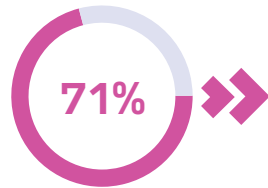
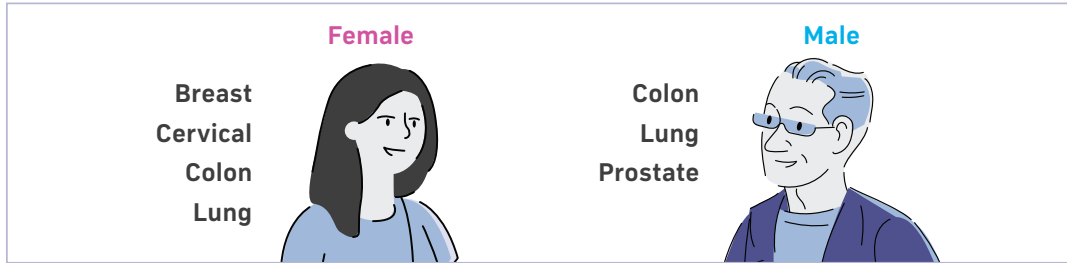


Beating cancer
starts with knowing you have it



Today, only 1 in 4 cancers are routinely screened for^{1,2}



71% of cancer deaths between ages 50–79 are caused by cancers not commonly screened for^{3,4}

Finding cancer early can make a difference



When cancers are diagnosed early, before they have had the chance to spread, the overall 5-year survival rate is

4x higher

than when they are diagnosed in later stages.^{5,6}

Introducing the Galleri™ Multi-Cancer Early Detection Test

The Galleri test detects more than **50 types of cancer** through a simple blood draw.



Early cancer detection

Early detection can help improve treatment outcomes and survival. The Galleri test detects many cancers that are not commonly screened for today, to allow for earlier treatment.



Testing with ease

Can be incorporated into a routine healthcare visit through a simple blood draw.



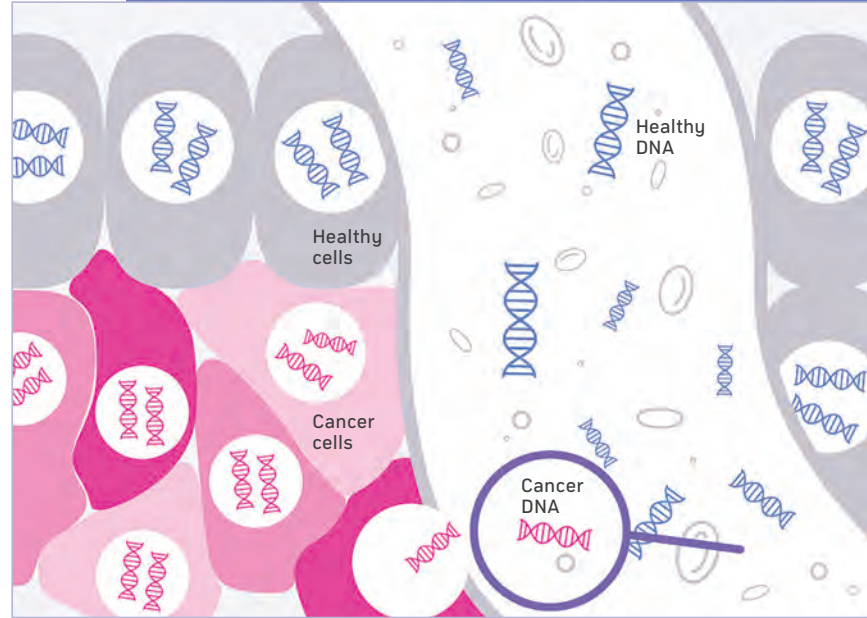
Actionable results

If a cancer signal is found, the results can point to where in the body the cancer is coming from with high accuracy to help your healthcare provider guide your next steps.

How does the Galleri test work?

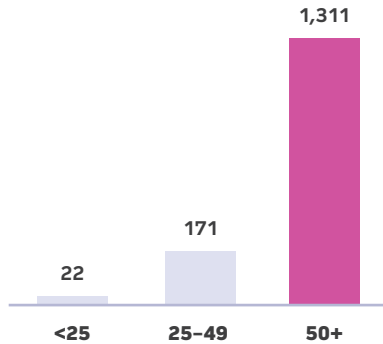
All cells in your body release DNA into the bloodstream. But, DNA from cancer cells is different from the DNA of healthy cells.

The Galleri test looks at the DNA in your blood to determine if any of it may have come from cancer cells and where in the body it is coming from.



Who can benefit?

Rate of new cancers by age group⁷



13x

People age
50+ have a

increased risk
of cancer.⁷

The Galleri test is recommended for use in adults with an elevated risk for cancer, such as those age

50+

The Galleri test is intended to be used in addition to, and not replace, other cancer screening tests your healthcare provider recommends.

Talk to your healthcare provider to discuss if the Galleri test may be right for you.

Testing process

1

Ask your healthcare provider about ordering the test, they can determine if the test is right for you



2

Complete your blood draw



3

Receive your test result and next steps from your healthcare provider



Results and next steps*

The Galleri test looks for signals present in the blood that may be associated with cancer at the time of your blood draw.

There are two possible types of results from the Galleri test:



Cancer Signal NOT Detected

This means that no cancer signal was found. However, not all cancers can be detected by the Galleri test.

Next steps:

Continue with all routine screening tests that your healthcare provider recommends. Missing routine cancer screenings or ignoring symptoms could lead to a delayed diagnosis of cancer.



Cancer Signal Detected

This means that there is a suspicion of cancer. The Galleri test can point to where in the body the cancer signal is coming from to help your healthcare provider guide next steps.

Next steps:

The Galleri test does not diagnose cancer. Your healthcare provider will discuss appropriate follow-up testing to confirm if cancer is present.

The test does not measure your genetic risk of developing cancer in the future. With the Galleri test, as the first multi-cancer early detection test, annual screening provides the opportunity to detect more cancers early. Your healthcare provider can help you determine when to take the Galleri test again.

*Reference page 10 for more specifics on **Important Safety Information**.

Learn more



www.galleri.com
customerservice@grail.com



833-MY-GALLERI
(833-694-2553)



Scan me
easy mobile access

For cost & coverage information, visit:



www.galleri.com/cost

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.

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.

1. Modeled detection extrapolated to 2020 US population ages 50–79
2. Calculated by internal analysis using data from SEER*Stat Database: Incidence which represents 34.6% of US population - SEER 18 Regs Research Data, Nov 2018 Submission. Includes persons aged 50–79 diagnosed 2006–2015 and CCGA2 (methylation training and test) performance. Pinsky. J Med Screen. 2012;19(3):154-156: 33% of lung cancers in US among National Lung Screening Trial eligible population. Screening includes methods with United States Preventive Services Task Force (USPSTF) A, B, or C rating (breast, colon, cervical, prostate, and lung). Subject to important limitations, including the assumption that results from Liu et al.1 are generalizable to a real-world population similar to the SEER registry.
3. 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).
4. 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
5. 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.
6. Noone AM, Howlander N, Krapcho M, et al. (eds). SEER Cancer Statistics Review, 1975-2015, National Cancer Institute, Bethesda, MD, http://seer.cancer.gov/csr/1975_2015/, based on November 2017 SEER data submission, posted to the SEER website April 2018.
7. Data source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2019 submission data (1999-2017): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2020.