This is a new article that may cause some confusion. We've developed this overview to address it. Competitors may position this article to mislead customers in thinking GPS does not work in VLR/LR.

What may be misunderstood and or misrepresented (and nuance behind it):
Some will point out the study the decision curve analysis showed limited benefit in VLR/LR patients:

- Selection bias: The authors explicitly acknowledge surgical selection bias, which disproportionately enriches for borderline or anxious patients rather than stable VLR/LR men
  - Study is biased against VLR and LR, as no patient was placed on AS regardless of GPS result
  - All patient in the study had surgery
  - There were limited events in VLR/LR and further refinement of the model when evaluating these patients.
- The study does not evaluate AS durability, time to treatment, patient satisfaction/confidence, avoidance of side effects
- Single-center, retrospective design with heterogeneous biopsy/MRI methods, and no protocolization of GPS.
- GPS was independently associated with adverse pathology across the full cohort (OR 1.57 per 10-point increase; $p < 0.001$)

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The Prostate

WILEY

The Prostate

ORIGINAL ARTICLE

Incremental Predictive Value of the Oncotype Genomic Prostate Score for Adverse Pathology in Active Surveillance Candidates

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Dr. Vipul Patel is a world-renowned robotic urologic surgeon, serving as Medical Director of the Global Robotics Institute at AdventHealth Celebration and Professor of Urology at the UCF College of Medicine. He is a pioneer in robotic-assisted prostatectomy, having performed nearly 20,000 cases, and serves as Executive Director of the Society of Robotic Surgery. Drs. Ozawa and Moschovas are part of his team.

Please note: This study was initiated and conducted by the authors without sponsorship from Mdxhealth. Our involvement was limited to performing the testing, with no role in study design, execution, or analysis.

High Level Positioning:
The 2026 Ozawa et al. publication reinforces that GPS provides strong independent prediction of adverse pathology, especially in favorable intermediate-risk (FIR) patients where decision-making can be uncertain. Some findings in very low- and low-risk (VLR/LR) groups may look less favorable, but this is nuanced can be explained by study design and population bias.

Continue to page 2 for high level overview.

What they studied:

- Patients: 387 men of varying race underwent GPS testing followed by RP without active surveillance. (Patients were NCCN VLR/LR (36%); FIR (64%) of varying races and ages)
- Adverse pathology at RP was defined as ≥GG3 (GS≥4+3) and/or ≥pt3a disease
- The authors evaluated 2 predictive models (one with GPS and one without) based on select clinical variables (age, PSAD, biopsy Grade Group, PI-RADS).
- GPS was evaluated as a continuous variable per 10-point increase.

What this paper confirms:

- GPS Predicts AP: GPS met the primary endpoint and was a significant independent predictor across all risk groups for AP ($p < 0.001$) and increased model performance (AUC of 0.69 → 0.73).
- Strong Utility for FIR Patients: GPS supported patient reclassification especially in favorable intermediate-risk patients where clarity is needed.
- GPS adds value when MRI Is Unavailable or Indeterminate: GPS consistently improved risk stratification even when MRI was removed from the clinical models.
- Independent Biological Insight: GPS provides info beyond PSAD, biopsy Grade Group, and PI-RADS.

In Summary:

GPS was overall predictive of Adverse Pathology across all cohorts. This paper was designed to assess a predictive model including GPS, MRI, age, and PSA Density. When evaluating various models, incorporation of multiple tools benefits risk stratification.

Key limitations include selection bias toward surgical patients, very few VLR/LR events with additional subgroup shrinking, and a single-center retrospective design with variable biopsy/MRI methods and no standardized GPS use.

What is meaningful is that GPS met the primary endpoint, and delivered strong, independent predictive value overall. Additionally, it was especially powerful in FIR patients, the exact group where clinicians need help deciding between AS and treatment.