

Name: Proficiency Sample 1

DOB: 1/1/1960 MRN: 123456789

Sex: Male Referring facility: Nearby Lab Race/Ethnicity: Referring physician: Dr. Doctor

Family #: Copies to

Test(s) Performed: PanGIA® Prostate

Indication for test: Elevated PSA: Positive DRE

## Genetics Institute of America

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Accession ID: 2002070002

Date of Collection: 2/7/2020 Date of Receipt: 2/8/2020 Date of Report: 2/9/2020

Specimen: Voided Urine, First Morning

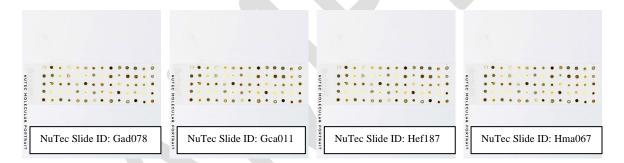
## **RESULT: POSITIVE**

Consistent with bio-molecular profiles from **POSITIVE** examples included in the machine learning training set.

This result is CONSISTENT WITH men who have prostate cancer. Additional studies are recommended.

YOUR SCORE: 87

Confidence Score: 98%



## Methodology:

Fixed urine was prepared using NuTec slides for analysis on the  $OpsisDx^{TM}$  neural network AI system. The NuTec signatures were analyzed and results subjected to a proprietary algorithm based on the  $OpsisDx^{TM}$  unattended deep learning neural network artificial intelligence system and Poisson-Binomial Radius classification.

Based on the PanGIA Prostate validation study, Men with a PanGIA Prostate score below 40 have a NuTec signature consistent with men who were confirmed negative after prostate biopsy. Men with a PanGIA Prostate score above 80 have a NuTec signature consistent with men who were confirmed positive after prostate biopsy. Additionally, Patient Management should be based on the total clinical picture, clinical judgement, and shared decision-making regarding undergoing additional studies including prostate biopsy.

The OpsisDx™ artificial intelligence system was trained with 150 biopsy-confirmed positive NuTec slides and 150 biopsy-confirmed negative NuTec slides. NuTec signatures were associated with biopsy results and used to train and evaluate a basic multilayer perceptron (MLO) with a single fully connected hidden layer. Performance statistics were generated using a Leave-One-Out (LOO) framework by isolating each subject signature data in turn, training the MLP on the remaining N-1 subjects, then applying the trained MLP model to the isolated sample to predict its class (i.e. no cancer v prostate cancer). The required number of subjects/classes to optimally train the OpsisDx™ artificial intelligence was empirically determined.

Note: This test was evaluated, and its performance characteristics determined by Genetics Institute of America. It has not been cleared or approved by the U.S Food and Drug Administration. Such clearance or approval is generally not necessary. Genetics Institute of America is certified under the Clinical Laboratory Improvement Act of 1988 (CLIA) as qualified to perform high complexity testing.