Galleri®
Multi-cancer early detection

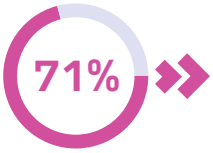
What if you could be at the forefront of early cancer detection

Innovative healthcare for healthy communities

The Galleri® multi-cancer early detection test detects more than 50 types of cancer, many of which are not commonly screened for today—and this is all possible through a single blood draw.[1] By offering this groundbreaking test, you can position your health system as a differentiated leader in cancer detection and provide patients with insights that enable them to be proactive about their health.[2]

Beating cancer starts with knowing you have it

Today, 3 out of 4 invasive cancers do not have screening tests, with the majority of cancers being diagnosed too late when outcomes are often fatal and costs are high.[3-7] In fact, treatment of late-stage cancer can cost 2x more than early-stage cancer.[5]



of cancer deaths are caused by cancers without recommended screenings[8*]

Improve the chances for early cancer detection

The Galleri test is a groundbreaking advancement in cancer detection. With the ability to detect multiple cancers and the potential to shift cancer detection to earlier stages (based on modeled data),[9] the Galleri test aims to change how we think about the future of cancer screening.

And all it takes is a simple blood draw.

Early Cancer Detection

Detects more than 50 types of cancer, with a 0.5% false-positive rate, allowing for earlier treatment[1,10]

Actionable Results

Predicts where in the body the cancer is located with 89% accuracy, helping guide next steps to diagnosis[1]

Testing With Ease

Can be easily incorporated into a routine healthcare visit

3x more cancers could be detected if the Galleri test was added to routine cancer screenings[11**]

39% expected deaths averted** in detected cancers[9] (5-year cancer mortality)

** Based on modeled data from an earlier Galleri version, in an elevated risk population age 50-79.

* When calculated for 2021, 68% of cancer deaths are caused by cancers without recommended screening.

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How the Galleri test works

All cells, cancer and non-cancer, shed DNA into the bloodstream—and different cancers shed DNA into the bloodstream at varying rates.[12,13] The proportion of cancer-derived cell-free DNA (cfDNA) in the blood tends to increase as cancer progresses.[14]

The Galleri test analyzes methylation patterns of cell-free DNA (cfDNA) in the bloodstream using next-generation sequencing (NGS) and machine-learning algorithms.

Large clinical studies conducted with over

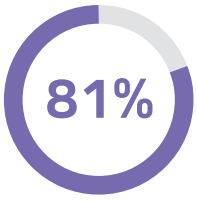
20,000 participants

support the test's performance

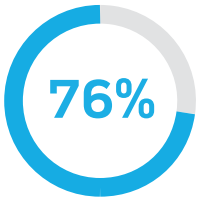
A partnership in patient-first healthcare

We developed the Galleri test to help health systems like yours with what matters most: population health, innovation, and delivering high-quality healthcare.

Together, we can help you potentially improve cancer screening adherence, attract new patients, and build on your values as a future-focused and patient-oriented health system.[2]



of patients would be more likely to keep up with preventive cancer screenings if Galleri was also offered at the same time and location[2]



of patients say access to innovative screenings is important for choosing a new PCP[2]

A health system that offers Galleri is...

> ...trying to be proactive in their care for you.[2]
>
> – Patient Respondent

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A comprehensive test experience

GRAIL and its knowledgeable support services help provide a strong foundation in multi-cancer early detection. In the event of a positive result, we can help provide you with clinical resources and materials to help support the diagnostic next steps. Plus, you're always provided with a dedicated team at GRAIL to help support integration into your health system.

1

Test ordered
by healthcare provider

2

Blood drawn
at provider office or lab

3

Results returned
to provider within 10 business days after specimen return

Join us at the forefront of early cancer detection

Learn more at:
www.galleri.com/health-systems

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.

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.

References

1. Klein EA, et al. Ann Oncol. 2021;32 (9):1167-1177. doi:10.1016/j.annonc.2021.05.806. **2.** Galleri Health System Patient Survey market research, data on file 2021. Study demographics included 1,001 respondents, age 50+, including high-risk individuals age 35-49 (n=150). Respondents had private or commercial health insurance, Medicare, or government insurance coverage and had visited a PCP in the past two years. **3.** 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. **4.** Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence—SEER 18 Regs Research Data, Nov 2018 Sub. Includes persons aged 50–79 diagnosed 2006–2015. "Early/Localized" includes invasive localized tumors that have not spread beyond organ of origin. "Late/Distant Metastases" includes invasive cancers that have metastasized beyond the organ of origin to other parts of the body. **5.** Based on stage II and stage IV breast, colorectal, and lung cancer, and metastatic/non-metastatic pancreatic cancer. Banegas MO, et al. J Natl Compr Canc Netw. 2018;16(4):402-410, and Byfield S, et al. J Med Econ. 2013;16(12):1379-1386. **6.** Banegas MP, et al. J Natl Compr Canc Netw. 2018;16(4):402-410. **7.** DaCosta Byfield S, et al. J Med Econ. 2013;16(12):1379-1386. **8.** Among individuals 50-79 years old. Assumes screening is available for all prostate, breast, cervical, and colorectal cancer cases and 33% of lung cancer cases. Data on file from SEER 18 Regs Research Data, Nov 2017 Submission. Estimated deaths per year in 2020 from American Cancer Society Cancer Facts and Figures 2020. **9.** Hubbell E, et al. Cancer Epidemiol Biomarkers Prev. 2021;30(3):460-468. doi:10.1158/1055-9965 .EPI-20-1134. **10.** The Galleri test does not detect all cancers and should be used in addition to, and not instead of, routine cancer screening tests recommended by clinical guideline organizations such as the American Cancer Society or the US Preventive Services Task Force (USPSTF). **11.** Surveillance, Epidemiology, and End Results (SEER) incidence in individuals 50-79 years old who are screening eligible and have average risk of cancer. Data on file. Assumes nationally representative adherence to USPSTF A, B, or C recommended screening (breast, colorectal, lung, cervical, and prostate cancer) and 100% screening with MCED test in the USPSTF-screened group. Baseline population of 107M (men and women aged 50 - 79; US Census Bureau. Annual estimates of the resident population by single year of age and sex for the United States. https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-detail.html. Accessed 5/29/20.). **12.** Bronkhorst AJ, et al. Biomol Detect Quantif. 2019;17:100087. doi:10.1016/j.bdq.2019.100087. **13.** Oxnard G, et al. Ann Oncol. 2019;30 (Suppl 5):v912. **14.** Venn O, et al. 2019 Cold Spring Harbor laboratory meeting: the biology of genomes; May 7–11, 2019; Cold Spring Harbor, NY.

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