



GALLERI TEST EXPERIENCE IN CLINICAL PRACTICE:

**100,000 tests completed,
7,100+ prescribing
physicians across the U.S.**

Cancer signal detection rate as expected for an intended use population¹



0.9%

of test results
were Cancer Signal
Detected

99.1%

of test results were
No Cancer Signal
Detected



True cancer status for these results is unknown. 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. False-positive (a "Cancer Signal Detected" when cancer is not present) and false-negative (a "No Cancer Signal Detected" when cancer is present) test results do occur.

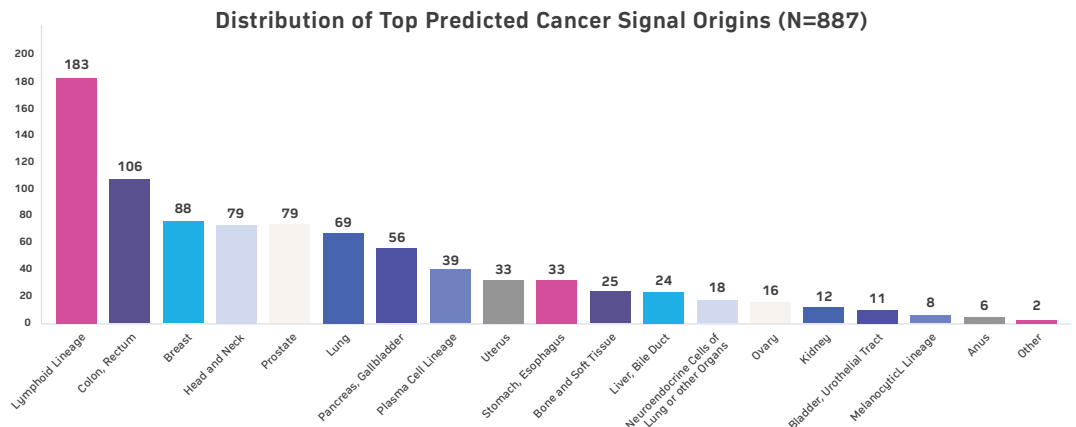
1. National Cancer Institute. Age and Cancer Risk: Incidence rates by age at diagnosis, all cancer types. SEER 21 2013–2017, all races, both sexes. Adults with increased risk for cancer. Data on file GA-2022-0078. First 100,000 tests included Galleri prescribed outside of intended use.

Majority of predicted cancer signal origins represented cancers without recommended screening options²



of 887 reported "Cancer Signal Detected" cases had predicted cancer signal origins representing **cancers without recommended screening options**

The top² cancer signal origins reported represent a variety of cancer types



Galleri is a screening test and does not diagnose cancer. Diagnostic testing is needed to confirm cancer. If a cancer signal is detected, Galleri can predict the tissue type or organ associated with the signal to help healthcare providers determine next steps. 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.

2. Out of 887 Cancer Signal Detected cases, 332 had one Cancer Signal Origin (CSO) reported and 555 had two CSOs reported. This representation is limited to the top predicted Cancer Signal Origin cases. Data on file GA-2022-0078

Confirmed diagnoses across all stages - including Stage I and II cancers*

Voluntary reporting by ordering physicians to GRAIL

⊕ Out of 318 voluntarily reported "Cancer Signal Detected" cases with diagnostic resolution

247 Confirmed cancers to date based on short-term follow-up*

90% of these cases had a correctly predicted first or second Cancer Signal Origin.³

Listing of reported cancer types:

- Anus
- B Cell Monoclonal Lymphoma
- Biliary Carcinoma
- Bladder
- Breast
- Cancer of Unknown Primary
- Cholangiocarcinoma
- Chronic Lymphocytic Leukemia
- Colon
- Esophagus
- Follicular Lymphoma
- Gallbladder
- GI Occult
- Glioblastoma
- Head and Neck
- Hepatocellular Carcinoma
- Hepatoma
- Hodgkin Lymphoma
- HPV-Mediated (p16+) Oropharyngeal Cancer
- Kidney
- Leiomyosarcoma
- Liposarcoma
- Lung
- Lymphoid Malignancy
- Lymphoma
- Mantle Cell Lymphoma
- Mature B Cell Non-Hodgkin Lymphoma
- Melanoma
- Multiple Myeloma
- Myeloma
- Neuroendocrine
- Non Hodgkin Lymphoma
- Non-Small Cell Lung
- Ovary
- Pancreas
- Prostate
- Rectum
- Sigmoid
- Small Cell Lung
- T Cell Lymphoma
- Testes
- Tongue
- Tonsil
- Urothelium
- Uterus
- Vagina
- Waldenstrom's Macroglobulinemia

Stage I

- Anus
- Chronic Lymphocytic Leukemia
- Colon
- Esophagus
- Hepatoma
- Hodgkin's Lymphoma
- Lymphoma
- Multiple Myeloma
- Non-Small Cell Lung
- Pancreas
- Prostate
- Rectum
- Tonsil
- Uterus

Stage II

- Breast
- Colon
- Hepatocellular Carcinoma
- Non-Small Cell Lung
- Prostate
- Tongue
- Tonsil

Information reported should not be used to calculate or predict test performance. Individual patient results may vary.

* Confirmed cases as of 5/31/2023. Post-positive diagnostic work up takes time. To date, about 1/3 of "Cancer Signal Detected" cases are known to have completed follow up diagnostic testing/procedures to confirm cancer. Information is based on voluntary clinician disclosure of diagnostic follow up. GRAIL offers clinical support for Cancer Signal Detected reports; however, not all providers require support and share follow-up information. Diagnostic information is collected voluntarily by GRAIL Medical and Patient Advocate and collated to prevent duplication 3. Out of 247 confirmed cancers, 213 had a correctly predicted first or only Cancer Signal Origin and 10 had a correctly predicted second Cancer Signal Origin. Data on file GA-2022-0118. If the predicted Cancer Signal Origin does not result in a cancer diagnosis it could mean the cancer could not be detected, is in another location, or is not present.

Clinical support from GRAIL for "Cancer Signal Detected" cases

Test result support from GRAIL Medical Science Liaison

Access to peer-to-peer consultations with NCI-level specialists

Positive Result Resource Center with Diagnostic Referral Toolkit and more



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.

Ready to get started with the Galleri multi-cancer early detection test?
Visit: galleri.com/hcp/the-galleri-test/ordering