

**What if**  
we could detect cancer  
through a simple  
blood draw?



**Unscreened cancers drive the majority of cancer deaths**



## Galleri™: A revolution in Multi-Cancer Early Detection

**50+**  
CANCERS

Detects cancer signal across more than 50 types of cancer\*

**99.5%**  
SPECIFICITY<sup>3</sup>

Offers a low false positive rate of 0.5%



Predicts where the cancer originated with high accuracy to guide diagnostic evaluation

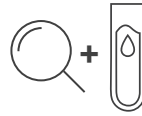


Requires a simple blood draw, offering a convenient way to get screened for cancer

# Breakthrough science. Simple implementation.



Analyzes methylation patterns of cell-free DNA (cfDNA)



Should be used in addition to recommended cancer screenings



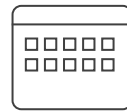
Uses next generation sequencing and machine learning to detect a cancer signal and predict its origin



Recommended for use in adults with an elevated risk of cancer, such as those aged 50 or older



Supported by large clinical trials with >20K participants



Provides clear results within 10 business days



## Learn more at:



[www.galleri.com/detect-with-a-test](http://www.galleri.com/detect-with-a-test)

### 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 the FDA. The GRAIL laboratory is regulated under CLIA to perform high-complexity testing. The Galleri test is for clinical purposes.

1 Modeled detection extrapolated to 2020 US population ages 50 – 79. Screening includes methods with United States Preventive Services Task Force (USPSTF) A, B, or C rating (breast, colon, cervical, prostate, and lung), and assumes screening is available for all prostate, breast, cervical, and colorectal cancer cases and 33% of lung cancer cases (based on estimated proportion of lung cancers that occur in screen-eligible individuals older than 40 years). 2 Data on file from Surveillance, Epidemiology, and End Results (SEER) 18 Regs Research Data, Nov 2017 Submission. Includes persons aged 50 – 79. Estimated deaths per year in 2020 from American Cancer Society Cancer Facts and Figures 2020. Available at: [www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf](http://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf) 3 Klein E et al. Clinical validation of a targeted methylation-based multi-cancer early detection test. Oral presentation at: American Association for Cancer Research; April, 2021; LB013.