. It has not been reviewed by the U.S. Food and Drug Administration (FDA). The FDA has determined such clearance or approval is not necessary. The test is intended for use as an aid to clinicians for patient management about treatment decisions for men with localized prostate cancer. Use outside this indication has not been validated by mdxhealth. The test's performance characteristics were determined based primarily on the tissue block with the greatest amount of the highest-grade tumor. Test results should be interpreted in conjunction with other laboratory and clinical data available to the clinician and relevant guidelines on the decision for treatment. CLIA# 05D2033858; CAP# 8015399.

General information about Genomic Prostate Score can be found at [www.mdxhealth.com](http://www.mdxhealth.com). If you have any questions regarding this report, please contact mdxhealth Client Services at 866.259.5644 or [cs@mdxhealth.com](mailto:cs@mdxhealth.com).