

It's time to change the cancer status quo

Only 14%* of diagnosed cancers in the US are detected by a recommended screening test,¹ resulting in significant human and financial challenges.

Human impact

- **About 70% of cancer deaths are from cancers employees are *not* being screened for today.**^{2**}
- Survival varies based on the stage at which the cancer is diagnosed: 89% of patients with early-stage diagnoses survive 5 years post-diagnosis, compared to 21% of those diagnosed late-stage.^{3†}

Cost impact

- **Cancer is the #1 driver of medical costs for self-insured employers.**⁴
- 81% of all cancer claims above \$100K are caused by treatment for cancers *without* recommended screening.⁵
- 53% of employers' total cancer spend goes towards late stage cancer.⁵

The Galleri[®] test: a #1 employee-ranked health benefit^{6*}

By adding Galleri to recommended screenings,⁷ employees can go further – from screening for 5 cancers to screening for 50+.⁸



- **The Galleri test screens for a signal shared by 50+ types of cancer⁸ – all it takes is a simple annual blood draw.**
- The Galleri test **includes screening for fast-spreading cancers** that often don't show symptoms in early stages.⁸
- Galleri is a **proactive screening tool** that looks for a signal in the blood associated with *active* cancer. It is *not* a test that predicts future genetic risk for cancer.
- Using machine learning and AI, **Galleri can also predict the cancer signal origin** (tissue/organ).
- Galleri has a **0.5% false positive rate⁸** (found in study participants without cancer).
- 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.)⁹

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

Since launching in June of 2021, over 150,000 tests have been completed, with 80+ employer partners, and nearly 9,200 prescribing physicians nationwide.¹⁰ Partners include innovative employers, health systems, and more (e.g. Salesforce, Intermountain Healthcare, Paramount, Valmont Industries, Providence Healthcare, John Hancock Insurance).

We look forward to discussing how employers might benefit from access to this groundbreaking tool in the fight against cancer.

*This includes screen-detected breast, cervical, colorectal, and lung cancers.

**The Galleri test was a "#1 ranked health benefit" in market research conducted by Ipsos Group S.A. Study demographics included 1,000 respondents who were full time employees working at companies with at least 3000 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.

** 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/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.



To learn more about the Galleri test, scan the QR code or visit **Galleri.com/employers**

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. <https://www.norc.org/content/dam/norc-org/pdfs/State-Specific%20PCDSs%20chart%201213.pdf>
2. 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.
3. 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.
4. Business Group on Health. 2023 Large Employers' Health Care Strategy and Plan Design Survey. August 2022.
5. Analysis of IQVIA Pharmetrics claims database completed by GRAIL, LLC, November 2023. Data on File. GA-2023-0209.
6. Market research data on file GA-2023-0102.
7. US Preventive Services Task Force (USPSTF) recommended cancer screening tests, Grade A,B,C. https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results
8. Klein E, 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.
9. 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.
10. GRAIL data on file GA-2022-0078.