Galleri®

The Cancer Challenge

Last year, more than

600,000 Americans died from cancer.[1]

~70% of those deaths
were caused by cancers for which there are **no recommended screenings available.**[2*]

In addition to the significant human toll, cancer is also the

#1 driver of medical costs for self-insured employers.[3]

51% of cancer patients and survivors report incurring medical debt
as a result of the costs of their cancer care.[4]

*Assumes screening is available for all prostate, breast, cervical, and colorectal cancer cases and 43% of lung cancer cases (based on estimated proportion of lung cancers that occur in screen-eligible individuals older than 40 years).

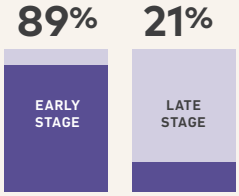
Early diagnosis can make a difference

• COSTS

3X

Treatment costs for **late-stage cancers are three times more expensive** on average than early-stage cancer.[5]

• SURVIVAL



89% of patients with early-stage diagnoses survive 5 years post-diagnosis, compared to 21% of those diagnosed late-stage.[6**]

**"Early/Localized" includes invasive localized tumors that have not spread beyond organ of origin, "Late/Metastasized" includes invasive cancers that have metastasized beyond the organ of origin to other parts of the body.

A first-of-its-kind tool in the fight against cancer from GRAIL

GRAIL is a healthcare company founded to help address these challenges: **our mission is to detect cancer early when it can be cured.**

Our first product, the Galleri® multi-cancer early detection test, is a simple blood test that can detect a signal shared by over 50 types of cancer and predict the cancer signal origin.[7]

Galleri uses machine learning and artificial intelligence to detect a cancer signal in the blood and when a cancer signal is detected, analyzes DNA methylation patterns to predict 1 or 2 tissue types or organs associated with the cancer signal.

The Galleri test is recommended for use in adults with an elevated risk for cancer, such as those aged 50 or older. Individuals aged 50+ have a 13X increase in cancer risk versus those under age 50 on average.[8]

How the Galleri test can help employers

In an analysis of commercial claims, **Galleri was found to potentially detect up to 98% of diagnosed cancer types** in a typical employer population.[9]

Modeled data showed that the Galleri test has the potential to shift cancer detection to earlier stages, resulting in a **50% reduction in the proportion of cases diagnosed at stage III and IV**, and a 26% reduction in 5-year cancer-related mortality.[10]

Modeled data also showed that by finding cancer earlier with Galleri, employers could potentially **reduce their direct medical spend on late-stage cancer by 21%.**[9]

Galleri 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. Galleri should be used in addition to recommended screenings. See Important Safety Information on reverse.

Join more than 70 of your peers in offering the Galleri test to your employees

Employers and labor organizations of all sizes and across most industries are already offering the Galleri test as an employee benefit.

salesforce

Intermountain Health

valmont

Paramount

Since our commercial launch in June 2021, we've delivered more than

100,000 tests

prescribed by more than

9,000

physicians nationwide.*

*Data as of June 2023

We look forward to discussing how cancer uniquely impacts your organization, and how your employees might benefit from access to this groundbreaking tool in the fight against cancer.

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

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. American Cancer Society. Cancer Facts & Figures 2022
2. Estimated deaths per year in 2022 from American Cancer Society Cancer Facts and Figures 2022. Data on file GA-2021-0065
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5. Reddy SR, Broder MS, Chang E, et al. Cost of cancer management by stage at diagnosis among Medicare beneficiaries. Curr Med Res Opin. 2022;38(8):1285-1294. doi: 10.1080/03007995.2022.2047536.
6. Based on 5-year cancer-specific survival rates. Source: 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
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;32(9):1167-1177. Doi: 10.1016/j.annonc.2021.05.806
8. Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database Incidence - SEER Research Limited-Field Data, 21 Registries, Nov 2020 Sub (2000-2018) - Linked To County Attributes -Time Dependent (1990-2018) Income/Rurality, 1969-2019 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, released April 2021, based on the November 2020 submission. Risk Factor Data on file: American Cancer Society Cancer Prevention Studies II/III
9. Analysis of MarketScan claims database completed by GRAIL, LLC, July 2022. Data on file GA-2022-0085
10. Hubbell E, Clarke CA, Aravanis AM, Berg CD. Modeled reductions in late-stage cancer with a multi-cancer early detection test. Cancer Epidemiol Biomarkers Prev. 2021;30(3):460-468. doi: 10.1158/1055-9965.EPI-20-1134.

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