

With Prostatype<sup>®</sup>, you can select the patients who have an aggressive tumour, treat them, and let the patients who have a non-aggressive tumour to be monitored.

In this way, you can reduce the risk of overtreatment and at the same time reduce the risk of undertreatment, to the benefit of patients, doctors, and society at large.

There is no need for an additional sample, Prostatype<sup>®</sup> uses existing biopsy material from the patient. Prostatype<sup>®</sup> can be analysed in any laboratory with the necessary equipment and know-ledge. This makes Prostatype<sup>®</sup> flexible, cost efficient and able to be implemented locally.

## "An invaluable tool for making a better decision"

Associate Prof. Michael Häggman,  
Uppsala University Hospital,  
Sweden



### References

- 1) Peng et al., 2014 (1)
- 2) Li et al., 2018
- 3) Saemundsson et al., 2021
- 4) Saemundsson et al., 2020
- 5) Peng et al., 2016
- 6) Peng et al., 2014 (2)

For more details, go to  
[www.prostatypegenomics.com/publications-and-posters/](http://www.prostatypegenomics.com/publications-and-posters/)



## Aggressive prostate cancer?

Prostatype<sup>®</sup> Test System ensures a more accurate prognosis of prostate cancer, giving a more reliable decision process<sup>1-4</sup>

Prostatype Genomics AB was founded in 2007 as a spin off from Cancer Center Karolinska (Karolinska Institutet, Stockholm, Sweden).

To date, 15 years of research work in the area of prostate cancer genomics has resulted in the development of a product providing decision support for treatment selection of prostate cancer patients: **The Prostatype<sup>®</sup> Test System.**



## What to do?

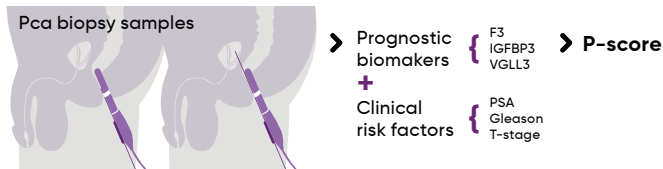
All urologists working with prostate cancer are familiar with the worrisome and uncertain situation when you have a patient who for example is generally healthy, has elevated PSA and with a Gleason score 6 or 7.

Do you recommend curative treatment or not?

## What does Prostatype® do?

The Prostatype® test together with the P-score Web Service is a unique support to the urologist in the everyday treatment decisions. The test analyses three stem cell biomarkers (mRNA)<sup>1,5,6</sup> from a core-needle biopsy and then a P-score is calculated. The P-score takes into account the biomarker results together with PSA, Gleason score and tumour stage.<sup>2</sup>

## The P-score supports your treatment decision; curative treatment, yes or no?



## Prostatype® supports your decision

P-score Web Service

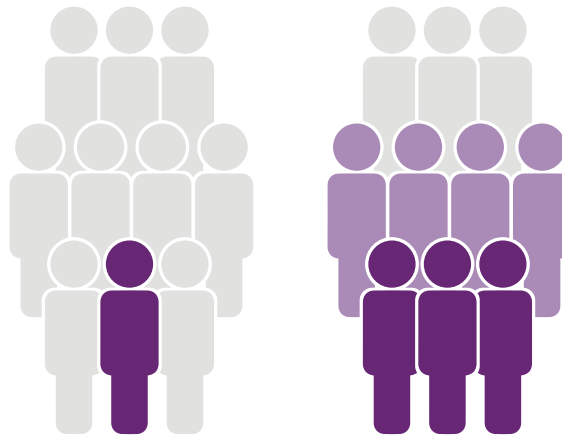
RT-qPCR



# Dramatic improvement in prognostic accuracy

## Benefits

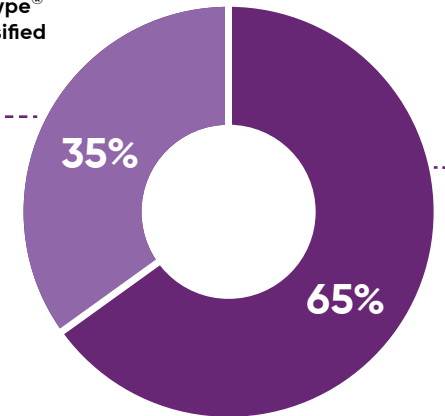
- Added decision support
- Reduced patient suffering
- Improved patient life
- Reduced societal cost



**Today;** difficulties to define the optimal care strategies, leading to over- or under-treatment

**With Prostatype;** an improved differentiation of the patients' risk profiles, leading to less over- and under-treatment

Prostatype® re-classified



Prostatype® confirmed the treatment decision

## Facts

- 35% patients re-classified by P-score as compared to EAU standard<sup>3</sup>
- AUC for P-score is 0,89; significantly higher than D'Amico<sup>3</sup>
- P-score has a HR of 1.6 (95% CI: 1.41-1.82, P<0.0001) for predicting the 10-year PCa death<sup>3</sup>

Diagnosis

Prostatype®

Active Surveillance

Prostatectomy