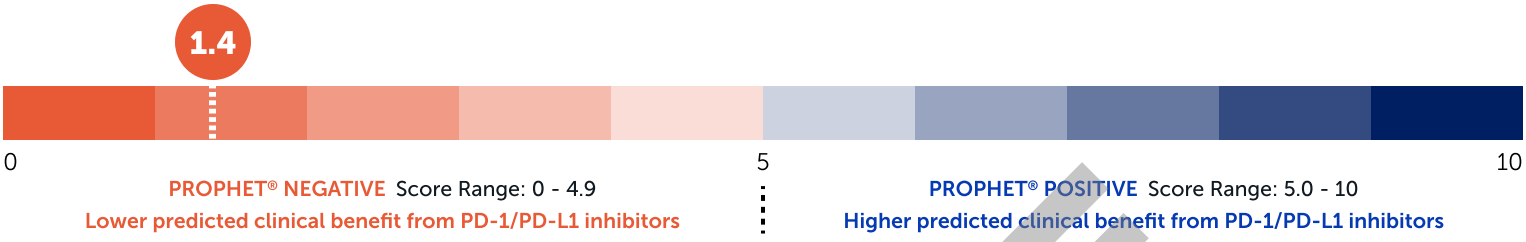
Patient Name:	John Doe	**Provider:**	Dr. Example	**Date Order Received:**	Jan 01, 1900
Patient ID:	123456789	**Provider NPI:**	123456789	**Date of Sample Collection:**	Jan 01, 1900
Date of Birth:	Jan 01, 1900	**Medical Facility:**	Sample Medical Facility	**Order ID:**	ORD-123456795
Sex:	Male	**Facility Address:**	City, State Zip code	**Kit ID:**	ACSK123456-112233
Diagnosis:	NSCLC			**Specimen Type:**	Plasma

Comments to Provider:

Patient's PROPHET® Result: NEGATIVE | Score 1.4/10



PROPHET® NEGATIVE Score Range: 0 - 4.9
Lower predicted clinical benefit from PD-1/PD-L1 inhibitors

PROPHET® POSITIVE Score Range: 5.0 - 10
Higher predicted clinical benefit from PD-1/PD-L1 inhibitors

The PROPHET® score is a continuous variable from 0 to 10 that correlates with the predicted probability of clinical benefit (CB) from PD-1/PD-L1 inhibitors. The higher the score, the greater the likelihood of CB. CB is defined as Progression Free Survival (PFS) greater than 12 months.

PROPHET® NEGATIVE Treatment Recommendations by PD-L1 Status

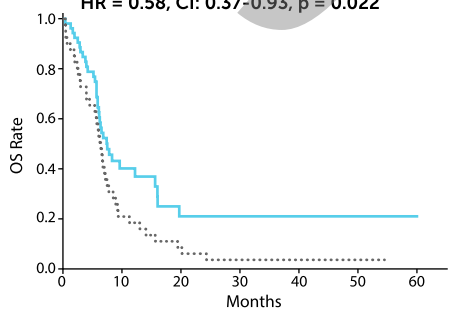
There is a lower predicted clinical benefit from PD-1/PD-L1 inhibitors with a PROPHET® NEGATIVE result.[1]
For patients with:

- PD-L1 status ≥50%, consider first-line ICI + chemotherapy.
- PD-L1 status of 1-49%, consider Dual ICI ± chemotherapy or ICI + chemotherapy.
- PD-L1 status of <1%, consider Dual ICI ± chemotherapy.

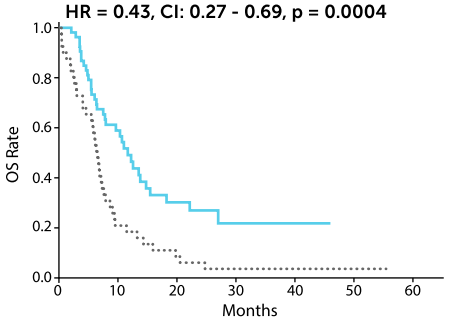
Refer to NCCN Guidelines® NSCLC for list of Preferred and Other first-line treatment options.[2]
Treatment selection should incorporate the patient's PROPHET® score, PD-L1 status, additional clinicopathologic and molecular factors, and physician's clinical judgement.

**OncoHost does not perform PD-L1 testing. PD-L1 results reflect institutional pathology reporting and should be used alongside the PROPHET® result.*

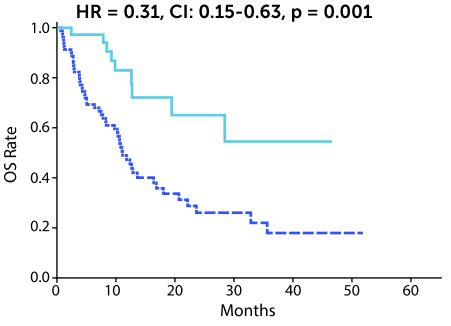
PD-L1 Status	<1%	1-49%	≥50%
PROPHET® Direction	Consider Dual ICI ± Chemotherapy	Consider Dual ICI ± Chemotherapy or ICI + Chemotherapy	Consider ICI + Chemotherapy
Overall Survival by PD-L1 Status	PROPHET® NEGATIVE HR = 0.58, CI: 0.37-0.93, p = 0.022	PROPHET® NEGATIVE HR = 0.43, CI: 0.27 - 0.69, p = 0.0004	PROPHET® NEGATIVE HR = 0.31, CI: 0.15-0.63, p = 0.001



Median OS:
ICI + Chemo (N = 52): 7.4 months
Chemo (N = 40): 6.2 months



Median OS:
ICI + Chemo (N = 53): 11.5 months
Chemo (N = 40): 6.2 months



Median OS:
ICI + Chemo (N = 36): Not reached
ICI (N = 79): 11.1 months

HR – Hazard Ratio | CI - Confidence Interval (95%) | OS – Overall Survival | ICI – Immune Checkpoint Inhibitor

Report released by: Medical Director **Date of Report Approval:** Nov 10, 2026

SAMPLE

Model Development, Validation and Clinical Evidence

The PROPHET® model was developed on blood samples and clinical data collected from a cohort of 625 patients with metastatic NSCLC, as part of OncoHost's ongoing, international, multicenter PROPHETIC clinical trial (NCT04056247). Out of which, 540 patients were treated with PD-1/PD-L1 inhibitors. As a comparator for PD-L1 <1% and PD-L1 1-49%, PROPHET® predictions were compared to a retrospective cohort of 85 patients treated with chemotherapy.[1]

Based on the developed model, the overall survival (OS) of each sub-group was examined. See OS Kaplan-Meier table on page 1.

The survival analyses were performed separately for each PD-L1 classification group (≥50%, 1-49%, <1%) based on the National Comprehensive Cancer Network® (NCCN®) Guidelines.[2] NCCN categories of evidence, and categories of preference are denoted per treatment:

- For PD-L1 ≥50%, the compared treatments are PD-1/PD-L1 inhibitors as a single agent (Category 1, Preferred) and PD-1/PD-L1 inhibitors in combination with chemotherapy (Category 1, Preferred).
- For PD-L1 1-49%, the compared treatments are PD-1/PD-L1 inhibitors in combination with chemotherapy (Category 1, Preferred), and chemotherapy as a single agent (Control arm).
- For PD-L1 <1%, the compared treatments are PD-1/PD-L1 inhibitors in combination with chemotherapy (Category 1, Preferred for Performance Status 0-1), and chemotherapy as a single agent (Category 2A, Preferred for Performance Status 2; Category 1, Useful in Certain Circumstances for Performance Status 0-1). Note that PD-1/PD-L1 inhibitors as a single agent are not recommended by the NCCN Guidelines for this population.

Methods

Plasma was isolated from the blood and profiled via the SomaScan® Assay[3-4] and the resulting proteomic profiles were analyzed in conjunction with patient clinical data. The clinical benefit prediction algorithm was developed to identify patients who are more likely to benefit from PD-1/PD-L1 inhibitors.[1] Patient clinical benefit probability is predicted and linearly transformed to a PROPHET® score between 0 to 10.

For more details regarding the methods used, visit: www.oncohost.com/oncohost-methods

About PROPHET®

The PROPHET® platform combines bioinformatics, proteomic pattern recognition and machine learning in a cancer patient's blood plasma to predict clinical benefit probability (probability of at least 12 months of progression-free survival) in response to PD-1/PD-L1 inhibitors - as a single agent or in combination with chemotherapy.[1]

The PROPHET*NSCLC*® test is a novel and robust predictive computational model that uses SomaScan® Assay[3-4] to analyze and identify proteomic profiles in pre-treatment blood plasma to predict the probability of clinical benefit when treated with PD-1/PD-L1 inhibitors. The analytical validity of the PROPHET*NSCLC*® test is described in detail in Yellin et al.[5]

The PROPHET® score is a clinically validated metric reflecting the patient's likelihood of clinical benefit (CB).[1] CB is defined as no evidence of progressive disease (PD) within 12 months post treatment initiation based on radiographic imaging according to RECIST version 1.1, or other clinical criteria consistent with PD. The PROPHET® score ranges between 0 (lowest CB probability) to 10 (highest CB probability). A PROPHET® result of POSITIVE (score ≥5) or NEGATIVE (score <5) is assigned, and treatment considerations based on the PROPHET® result and the patient's PD-L1 tumor level are provided.

Intellectual Property

PROPHET® and PROPHET*NSCLC*® are protected by patents applications and registered trademarks.

Intended Use

The PROPHET*NSCLC*® test is intended for use as a treatment decision tool in the management of newly-diagnosed stage IV non-small cell lung cancer (NSCLC) patients being considered for treatment with PD-1/PD-L1 inhibitors as a single agent or in combination with chemotherapy in the first line setting. The test is intended for patients aged 18 and above, with ECOG performance status of 0-2, normal hematologic, renal, and liver functions.

OncoHost Disclaimer

All content herein related to the PROPHET® result, PROPHET® score, treatment options, and clinical evidence is provided for informational purposes only. The patient's physician is responsible for considering all available information and options before making patient-specific management or treatment decisions. OncoHost is not liable for medical judgment regarding diagnosis, prognosis, or treatment. PROPHET® test results and information contained within this report are current as of the date provided and will not be updated by OncoHost, even if subsequent changes would have led to additional or conflicting results. PROPHET® uses an internal dataset with data gathered from various sources. The analyses may be subjected to certain biases that restrict the generalizability or applicability to individual patients. The data that comprise the PROPHET® dataset may not represent patient populations as a whole, nor be relevant to this specific patient. Testing is performed by OncoHost's CLIA-certified and CAP-accredited laboratory located in the USA (CLIA ID: 34D2250951, CAP ID: 9586418) and is authorized in all US states, including New York and California (NYS PFI: 9895, CA ID: CDS-90008562). The test was developed, and its performance characteristics were determined by, OncoHost Ltd. The test has not been cleared or approved by the FDA.

References

1. Christopoulos, P. Plasma Proteome–Based Test for First-Line Treatment Selection in Metastatic Non–Small Cell Lung Cancer. JCO PO, 2024. 8:e2300555.
2. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for NSCLC V7.2026. © National Comprehensive Cancer Network, Inc. 2026. All rights reserved. To view the most recent and complete version of the guidelines, go online to NCCN.org.
3. Gold, L., et al., Aptamer-based multiplexed proteomic technology for biomarker discovery. PLoS One, 2010. 5(12): p. e15004.
4. Kim, C.H., et al., Stability and reproducibility of proteomic profiles measured with an aptamer-based platform. Sci Rep, 2018. 8(1): p. 8382.
5. Yellin, B., et. al., Analytical validation of the PROPHET® test for treatment decision-making guidance in metastatic non-small cell lung cancer. J. Pharm. Biomed. 2024. 238: 115803.

SAMPLE