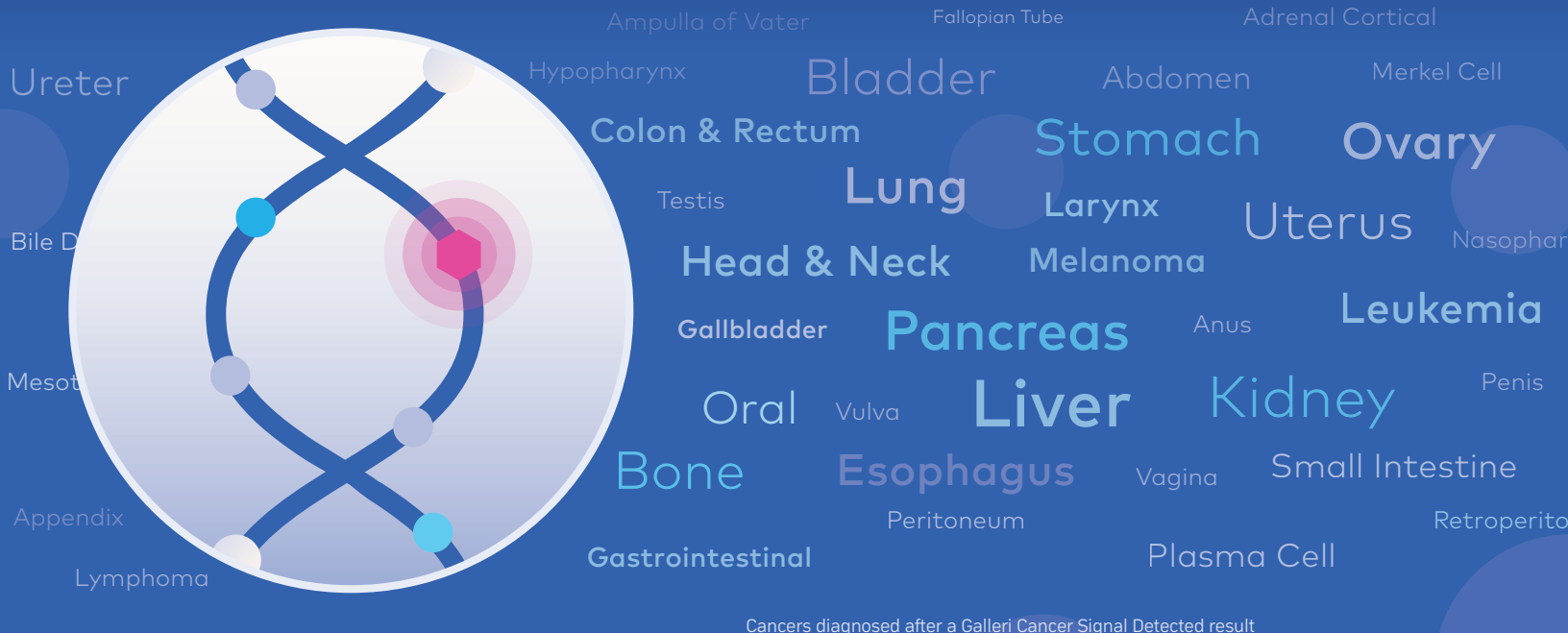




MULTIPLE CANCERS. EARLY DETECTION. ONE BLOOD DRAW.



Cancers diagnosed after a Galleri Cancer Signal Detected result

About 70% of cancer deaths are from cancers employees are not being screened for today.¹

But the Galleri[®] multi-cancer early detection test aims to change that.

With a simple blood draw, it can detect a cancer signal shared across more than 50 types of cancer,² helping your employees be proactive about their health.

Galleri does not detect all cancers and all cancers cannot be detected in the blood. False positive and false negative results do occur. The Galleri test looks for active cancer and does not predict future genetic risk for cancer. It should be used in addition to routine screening tests your healthcare provider recommends.

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).

#1

Employees say the
Galleri test is the #1
ranked health benefit^{3*}

92%

of employees want
to know if they have cancer
as early as possible^{3*}

*Study demographics included 1,000 respondents, age 40+, who are employed full-time at larger organizations.



A groundbreaking advancement in cancer detection

Existing recommended cancer screening tests look for cancers one-at-a-time. The Galleri® test can detect a signal shared by more than 50 types of cancer, and can predict the tissue or organ associated with the cancer signal.²⁺ All it takes is a simple blood draw.

Cancer's effect on employee health

Cancer has a significant impact on employees' physical health. But it also affects their mental health, financial well-being, and makes existing health equity disparities worse. The Galleri test could help.

PHYSICAL HEALTH



STATUS QUO

About 70% of cancer deaths are caused by cancers employees are **not** being screened for.¹



WITH GALLERI

Based on modeled data, the Galleri test has the potential to shift cancer detection to earlier stages, showing a **21% reduction in deaths** (5-year cancer mortality).⁴

MENTAL HEALTH



STATUS QUO

Cancer is the #1 ranked medical fear for Americans.⁵



WITH GALLERI

76% of market research respondents agree that "receiving a 'No Cancer Signal Detected' result would **help to address one of their top health anxieties**".⁶

FINANCIAL HEALTH



STATUS QUO

Cancer is the #1 cost driver for employers,⁶ also leading to significant out of pocket costs for employees.⁷



WITH GALLERI

If Galleri shifts 50% of late-stage cancers to earlier stages this could result in a **21% reduction in direct medical spend** on members with metastatic/late diagnoses.⁸

† % Selecting Somewhat or Strongly Agree (with the above statement), 5-point scale. Q330. The subjective effect of Galleri results on anxiety was not studied in clinical studies. Individual results may vary. A survey of 1,000 employees at elevated risk for cancer (ages 50+ or age 35-49 at high risk)⁹ working at medium to large US companies (of 3,000+ employees). GRAIL Market Research Data on File: GA-2022-0089. A Galleri result of No Cancer Signal Detected does not rule out cancer. Galleri does not detect all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur.

HEALTH EQUITY



STATUS QUO

Data shows that cancer worsens existing racial/ethnic, geographic, and socioeconomic disparities.¹⁰



WITH GALLERI

The Galleri test provides equitable access for employees through just one blood draw, available almost anywhere. This is included as part of the test, via workplace events, home visits, and 6,600+ partner labs nationwide.

Galleri should be used in addition to healthcare provider recommended screening tests.



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. Using next-generation DNA sequencing, machine learning, and AI, the Galleri test can detect a cancer signal in the blood and predict the tissue or organ where the cancer signal originated.

RELIABLE

0.5%
false positive
rate²

(found in study participants without cancer)

ACTIONABLE

89%
location
accuracy²

(in predicting cancer signal origin,
found in study participants with cancer)

TARGETED

68%
sensitivity,
helping to find the
deadliest cancers earlier^{2,11}

(Test has an overall sensitivity of 51%.
68% sensitivity is in cancer stages I-III¹² for
cancers that cause 2 out of 3 deaths¹¹)

Galleri does not detect all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur.

In the Circulating Cell-free Genome Atlas sub-study (CCGA3), a prospective, case-controlled, observational study that included cancer (n=2823) and non-cancer (n=1254) participants without a history of cancer, a Cancer Signal Origin (CSO) prediction accuracy was 88.7% for cancer participants with a cancer signal detected.

A comprehensive and employee-oriented experience

From helping eligible employees schedule their blood draw to follow-up consultations after they get results, the Galleri test experience is designed to support employees at each step:



1

**Awareness
and education**
with customized
materials



2

**Online test
request, followed by
in-person blood draw**
(test requires
physician approval)



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

Galleri is built on a strong network of 20+ clinical study institutions, including:



"I really appreciate the company's interest in employees' well-being... [demonstrating] that employees are people and not just resources."

—Employee (Galleri Program Participant)



Contact us to find out more about the **Galleri® test** and the comprehensive marketing campaigns and support to integrate this benefit into your organization.



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



employer@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

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. Estimated deaths per year in 2022 from American Cancer Society Cancer Facts and Figures 2022. Available at: <http://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/cancer-facts-and-figures-2022.pdf>. Data on file GA-2021-0065
2. 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.
3. Market research data on file GA-2022-0089.
4. GRAIL data on file US-GRL-2100030.
5. MedicareAdvantage.com. What Medical Condition Are You Most Afraid Of?. Published May 5, 2021.
6. Business Group on Health. 2023 Large Employers' Health Care Strategy and Plan Design Survey. August 2022. Available at: <https://www.businessgrouphealth.org/resources/2023-large-employers-health-care-strategy-survey-intro>
7. <https://www.fightcancer.org/sites/default/files/National%20Documents/Costs-of-Cancer-2020-10222020.pdf>. Data retrieved from the Agency for Healthcare Research and Quality. Medical Expenditure Panel Survey, 2018. <https://meps.ahrq.gov/mepsweb/>
8. Analysis of MarketScan claims database completed by GRAIL, LLC, July 2022. Data on file GA-2022-0085. Metastatic reduction in cancer spend: Based on difference between spend on mets cases and those treated pre-mets.
9. Defined as individuals who have: **At least one of these risk factors:** cirrhosis or chronic Hepatitis B or C infection, infection with certain strains of HPV (e.g., 16 or 18), known hereditary cancer syndrome, had cancer at least 3 years ago, and/or are current smokers or quit smoking less than 10 years ago, **OR At least two of these risk factors:** documented genetic predisposition to cancer, first degree relative with cancer, HIV, use immunosuppressive therapies after organ transplantation, diabetes, and/or high BMI (i.e., ≥30 for females and ≥35 for males).
10. American Cancer Society. Cancer Facts & Figures 2022. <https://www.cancer.org/latest-news/facts-and-figures-2022.html>
11. 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
12. Amin MB, et al (Eds). AJCC Cancer Staging Manual (8th edition). Springer International Publishing: American Joint Commission on Cancer; 2017.