



Screen for dozens of cancers with a simple blood draw



Elevate member care with the Galleri® test

The Galleri test incorporates a first-of-its-kind technology for multi-cancer early detection blood testing. With a simple blood draw, the Galleri test screens for many of the deadliest cancers that don't have recommended screenings today, like pancreatic, ovarian, liver, and more.^{1*} The test helps health plans support its members to be more proactive with their health.

The Galleri test does not detect a signal for all cancers, and not all cancers can be detected in the blood. False positive and false negative results do occur. The Galleri test identifies DNA in the bloodstream shed by cancer cells and does not predict future genetic risk for cancer. The Galleri test should be used in addition to screening tests recommended by a healthcare provider.

Cancer's effect on health plans and their members

Cancer has historically been one of the most challenging areas for health plans to address. The Galleri test can help do more to screen for cancer.

Innovation



STATUS QUO

Only 14% of diagnosed cancers in the US are detected by a recommended screening test.²



WITH GALLERI

Up to **98% of cancers** impacting members ages 50+ can be screened for by the Galleri test.³

Cost of treatment



STATUS QUO

Of commercial cancer claims above \$100,000, 81% are caused by cancers without recommended screening.³



WITH GALLERI

Modeled data shows that adding Galleri led to a 50% shift of late-stage cancers to earlier stages, potentially resulting in a **24% reduction in direct medical spending** on members with metastatic diagnoses.^{4**}

Proactive intervention



STATUS QUO

Later-stage cancer is treated quickly, aggressively, and in a costly manner,⁵ leaving little time to engage members in lower-cost, best-in-class treatment and care management options.



WITH GALLERI

By screening for more cancers earlier, modeled data shows that adding the Galleri test to usual care could potentially result in a **50% reduction** in the proportion of cases diagnosed in Stage III and Stage IV.^{4**}

*Sensitivity in study participants with - Pancreas cancer: 83.7% overall (61.9% stage I, 60.0% stage II, 85.7% stage III, 95.9% stage IV). Ovary cancer: 83.1% overall (50.0% stage I, 80.0% stage II, 87.1% stage III, 94.7% stage IV). Liver/bile duct cancer: 93.5% overall (100% stage I, 70.0% stage II, 100% stage III, 100% stage IV).

**Results based on modeled data, with an earlier version of Galleri added to usual care, and costs analyzed by GRAIL.



How the Galleri test works

All cells, healthy and cancerous, release DNA into the bloodstream. But DNA from cancer cells is different from DNA from healthy cells and act like a signal of cancer. Using next-generation DNA sequencing, machine learning, and AI, the Galleri test can screen for a cancer signal in the blood and predict the tissue or organ associated with the cancer signal to help guide next steps.^{6,7}



The Galleri test performs at a high level as indicated by the statistics.

Dependable

0.5%
false positive
rate⁷

Found in study participants without cancer.

Impactful

68%
sensitivity⁷

In cancers responsible for every 2 of 3 US cancer deaths (stages I-III).^{**} Overall test sensitivity was 51.5%.

Actionable

88%
accuracy⁸

In predicting Cancer Signal Origin for participants with a cancer diagnosis after a Cancer Signal Detected test result.

In the PATHFINDER study, Cancer Signal Origin (CSO) prediction accuracy was 88% for participants with a cancer diagnosis after a Cancer Signal Detected test result. The accuracy of the CSO is the proportion of the first or second origins correctly predicted among true positive participants.

*The group of cancers responsible for two-thirds of annual US cancer deaths included anus, bladder, colon/rectum, esophagus, head and neck, liver/bile duct, lung, lymphoma, ovary, pancreas, plasma cell neoplasm, and stomach.

GRAIL is committed to continuously driving evidence development, with approximately 380,000 participants enrolled in studies at various stages.

Clinical Study Institutions include:



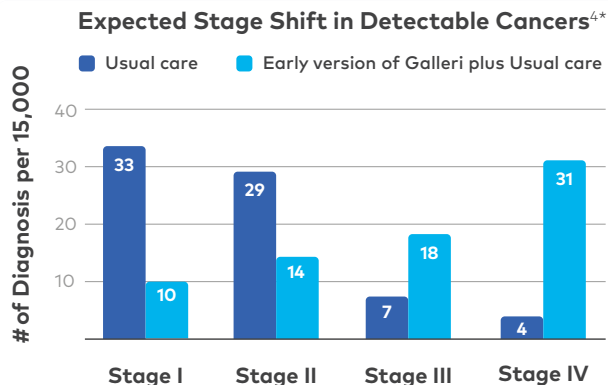
Memorial Sloan Kettering
Cancer Alliance



Cancer won't wait. Screen members for more.

Adding a multi-cancer early detection test to recommended cancer screenings allows your health plan to go further, screening for dozens of deadly cancers, including many that have no recommended screening.^{7,8}

*Based on modeled data with the MCED test in addition to usual care in elevated risk population age 50-79 years. Detectable cancers represent 68%. Assumes long-term screening results with optimized screening interval. Usual care represents real-world cancer diagnostic processes (eg, screening, incidental detection, symptomatic workup) as captured by SEER; this snapshot of current practice includes imperfect adherence and limited access to health care.



Galleri is a highly-ranked health benefit.⁹

#1

Employees rank the Galleri test as the #1 health benefit^{9*}

#3

Medicare beneficiaries rank the Galleri test as the most important supplemental benefit after vision and dental^{10**}

*Market research conducted by Ipsos Group. Study demographics included 1,000 respondents who were full-time employees working at companies with at least 3,000 employees: 15% of sample aged 65+, 70% of sample aged 50-64; 15% aged under 50 with cancer risk factors. Respondents were a representative mix across gender, region, race, ethnicity.

**Market research Study demographics included 1,000 respondents who were Medicare Advantage eligible age 63-80. Respondents were a representative mix of gender, region, race and ethnicity, and Income.

A comprehensive and member-oriented experience

GRAIL offers several implementation options that do not impact medical policy:

- Health Plan Administrator (HPA) collaboration
- Medicare Advantage supplemental benefit
- Employee benefits offering pilot
- Fully insured commercial pilot



From helping eligible members schedule their blood draw to facilitating follow-up consultations to explain their results, the Galleri test experience is designed to support your members at each step:



1

Awareness and education
with customized materials



2

Online test request, followed by in-person blood draw
(Test requires physician approval. On-site blood draw events are also an option.)



3

Return of results
to provider within 10 business days of receipt at GRAIL lab



4

Support services for positive test results
in the event a cancer signal is detected

"Promoting early screenings, building awareness about preventative techniques, and developing strategic partnerships remain the most effective measures for cancer prevention."

– Health Payer Intelligence, February 22, 2022¹¹

Be the innovative partner your clients and members demand by making available the Galleri multi-cancer early detection test.



Contact us to find out more about the Galleri test for payers, including comprehensive marketing campaigns and the support for integrating this benefit into your organization.



[Galleri.com/payer](https://galleri.com/payer)



payer@grailbio.com

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 No Cancer Signal 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

The GRAIL clinical laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and accredited by the College of American Pathologists. 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. The GRAIL clinical laboratory is regulated under CLIA to perform high-complexity testing. The Galleri test is intended for clinical purposes.

References:

1. Surveillance, Epidemiology, and End Results (SEER) Program SEER*Stat Database: Incidence - SEER 18 Regs Research Data, 2017 Nov Sub. Includes persons aged 50+ diagnosed 2006-2015.
2. University of Chicago, NORC. Percent of cancers detected by screening. 2022. <https://cancerdetection.norc.org/>
3. Analysis of IQVIA PharMetrics claims database completed by GRAIL. [GRAIL, LLC. Data on file: GA-2023-0209]
4. Hubbell E, et al. Modeled reductions in late-stage cancer with a multi-cancer early detection test. *Cancer Epidemiol Biomarkers Prev.* 2021 Mar 5;30(3):460-468. doi: 10.1158/1055-9965.EPI-20-113
5. Frosch Z, et al. Development of a multilevel model to identify patients at risk for delay in starting cancer treatment. *JAMA Network Open.* 2023;6(8):e2328712. doi: 10.1001/jamanetworkopen.2023.28712
6. Liu MC, et al. Sensitive and specific multi-cancer detection and localization using methylation signatures in cell-free DNA. *Ann Oncol.* 2020 Mar 30;31(6):745-759. doi: 10.1016/j.annonc.2020.02.011
7. Klein EA, Richards D, Cohn A, et al. Clinical validation of a targeted methylation-based multi-cancer early detection test using an independent validation set. *Ann Oncol.* 2021 Sep;32(9):1167-1177. doi: 10.1016/j.annonc.2021.05.80610.1016/j.annonc.2021.05.806.
8. Schrag D, Beer TM, McDonnell CH, et al. Blood-based tests for multi-cancer early detection (PATHFINDER): a prospective cohort study. *Lancet.* 2023;402:1251-1260. doi: 10.1016/S0140-6736(23)01700-2.
9. Ipsos Market Research 2022. [GRAIL, LLC. Data on file: GA-2023-0102]
10. Ipsos Market Research 2023. [GRAIL, LLC. Data on file: GA-2023-0101]
11. Schmidt H. Top 10 most expensive chronic diseases for healthcare payers. *Health Payer Intelligence.* 2022 Feb 22. <https://healthpayerintelligence.com/news/top-10-most-expensive-chronic-diseases-for-healthcare-payers>