natera™ | Signatera™
Residual disease test (MRD)

Detect residual disease early. Treat with confidence.

MRD Program

Use Signatera after surgery to evaluate the need for adjuvant chemotherapy and avoid unnecessary treatment

Medicare draft coverage*

Surveillance Program

Use Signatera alongside CEA to detect recurrence earlier while it may still be resectable, and reduce false positives

*Medicare draft coverage for MRD Program: Stage II-III colon cancer and Stage IIA rectal cancer patients

*Medicare draft coverage for Surveillance Program: Stage II-III colorectal cancer patients

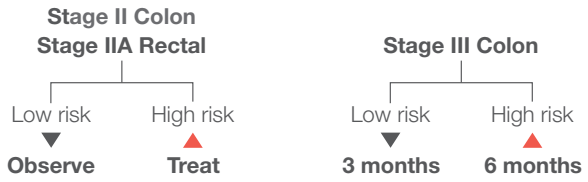
Personalized and tumor-informed ctDNA monitoring and MRD assessment

- Each patient gets a personalized custom-built assay to reflect their unique tumor
- Signatera targets 16 tumor-derived variants for each patient
- Clonal mutations are selected that occured early and persist throughout tumor evolution

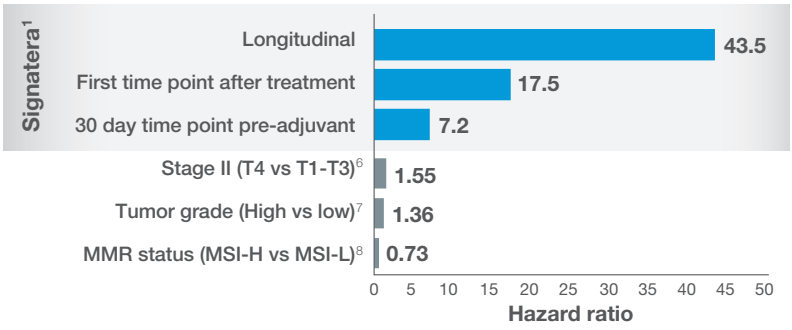
MRD Program

Evaluate the need for adjuvant chemotherapy after surgery to avoid unnecessary treatment

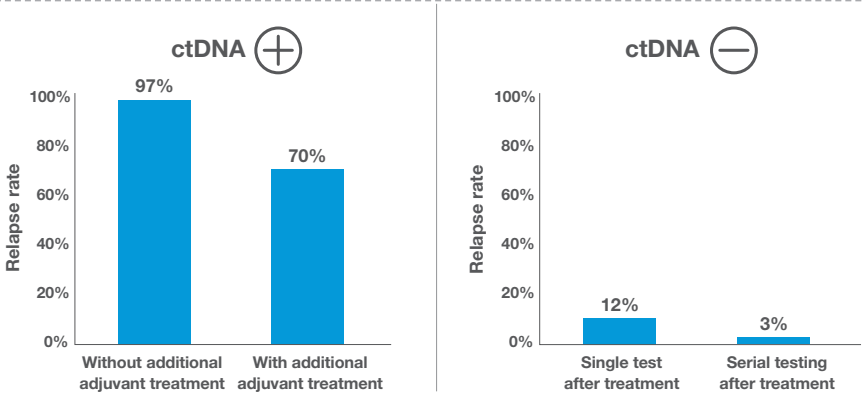
Treatment decision based on risk assessment[5]



Signatera status is the only significant predictor of risk



Signatera validated with high PPV and NPV[1]

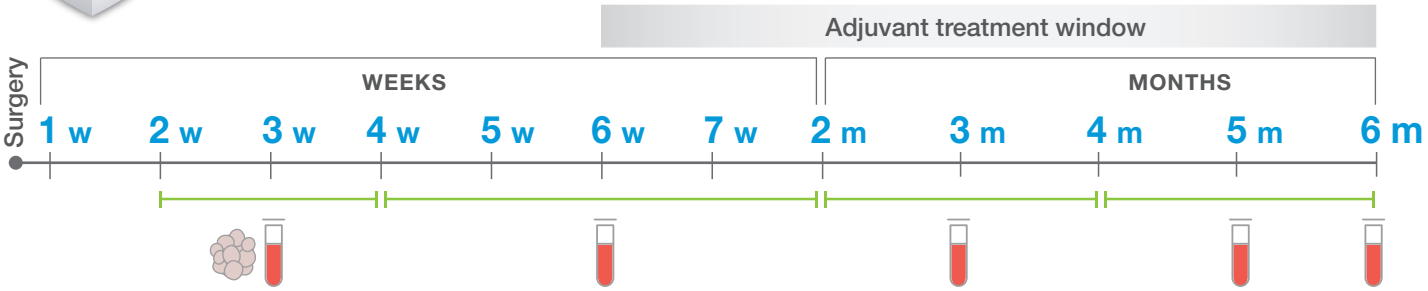


PPV: Postive Predictive Value
NPV: Negative Predictive Value

Medicare draft coverage*

Series of assays in the adjuvant window

MRD Program (first 6 months)



*Medicare draft coverage for MRD Program: Stage II-III colon cancer and Stage IIA rectal cancer patients

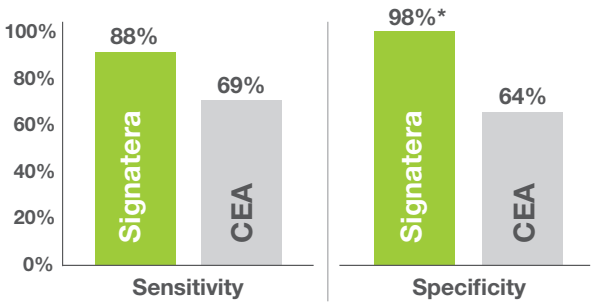
Surveillance Program

Detect recurrence while it may be resectable, and triage indeterminate nodules

Significant lead time over CT and CEA

Determine response to treatment earlier than previously possible

Signatera detects recurrence earlier than CT imaging[1]	
Average lead time vs CT	**8.7 months**
Maximum lead time vs CT	**16.5 months**



Signatera is more accurate than CEA with fewer false positives[1,9,10]

*Patient-level specificity 98%. Test-level specificity 99.7%.

Actionable results[5]

ctDNA ⊕ High risk

Consider directed imaging (PET/MRI) to locate the disease while potentially resectable

>97% of patients will relapse without treatment

ctDNA ⊖ Reduced risk

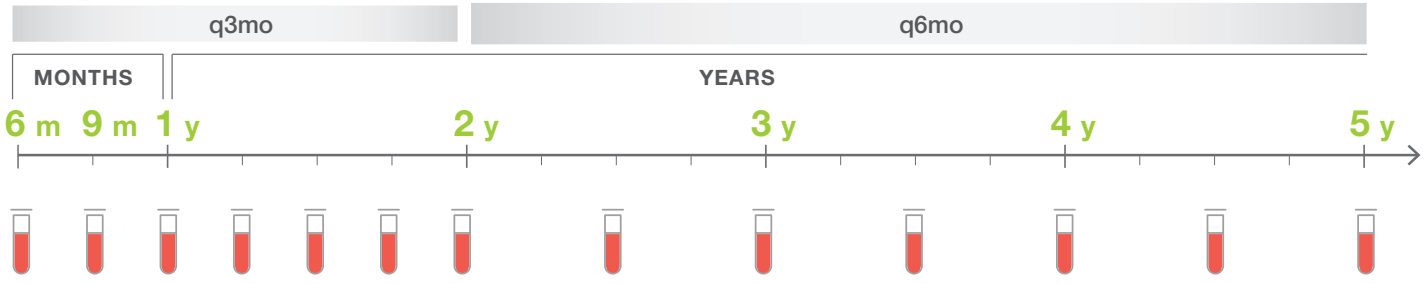
Continue monitoring with reassurance

12-14% patients will relapse. Patients who remain negative 2 years post treatment have risk reduced to 3%.

Medicare draft coverage*

Serial testing with same frequency as CEA

Surveillance Program (after 6 months)



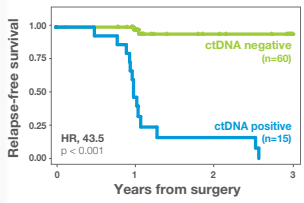
*Medicare draft coverage for Surveillance Program: Stage II-III colorectal cancer patients

Personalized monitoring and MRD assessment across solid tumors

Signatera validated across tumor types

JAMA ONCOLOGY

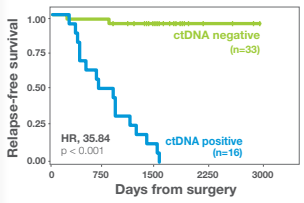
Colon[1]



88% sensitivity to relapse
Average lead time 8.7 mos

CLINICAL CANCER RESEARCH

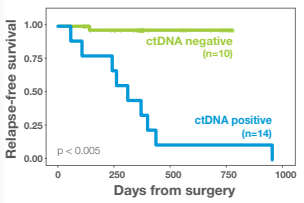
Breast[2]



89% sensitivity to relapse
Average lead time 9.5 mos

NATURE

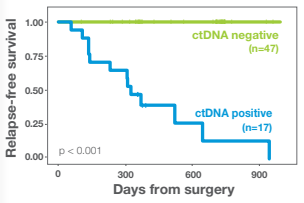
Lung[3]



92% sensitivity to relapse
Average lead time 4.0 mos

JOURNAL OF CLINICAL ONCOLOGY

Bladder[4]



100% sensitivity to relapse
Average lead time 2.8 mos

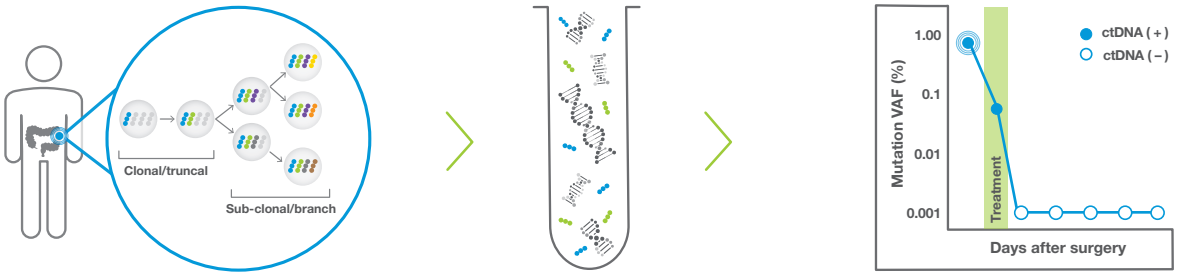
How Signatera works

The personalized and tumor informed approach

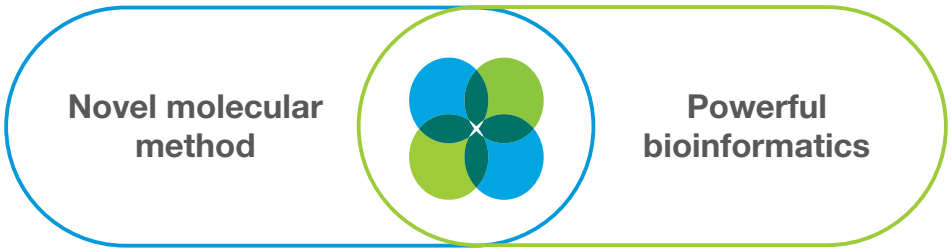
Sequence tumor tissue to identify unique signature of tumor mutations

Custom design and manufacture personalized mPCR assay for each patient, targeting the top 16 clonal mutations found in tumor

Use personalized assay to test patient's blood for presence of circulating tumor DNA (ctDNA)



Experts in cell-free DNA. Optimized for oncology.



Reproductive health

Oncology

Organ transplantation

>2M	>100	>50	>80	CAP	CLIA
cfDNA tests performed	clinicians, PhD's, and scientists	peer-reviewed publications	patients issued or allowed	accredited	certified

Learn more at NateraOncology.com

REFERENCES

1. Reinert T, Henriksen TV, Christensen E, et al. Analysis of plasma cell-free DNA by ultradeep sequencing in patients with stages I to III colorectal cancer. JAMA Oncol. 2019;5(8):1124–1131. 2. Coombes RC, Page K, Salari R, et al. Personalized detection of circulating tumor DNA antedates breast cancer metastatic recurrence Clin Cancer Res. 2019;;25(14):4255-426. 3. Abbosh C, Birkbak NJ, Wilson GA, et al. Phylogenetic ctDNA analysis depicts early-stage lung cancer evolution. Nature. 2017;545:446-451. 4. Christensen E, Birkenskamp-Demtroder K, Sethi H, et al. Early detection of metastatic relapse and monitoring of therapeutic efficacy by ultra-deep sequencing of plasma cell-free DNA in patients with urothelial bladder carcinoma. J Clin Oncol. 2019; 37(18):1547-1557. 5. National Comprehensive Cancer Network. Colon Cancer V. Plymouth Meeting, PA: National Comprehensive Cancer Network. 2019. 6. Aoyama, Oba K, Honda M, et al. Impact of postoperative complications on the colorectal cancer survival and recurrence: analyses of pooled individual patients' data from three large phase III randomized trials. Cancer Med. 2017;6(7):1573–1580. 7. Yothers G, O'Connell MJ, Lopatin M, et al. Validation of the 12-gene colon cancer recurrence score in NSABP C-07 as a predictor of recurrence in patients with stage II and III colon cancer treated with fluorouracil and leucovorin (FU/LV) and FU/LV plus oxaliplatin. J Clin Oncol. 2013;31(36):4512-4519. 8. Sinicrope FA, Foster NR, Thibodeau SN, et al. DNA mismatch repair status and colon cancer recurrence and survival in clinical trials of 5-Fluorouracil-based adjuvant therapy. J Natl Cancer Inst. 2011;103(11):863–875. 9. Purandare NC, Dua SG, Arora A, et al. Colorectal cancer — patterns of locoregional recurrence and distant metastases as demonstrated by FDG PET/CT. Indian J Radiol Imaging. 2010;20(4):284-288. 10. Advance Staff. Colorectal cancer monitoring. Elite Healthcare. 2016;25(9):14. https://www.elitecme.com/resource-center/laboratory/colorectal-cancer-monitoring/

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