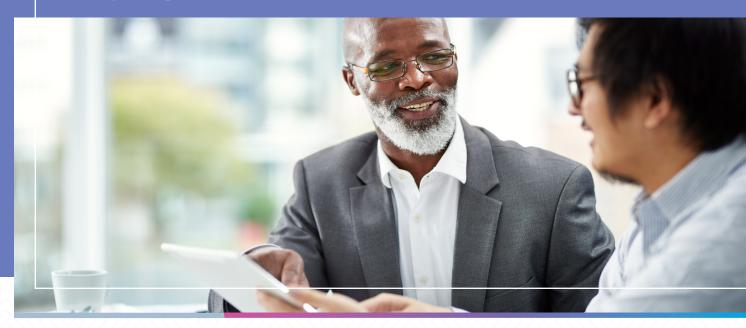
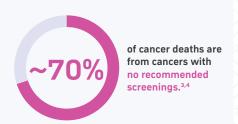


The Missing Piece in Employee Cancer Benefits



The Cancer Landscape

When it comes to employee benefits programs, cancer detection and care are evolving. Right now, the majority of cancers go undetected for too long¹ and 3 out of 4 cancers do not have guideline recommended screening tests.² It's time for a change.



Only a few recommended screenings exist to detect cancers before symptoms develop. Many of the deadliest forms of cancer—including pancreatic and ovarian—have no recommended screenings.⁵

9.4 million cancer screenings have been missed due to COVID-19.6

Nearly 10 million people have missed recommended cancer screenings for breast, colorectal or prostate cancer as the pandemic disrupted doctor visits.⁶

More than 600,000 people are expected to die from cancer each year in the U.S.⁷

In large part this is because the majority of cancers are found in later stages, when the disease has spread and treatment options are limited.

Why Employers Need to Pay Attention

Rising Costs:

Cancer-related health care costs continue to grow astronomically.8 Self-insured employers shoulder a large part of this growing financial burden, as employers consistently rank cancer-related costs among their top three health expenses.9 As Americans are staying in the workforce longer, that burden will only increase.10

Annual U.S. cancer-related health care costs total to more than

\$190 billion 11

Competitive Advantage:

A tight labor market means that companies must do more to stand out from the competition. Offering the right benefits can do just that, with nearly two-thirds of employees ranking health and wellness benefits as extremely or very important. This means wellness benefits trump retirement plans for most employees. 12

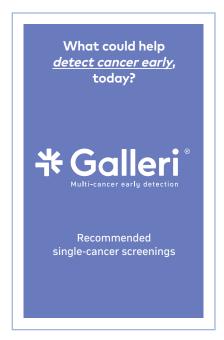


Cancer Benefit Gap:

Many employers offer genetic testing to predict risk for hereditary cancers and also provide preventative programs like smoking cessation.¹⁴ Additionally, after being diagnosed with cancer, many employers offer Centers of Excellence (CoE) benefits that guide employees to the best providers and treatments. Unfortunately, less than half of cancers are preventable by healthy lifestyles, ¹⁵ and CoEs only help after the employee is diagnosed, leaving a gap in the cancer benefit landscape.









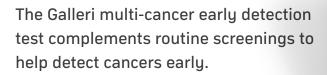
How to Break Through: The Galleri Test

Thanks to breakthroughs in artificial intelligence and machine learning, employers can now offer a simple test that can detect a cancer signal across more than 50 types of cancer—with just a single blood draw.^{16*†}



*False negative and false positive results do occur. The Galleri test does not diagnose cancer.

'The Galleri test does not detect all cancers and not all cancers may be detected in the blood.





How It Works:

From helping eligible employees schedule a test to follow-up consultations for diagnostic evaluation after they get results, the Galleri test experience is designed to support employees at each step:





Test request

through online portal (then ordered by the provider)





Collection kit delivery + blood draw at a local facility





Return of results

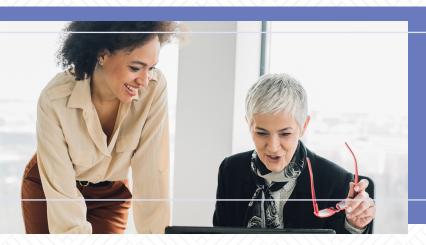
to provider within 10 business days of receipt of specimen at GRAIL lab





Positive signal support

in the event a cancer signal is detected



The Galleri multi-cancer early detection test helps fill the gap in cancer benefit offerings, all from a simple blood draw. Give your employees the health benefit they say they want,¹⁷ and help them be proactive about their health.

Contact us to learn more



employer@grailbio.com



833-MY-GALLERI

(833-694-2553)

Important Safety Information

The Galleri test is recommended for use in adults with an elevated risk for cancer, such as those aged 50 or older. The Galleri test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider. Galleri is intended to detect cancer signals and predict where in the body the cancer signal is located. Use of Galleri is not recommended in individuals who are pregnant, 21 years old or younger, or undergoing active cancer treatment.

Results should be interpreted by a healthcare provider in the context of medical history, clinical signs and symptoms. A test result of "Cancer Signal Not Detected" does not rule out cancer. A test result of "Cancer Signal Detected" requires confirmatory diagnostic evaluation by medically established procedures (e.g., imaging) to confirm cancer.

If cancer is not confirmed with further testing, it could mean that cancer is not present or testing was insufficient to detect cancer, including due to the cancer being located in a different part of the body. False-positive (a cancer signal detected when cancer is not present) and false-negative (a cancer signal not detected when cancer is present) test results do occur.

Rx only.

Laboratory / test information

GRAIL's clinical laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and accredited by the College of American Pathologists (CAP). The Galleri test was developed, and its performance characteristics were determined by GRAIL. The Galleri test has not been cleared or approved by the Food and Drug Administration. GRAIL's clinical laboratory is regulated under CLIA to perform high-complexity testing. The Galleri test is intended for clinical purposes.

1. Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer Statistics, 2021. CA Cancer J Clin. 2021 Jan;71(1):7-33. doi: 10.3322/caac.21654. Cancer Statistics, 2021. 2. Data on file GA-2021-0065. Screening includes methods with USPSTF A or B rating. SEER*Stat Database: Incidence - SEER 18 Regs Research Data, Nov 2017 Sub. Includes persons aged 50+ diagnosed 2006-2015. 3. Modeled detection extrapolated to 2020 US population ages 50 - 79. Screening includes methods with United States Preventive Services Task Force (USPSTF) A. B. or C rating (breast, colon, cervical, prostate, and lung), and assumes screening is available for all prostate, breast, cervical, and colorectal cancer cases and 33% of lung cancer cases (based on estimated proportion of lung cancers that occur in screen-eligible individuals older than 40 years). 4. Data on file GA-2021-0065. Data on file from Surveillance, Epidemiology, and End Results (SEER) 18 Regs Research Data, Nov 2017 Submission. Includes persons aged 50 - 79. Estimated deaths per year in 2020 from American Cancer Society Cancer Facts and Figures 2020. Available at: www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-andfigures/2020/cancer-facts-and-figures-2020.pdf 5. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations 6. https:// jamanetwork.com/journals/jamaoncology/ fullarticle/2778916?resultClick=17. https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-factsfigures-2022.html 8. https://fightcancer.org/ sites/default/files/National%20Documents/Costs-of-Cancer-2020-10222020.pdf 9. GRAIL, LLC interview with Ron Fontanetta on February 4, 2022, former Willis Towers Watson consultant, based on his review of employer claims data. 10. https://www.axios.com/cancer-health-care-costs-employerinsurance-4b59c9ed-da30-4923-9d71-80257cb02b10. html 11. https://progressreport.cancer.gov/after/economic_burden 12. https://www.shrm.org/resourcesandtools/ hr-topics/benefits/pages/shrm-benefits-survey-finds-renewed-focus-on-employee-wellbeing.aspx #: --: text=Top %206%20 Benefits%20 Employers%20 Viewed%20 as %20 Most %20 Finds and Finds are for the first of the fi $Important \& text = Leave \% 20\% E2\% 80\% 93\% 2083\% 20 percent., Retirement \% 20\% E2\% 80\% 93\% 2055\% 20 percent \ \textbf{13.} \ https://www.forbes.com/sites/forbeslacouncil/2018/07/03/the-leave \% 20\% E2\% 80\% 93\% 2055\% 20 percent \ \textbf{13.} \ https://www.forbes.com/sites/forbeslacouncil/2018/07/03/the-leave \% 20\% E2\% 80\% 93\% 20\% 93\% 93\% 20\% 93\% 93\% 9$ four-advantages-of-offering-health-and-wellness-benefits-to-employees/?sh=7e9c1c36646a 14. https://www.nytimes.com/2018/04/15/technology/genetic-testing-employeebenefit.html 15. https://www.cancer.org/latest-news/more-than-4-in-10-cancers-and-cancer-deaths-linked-to-modifiable-risk-factors.html 16. Klein EA, et al. Clinical validation of a targeted methulation-based multi-cancer early detection test using an independent validation set. Ann Oncol. 2021;32(9):1167-1177. doi: 10.1016/j.annonc.2021.05.806. 17. Market research data on file 2020. Study demographics included 314 respondents, age 40+, who were employed full-time at larger organizations.

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