



## Are you considering radiation therapy for prostate cancer?

**PROSTOX** genetic tests help prostate cancer patients choose the safest form of radiation treatment

### Radiation Therapy for Prostate Cancer

External Beam Radiation Therapy (EBRT) is a treatment that uses radiation beams to destroy cancer cells non-invasively. Once a radiation dose is determined for a patient, the dose is divided into equal “fractions” and a patient receives one fraction of radiation per treatment session. EBRT is a very effective way of treating prostate cancer, and in some cases with advanced technology, it can be given in 7 or fewer sessions (fractions).

### Potential Side Effects from EBRT

Most men experience mild, short-lived side effects from EBRT that do not persist. However, 15% or more of men experience late side effects that start months or even years following EBRT. The most common late side effect is genitourinary (GU) toxicities, which can include hematuria, urinary tract pain, increased frequency of urination, or urinary urgency and leaking.

Fortunately, **PROSTOX tests can identify men at risk for late GU toxicity** from two types of EBRT treatments that have a different number of fractions (sessions), so patients and doctors can choose the safest option to help avoid late GU side effects.

### How Do I get a PROSTOX Test?

Your physician will recommend this test for you. You will either test in-office or receive a simple at-home cheek swab collection kit. Once completed, the test will be returned to MiraDx. Once your sample reaches the lab, your doctor will receive the results within 5 to 7 days.



### Two PROSTOX Tests

The tests predict a patient's risk of late GU toxicity following two EBRT approaches for prostate cancer, based on the number of fractions a patient will receive:

**PROSTOX Ultra:** for 5-7 fractions (sessions) given over 10 days, and called stereotactic body radiotherapy (SBRT)

**PROSTOX Standard:** for 20-45 fractions (sessions) given over 4-10 weeks

Both tests are easy, non-invasive DNA cheek swab tests. One sample can be used for both tests.

These tests will tell you and your physician if you have a low or high risk for late GU radiation toxicity to one or both treatment approaches. Knowing this risk before starting radiation therapy is important so that you and your doctor can choose the safest treatment for you.

### Is PROSTOX covered by insurance?

PROSTOX are new and innovative tests, and as such, coverage may vary depending on your insurance provider. If your insurance does not cover PROSTOX testing, you may still be eligible for significant cost savings through the MiraDx Financial Assistance Program, which offers reduced pricing based on household income. Eligible patients may pay as little as \$0, with a maximum out-of-pocket cost of \$295. For more information, contact the MiraDx Billing team at 1.866.445.6719.

Results do not predict a patient's likelihood of clinical response, short-term side effects, or non-urinary side effects from radiation therapy. A low-risk result does not rule out any possibility that the patient will experience toxicity, and a high-risk result does not guarantee that the patient will develop toxicity. This test was developed and its performance characteristics determined by MiraDx. The MiraDx laboratory is CLIA and CAP-certified to perform high-complexity testing. As a laboratory-developed test performed in a CLIA-certified laboratory, PROSTOX is not subject to FDA premarket review. Any decisions related to patient care and treatment choices should be based on the independent judgment of the treating physician and should take into account all information related to the patient. MiraDx is not liable for medical judgment with regard to diagnosis, prognosis, or treatment in connection with the test results.

If you have questions, please contact us at [PROSTOX@miradx.com](mailto:PROSTOX@miradx.com) or call 424-387-8100.

RESEARCH PUBLICATIONS  
Clin Transl Radiat Oncol 2023 8;39:100594.  
JAMA Oncol 2018;4:e180039.  
Int J Radiat Oncol Biol Phys 2018;102:296-303.  
Lancet 2019;394:385-95.  
JAMA Network Open 2019;2:e188006.  
J Clin Oncol 2020;38(6):163-163.  
Radiother and Oncol 2022;167:226-232.  
Clin Cancer Res 2025 13;31(12):2530-2538.