Most men treat their prostate cancer with surgery and radiation.

About 1 in 9 men receive a diagnosis of prostate cancer in their lifetime. ~87% of localized prostate cancer patients receive definitive treatment.

Treatment occurs despite the high risk of side effects and the fact that the vast majority of prostate cancers do not cause death even when initial management is conservative.
Active surveillance is underutilized

Typical Care
Diagnosis: Localized prostate cancer
Treatment: Definitive, such as surgery or radiation

Care with Prolaris
Diagnosis: Localized prostate cancer

Prolaris measures how fast cancer cells are dividing and aggressiveness of disease

Slow-growing disease
Treatment:
Active surveillance

More aggressive disease
Treatment:
Definitive, such as surgery or radiation

~$1.32 billion could be saved annually in the U.S. by avoiding unnecessary treatment

Prolaris identifies more men who can safely pursue active surveillance

Prolaris Score™

Prolaris combines RNA expression levels of 31 genes involved in cell cycle progression and 15 housekeeping genes to generate a Prolaris Score, a powerful predictor of prostate cancer outcomes

Risk of Mortality

Patient’s 10-year prostate cancer-specific mortality is reported and shown graphically, guiding active surveillance or definitive treatment

Prolaris is the only test with a validated active surveillance threshold in untreated patients
Prolaris more than doubles the amount of prognostic information provided by PSA level and Gleason score when predicting death from disease.

Prolaris predicts risk of death from prostate cancer within 10 years\textsuperscript{10,11}

CAPRA + Prolaris Score

Patient’s 10-year disease-specific mortality risk

Prolaris more than doubles the amount of prognostic information provided by PSA level and Gleason score when predicting death from disease.

**Prolaris improves outcomes**

Men below Prolaris threshold select active surveillance more frequently, avoiding unnecessary treatment\textsuperscript{12}

- National Rate of Active Surveillance for Men with Low-Risk Disease\textsuperscript{2}:
  - 42.1%
- Men with Low-Risk Disease Below Prolaris Threshold Selecting Active Surveillance:
  - 82.4%

Gene expression classifier (GEC)-guided cohorts are more likely to receive active surveillance compared to control group\textsuperscript{13}

- No GEC:
  - 26%
- GEC Below Threshold:
  - 65%
- GEC Above Threshold:
  - 16%

- GEC Distribution:
  - Prolaris: 59%
  - OncotypeDx: 11%
  - Decipher: 30%

\textsuperscript{P < 0.001}
Guidelines support Prolaris

NCCN guidelines support molecular tests like Prolaris as a 2A recommendation, which is considered standard of care

ASCO says molecular biomarkers like Prolaris improve risk stratification and patient management, and endorses their use in situations where results affect clinical decisions

Medicare covers Prolaris for men with NCCN very low-, low-, and favorable intermediate-risk prostate cancer

visit myriad.com/managed-care to offer Prolaris to your members

References