

Vesta

Predictive. Prognostic. Personalized.

The future of genitourinary oncology is precision treatment. **Lead the way, with confidence.**

What is Vesta?

Vesta is Valar Labs' GU-focused portfolio of AI-powered pathology tests, to guide personalized care decisions for your patients. Vesta tests can provide individual risk assessments and predict benefit to key anti-cancer treatments based on tumor biology.

How?



Novel Biomarkers

Valar Labs' research team has developed and validated multiple unique Vesta biomarker signatures with data from thousands of patients with bladder and prostate cancers using histology features.



Expertly Trained AI

Valar Labs' board-certified pathologists created 500,000+ annotations of tumors and their microenvironment to train our Computational Histology Artificial Intelligence (CHAI) platform, grounding the technology in biology.



Fast, Easy Process

Leveraging existing tumor specimens, first-of-its-kind AI analyzes H&E pathology slides and returns actionable results in days for timely treatment decisions.

The Result ► Informed, efficient care for bladder and prostate cancer patients.

Vesta™ Prostate Risk Stratify

Assess prognosis and benefit of triplet therapy in metastatic hormone sensitive prostate cancer (mHSPC).

Identify patients most likely to benefit from intensified treatment based on disease biology.

- Stratify risk for each patient beyond traditional clinical variables like volume and timing.¹
- Patients classified as Unfavorable Risk benefited from treatment with triplet vs doublet therapy; those with Favorable Risk disease did not.¹

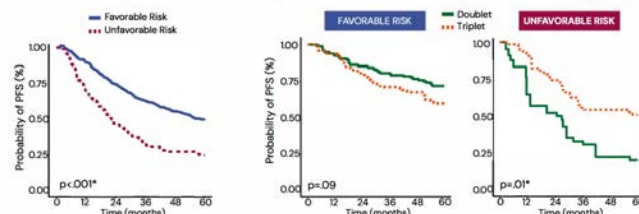
Vesta Prostate Risk Stratify

UNFAVORABLE RISK

The Vesta® Prostate Risk Stratify test classifies this patient's tumor as Unfavorable Risk, likely to have **worse outcomes** compared to those classified as Favorable Risk. This status is associated with **benefit from treatment intensification** with triplet therapy versus doublet therapy.

Supplemental Clinical Evidence

Clinical Outcomes of Patients with mHSPC, by Vesta® Prostate Risk Stratify Status and Therapy [1,2]



In the ENZAMET trial, those with Unfavorable Risk status via the Vesta® Prostate Risk Stratify biomarker had significantly shorter progression-free survival (PFS) than those classified as Favorable Risk.

Patients in this trial with Unfavorable Risk status benefited from treatment intensification with triplet (ADT+ARPI+docetaxel) over doublet (ADT+ARPI) therapy, whereas this benefit was not observed in patients with disease classified as Favorable Risk.

Vesta™ Bladder BCGPredict

Predict a patient's response to BCG.

BCG is not effective in up to 40% of patients with NMIBC. Plan each patient's treatment strategy with personalized data.

- ▶ Identify patients at high risk of not responding to BCG based on their unique tumor biology.^{2,3}
- ▶ Patients who tested biomarker-present demonstrated a higher likelihood of success with an alternative therapy.⁴

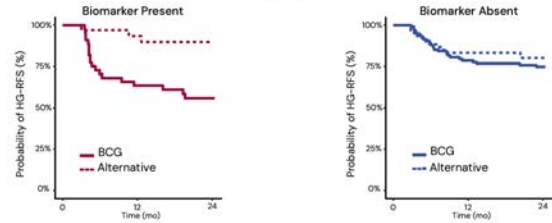
Vesta Bladder BCGPredict

BIOMARKER PRESENT

This patient has the Vesta® Bladder BCGPredict Biomarker and is likely to have **worse outcomes with BCG therapy** compared to patients without this biomarker. Alternative treatment modalities may be considered based on this result [1-4].

Supplemental Clinical Evidence

Clinical Outcomes on BCG vs Alternative Therapy, by Vesta® Bladder BCGPredict Biomarker Status

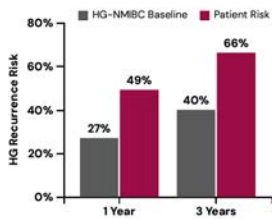


In a multicenter study, patients with the Vesta® Bladder BCGPredict Biomarker **present** demonstrated significantly higher recurrence rates when treated with BCG compared to treatment with an alternative (in this study, gemcitabine/docetaxel).

Patients for whom the Vesta® Bladder BCGPredict Biomarker was **absent** demonstrated no significant difference in recurrence rates when treated with BCG or an alternative (in this study, gemcitabine/docetaxel) [1].

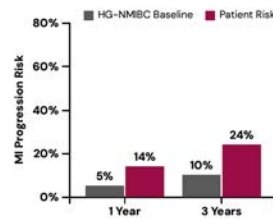
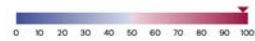
Vesta Bladder Risk Stratify

High Grade Recurrence Score
97th Percentile



This patient has an elevated risk of high-grade recurrence compared to the HG-NMIBC baseline population, an international cohort from academic cancer centers. [1-3] This patient has an estimated 66% risk of HG recurrence compared to the baseline risk of 40% at 3 years.

Muscle Invasive Progression Score
98th Percentile



This patient has an elevated risk of muscle-invasive progression compared to the HG-NMIBC baseline population, an international cohort from academic cancer centers. [1-3] This patient has an estimated 24% risk of MI progression compared to the baseline risk of 10% at 3 years.

Vesta™ Bladder Risk Stratify

Quantify risks of recurrence and progression for each NMIBC patient.

Deeper insights enable a treatment and surveillance plan tailored to more precise risks.

- ▶ AI-powered models stratify risks of high-grade recurrence and muscle-invasive progression better than existing guideline frameworks.^{2,5}
- ▶ Patient risk scores and projected actual risks over time support treatment, monitoring, and surgical management decisions and patient counseling.

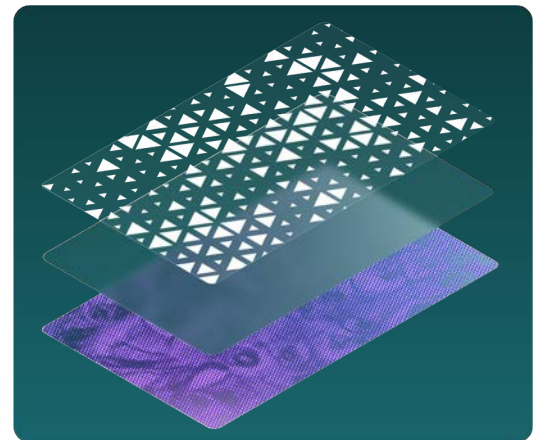


Reliable, actionable AI for precision cancer treatment.

Across a growing portfolio of cancers, Valar Labs' CLIA/CAP-accredited diagnostic lab tests use AI to interpret tumors. We predict patient outcomes and response to therapies, so physicians and patients can make evidence-based treatment plans, from the start.

Get in touch to learn more about Valar Labs and Vesta to advance precision cancer treatment.

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1. Agarwal N, Gebrael G, Swami U, et al. Development and validation of a computational histology artificial intelligence-powered prognostic and predictive biomarkers in metastatic hormone-sensitive prostate cancer (mHSPC) using the CHAARTED and ENZAMET prospective randomized phase 3 trials. *J Clin Oncol* 44, 231-231(2026).. 2. Lotan Y, Krishna V, Abuzeid WM, et al. Predicting Response to Intravesical Bacillus Calmette-Guerin in High-Risk Nonmuscle-Invasive Bladder Cancer Using an Artificial Intelligence-Powered Pathology Assay: Development and Validation in an International 12-Center Cohort. *J Urol*. 2025;213(2):192-204. 3. Lotan Y, Li R, Chang SS. AI Biomarkers Predict Poor Efficacy of BCG Rechallenge in Previously BCG-Treated Non-muscle Invasive Bladder Cancer. *J Urol*. 2025;214(1):90-91. 4. Packiam VT, McElree IM, Ghodoussipour S, et al. Presence of an Artificial Intelligence-powered Predictive Biomarker Is Associated with a Poor Response to Intravesical Bacillus Calmette-Guerin but Not to Intravesical Sequential Gemcitabine/Docetaxel in Patients with High-grade Non-muscle-invasive Bladder Cancer. *Eur Urol Oncol*. 2025;8(6):1461-1465. 5. Chang SS, Launer B, Narayan V, et al. Computational Histology Artificial Intelligence (CHAI) Enhances Risk Stratification of High-grade Ta Non-muscle-invasive Bladder Cancer in a Multicenter Cohort: Comparison to Current European Association of Urology and American Urological Association Stratification Schemes. *Eur Urol*. 2025;88(4):411-413.