



QP-Prostate[®]



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AI assisted automation
for prostate MRI
analysis reading

Discover QP-Prostate®

Prostate cancer ranks as the second most prevalent cancer in men, posing a significant public health concern. While MRI scans are vital for early detection, the increased demand for scans has outpaced the growth of radiology experts. This has resulted in diagnostic delays and inconsistent interpretations, with only a minority of the medical community adhering to PI-RADS v2.1 guidelines.

Introducing QP-Prostate, an AI-powered solution designed to streamline radiologists' workflows. by automatically evaluating compliance against PIRADSV2.1 guidelines, segmenting the prostate gland, and identifying suspicious lesions*, QP-Prostate empowers radiologists to deliver quicker and more accurate assessments, ultimately enhancing patient care.

Introducing a suite of enhanced diagnostic capabilities

1. Automated quality assessment



QP-Prostate automatically verifies MRI acquisition protocol according to PI-RADS v2.1 guidelines, ensuring that radiologists work with high-quality MRI examinations from the start.

2. Precision in segmentation



Our software segments the prostate gland with market-leading accuracy (88%)¹. It segments three key subregions (Peripheral, Transitional+Central zones, and Seminal Vesicles), includes PI-RADS v2.1 regions, and computes prostate volume, facilitating PSA density calculations and fusion biopsy planning.

3. AI-based automated lesion detection



Our AI algorithm, trained with pathology data, is designed to detect significant prostate cancer lesions efficiently using biparametric input (T2W and DWI), with plans to outperform competitors in accuracy and speed. These AI algorithms are intended to elevate diagnostic accuracy with automated detection of biopsy-proven, clinically significant prostate cancer lesions.

4. Quantitative diffusion and perfusion data



QP-Prostate provides partially registered b 1400 DWI and ADC image series, offering rich quantitative diffusion information. This dataset empowers radiologists to analyze potentially cancerous lesions with confidence.

5. Flawless PACS integration



Ensure consistent and seamless incorporation of all outputs from QP-Prostate into your hospital's PACS with no disruptions to radiologists' workflow.



3D model of prostate segmented from T2-weighted MRI

Changing the narrative in prostate diagnostics

Experience confident, intelligent, and reliable prostate MRI interpretation with QP-Prostate – your trusted solution providing comprehensive insights and precise assessments for better patient care and outcomes.

The product will be enhanced with predictive capabilities in upcoming versions, which are currently undergoing clinical studies for imaging-based prediction of biochemical relapse. Recent studies show that combining MRI with clinical data predicts a 10-year biochemical recurrence with an area under the curve (AUC) of 0.84 to 0.87².

¹ Jimenez-Pastor A, et al. Eur Radiol. 2023;33(7):5087-5096.

² Sánchez Iglesias Á, et al. Cancers (Basel). 2023;15(16):4163.

Clinical cases using QP-Prostate[®]

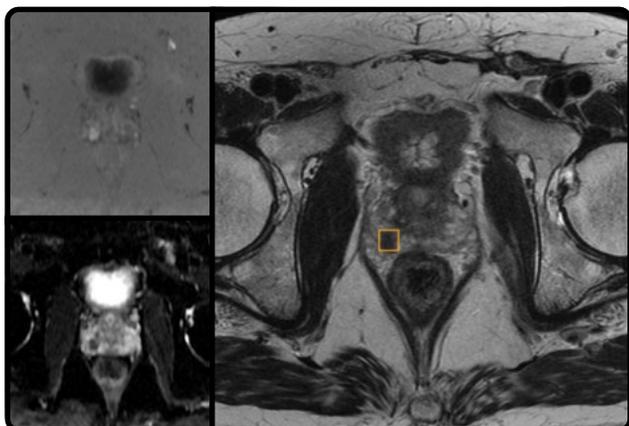
CASE 1



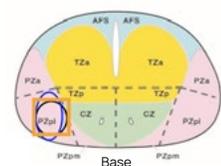
Patient history

66 years old male, with elevated history of prostate specific antigen (PSA).

QP-Prostate Results



Summary



- Biopsy csPCa*
- QP-Prostate
- Original radiologist

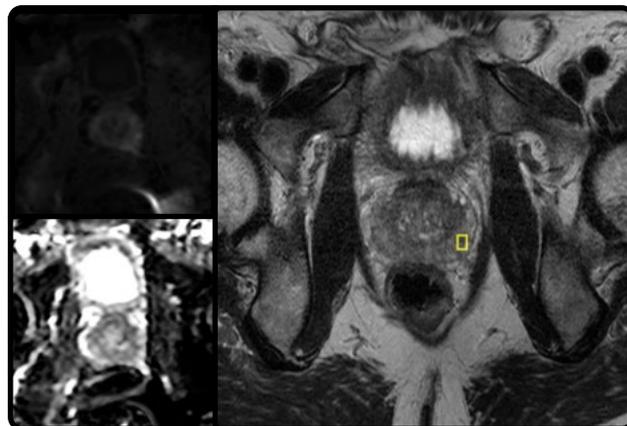
CASE 2



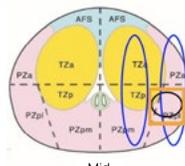
Patient history

Abnormal prostate exam nodule superior half of right prostate; firm. PSA of 31.3 ng/ml.

QP-Prostate Results



Summary



- Biopsy csPCa
- QP-Prostate
- Original radiologist

*clinically significant prostate cancer

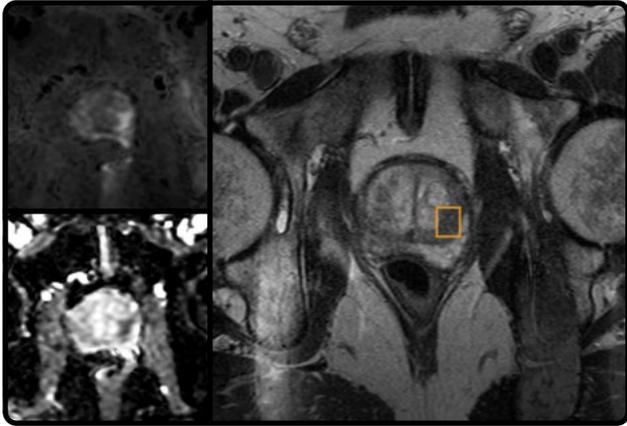
CASE 3



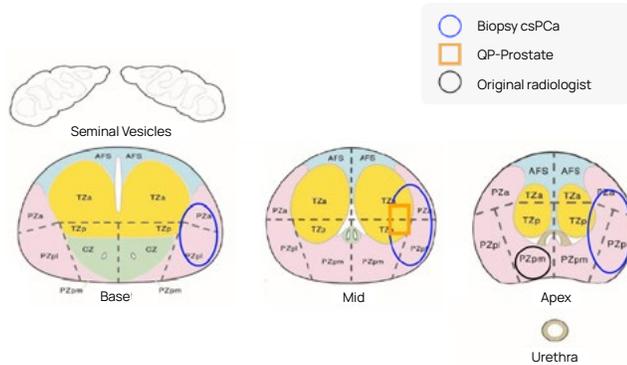
Patient history

61 years old man with elevated PSA, benign prostatic hyperplasia with lower urinary tract symptoms; PSA of 8.63 ng/mL.

QP-Prostate Results



Summary



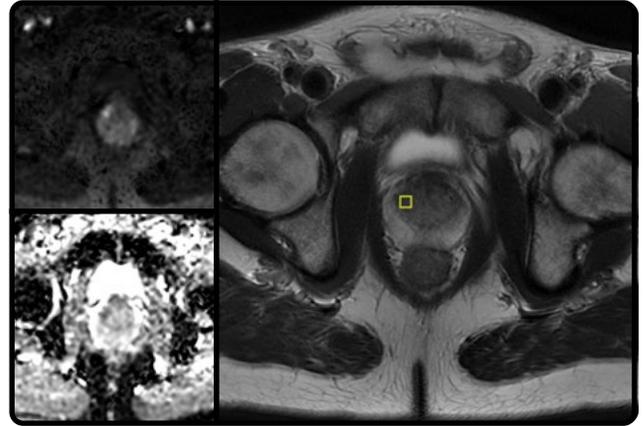
CASE 4



Patient history

62 year old male with history of low-grade prostate cancer diagnosed with biopsy. Most recent PSA of 13.34 ng/mL increased compared to prior which measures 9.99 ng/mL.

QP-Prostate Results



Summary

