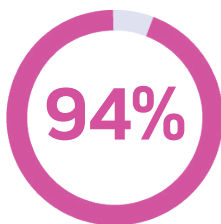


**What if** you could offer your employees their #1 ranked health benefit<sup>1</sup>



## Welcome to multi-cancer early detection

The Galleri<sup>TM</sup> multi-cancer early detection test detects more than 50 types of cancer, many of which are not commonly screened for today.<sup>2,3</sup> With a simple blood draw, the Galleri test can provide your employees early detection insights that can help them be proactive about their health.



**of employees want to know** if they have cancer as early as possible.<sup>1</sup>



Employees say the Galleri test is the #1 ranked health benefit, and as important as 401(k) matching<sup>1</sup>

# Beating cancer starts with knowing you have it

The majority of cancers go undetected for too long.<sup>12</sup> This often leads to fatal outcomes for your employees and higher costs for your company, including significant indirect costs resulting from lost productivity.<sup>5-9</sup>

**3 out of 4**

invasive cancers do not have screening tests<sup>4</sup>

Treatment of late stage cancer can cost

**2x more** than early stage cancer.<sup>6</sup>

## Benefits of the Galleri test

The Galleri test is a groundbreaking and potentially life-changing advancement in cancer detection. Instead of looking for cancers one-at-a-time, Galleri can detect more than 50 types of cancer, and predict where in the body the cancer is located with high accuracy.<sup>2,3</sup>

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<sup>2,3</sup>



### Actionable Results

Predicts where in the body the cancer is located with **89% accuracy**, helping guide next steps to diagnosis<sup>2</sup>



### Positive Employee Experience

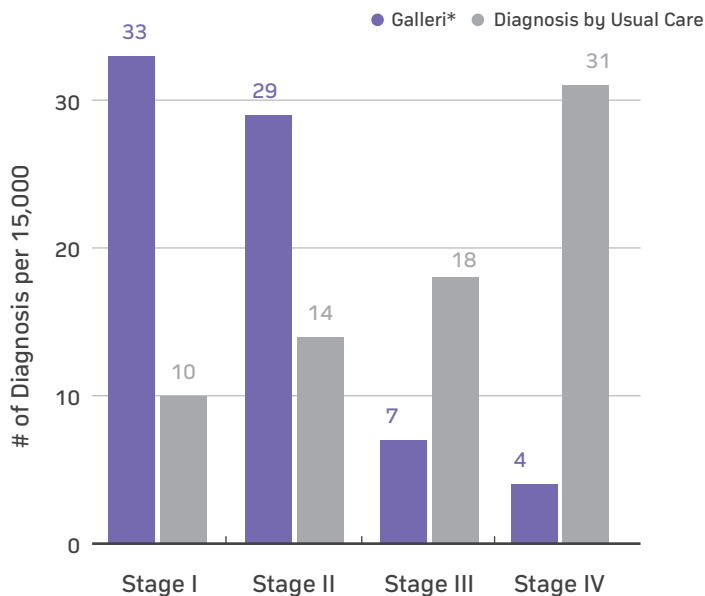
**Comprehensively integrates** into your organization with customized services, helping ensure a seamless experience

# Improve the chances for early cancer detection

The Galleri test complements employees' routine single-cancer screenings. Based on modeled data, it has the potential to shift cancer detection to earlier stages, which can result in a significant reduction in cancer deaths.<sup>10</sup>

**3x** more cancers could be detected if the Galleri test was added to routine cancer screenings<sup>11</sup>

EXPECTED CANCER STAGE SHIFT TO EARLIER STAGES<sup>10</sup>



**39%** expected deaths averted\* in detected cancers<sup>10</sup>  
(5-year cancer mortality)

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

## 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. The proportion of tumor-derived cell-free DNA (cfDNA) in the blood tends to increase as cancer progresses.

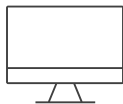
The Galleri test analyzes methylation patterns of cell-free DNA (cfDNA) in the bloodstream using next-generation sequencing (NGS) and machine-learning algorithms.

Large clinical studies conducted with over

**20,000** participants support the test's performance.

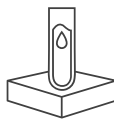
# A comprehensive test experience

The Galleri test experience is more than just a blood test. It includes a comprehensive platform helping ensure eligible employees are guided from start to finish. Additional clinical services, phone support, and post-test consultations are also available.



1

**Test request**  
through convenient online  
portal (with the test then  
ordered by the provider)



2

**Collection kit delivery + blood draw**  
through an in-home visit  
or at a local facility



3

**Return of results**  
to provider within  
10 business days  
+ support services

Note: Galleri is not recommended for all employees. The Galleri test is recommended for use in adults with an elevated risk for cancer, such as those aged 50 or older.

## Give your employees the benefit they're looking for today

Find out more at:  
[www.galleri.com/employers](http://www.galleri.com/employers)



### Important Safety Information

The Galleri test does not detect all cancers and should be used in addition to routine cancer screening tests. Results should be interpreted by a healthcare provider. A "cancer signal not detected" result does not rule out cancer. A "cancer signal detected" result requires confirmatory diagnostic evaluation (e.g. imaging), and if cancer is not confirmed, it may not be present, may not be detectable by diagnostic follow-up testing or may be located in a different part of the body. False-positive and false-negative test results do occur.

Rx only.

The GRAIL laboratory is CLIA-certified and CAP-accredited. The Galleri test was developed, and its performance characteristics were determined by GRAIL. The Galleri test has not been cleared or approved by FDA. The GRAIL laboratory is regulated under CLIA to perform high-complexity testing. The Galleri test is for clinical purposes.

<sup>1</sup> Market research data on file 2020. Study demographics included 314 respondents, age 40+, who were employed full-time at larger organizations. <sup>2</sup> 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 Jun 23;S0923-7534(21)02046-9. doi:10.1016/j.annonc.2021.05.806. <sup>3</sup> The Galleri test does not detect all cancers nor does it measure your genetic risk of developing cancer in the future. It should be used in addition to routine screening tests your healthcare provider recommends. <sup>4</sup> 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. <sup>5</sup> 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/Metastasized" includes invasive cancers that have metastasized beyond the organ of origin to other parts of the body. <sup>6</sup> 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. <sup>7</sup> Banegas MP, Yabroff KR, O'Keefe-Rosetti MC, et al. Medical Care Costs Associated With Cancer in Integrated Delivery systems. *J Natl Compr Canc Netw*. 2018;16(4):402-10. <sup>8</sup> DaCosta Byfield S, Nash Smyth E, Mytelka D, et al. Healthcare costs, treatment patterns, and resource utilization among pancreatic cancer patients in a managed care population. *J Med Econ*. 2013;16(12):1379-86. <sup>9</sup> IBI Chronic Disease Profile Cancer (2014). [https://www.ibiweb.org/wp-content/uploads/2018/01/CDP\\_Cance\\_20140321.pdf](https://www.ibiweb.org/wp-content/uploads/2018/01/CDP_Cance_20140321.pdf). <sup>10</sup> Hubbell E, et al. 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 <sup>11</sup> Surveillance, Epidemiology, and End Results (SEER) 18 Regs ResearchData, Nov 2017 Submission. Includes persons aged 50-79. Sensitivity and specificity from Liu MC, et al. (*Ann Oncol*. 2020;31(6):745-759; DOI: 10.1016/j.annonc.2020.05.011). <sup>12</sup> Siegel RL, Miller KD, Fuchs HE, Jemal A. *Cancer Statistics, 2021*. *CA Cancer J Clin*. 2021 Jan;71(1):7-33. doi: 10.3322/caac.21654. *Cancer Statistics, 2021*.