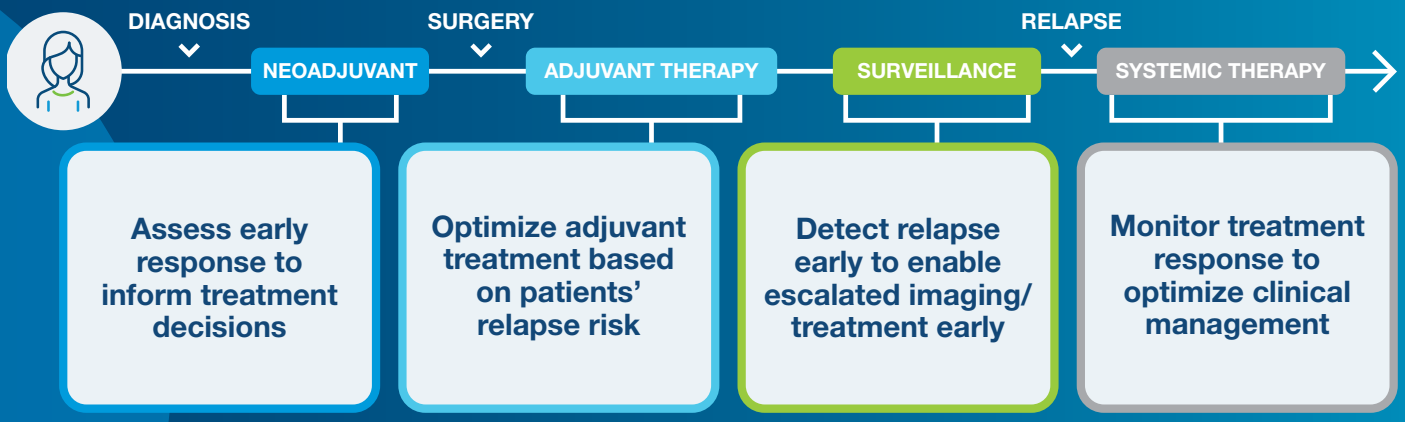
natera™ | Signatera™
Residual disease test (MRD)

Shaping the future of MRD testing

The most comprehensively validated and widely used MRD assay available

Informing critical decisions along the continuum of care

- Does my patient need additional therapy?
- Is my patient's cancer recurring?
- Is my patient responding to therapy?



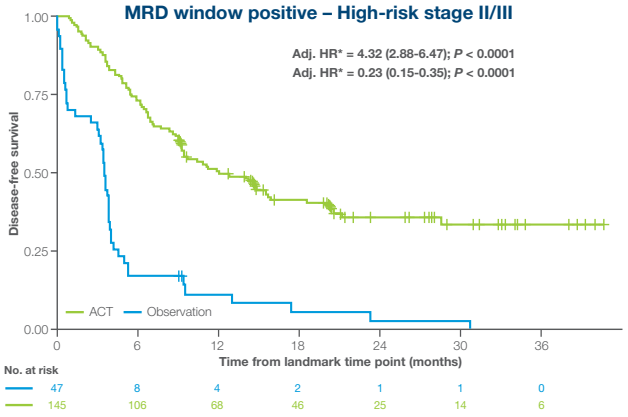
Signatera™ is the only MRD assay that leverages the distinct advantages of multiplex PCR for highly targeted selection of clonal variants and ultra-deep sequencing

Answer critical questions using Signatera™ MRD testing

Will my patient benefit from additional therapy?

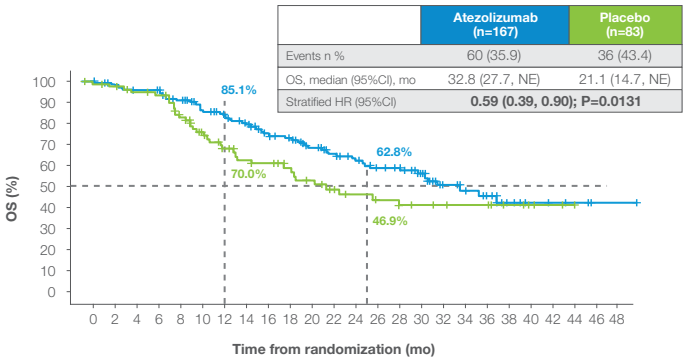
Signatera™ predicted which patients would benefit from adjuvant therapy[1,2]

GALAXY



MRD-positive patients derived significant benefit from ACT

IMvigor011 trial

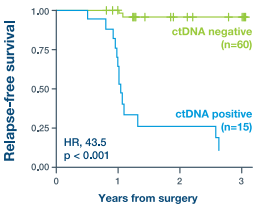


Signatera™-guided treatment achieved a 41% improvement in the overall survival among patients who were ctDNA-positive

Is my patient's cancer recurring?

Signatera™ predicted recurrence earlier than standard of care tools*

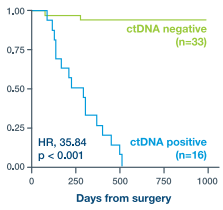
Colon[3,4]
JAMA Oncology



88-93% sensitivity
98% specificity
Median lead time 8.7 mos

Medicare coverage

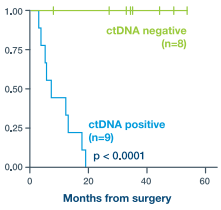
Breast[5,6]
Clinical Cancer Research



88-89% sensitivity
95-99% specificity
Median lead time 9.5 mos

Medicare coverage

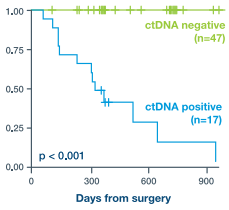
Lung[7,8]
Frontiers in Oncology



80-99% sensitivity
96-99% specificity
Median lead time 5.4 mos

Medicare coverage

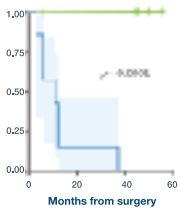
Bladder[9]
Journal of Clinical Oncology



99% sensitivity
98% specificity
Median lead time 2.8 mos

Medicare coverage

Ovarian[10]
Gynecologic Oncology



99% sensitivity
Median lead time 10 mos

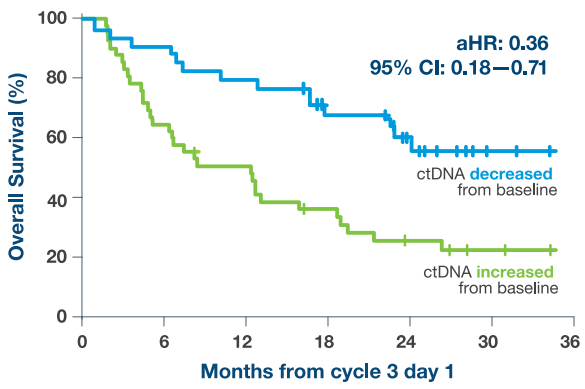
Medicare coverage

Is my patient responding to therapy?

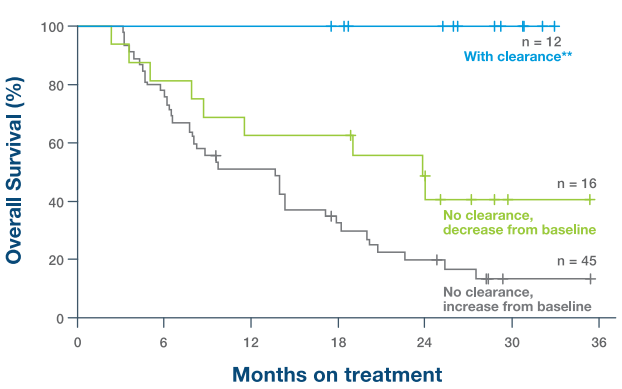
Signatera™ predicted which patients would benefit from ICI treatment[11]

INSPIRE Pan-tumor Trial

OS by ctDNA change from baseline



OS by ctDNA clearance pattern



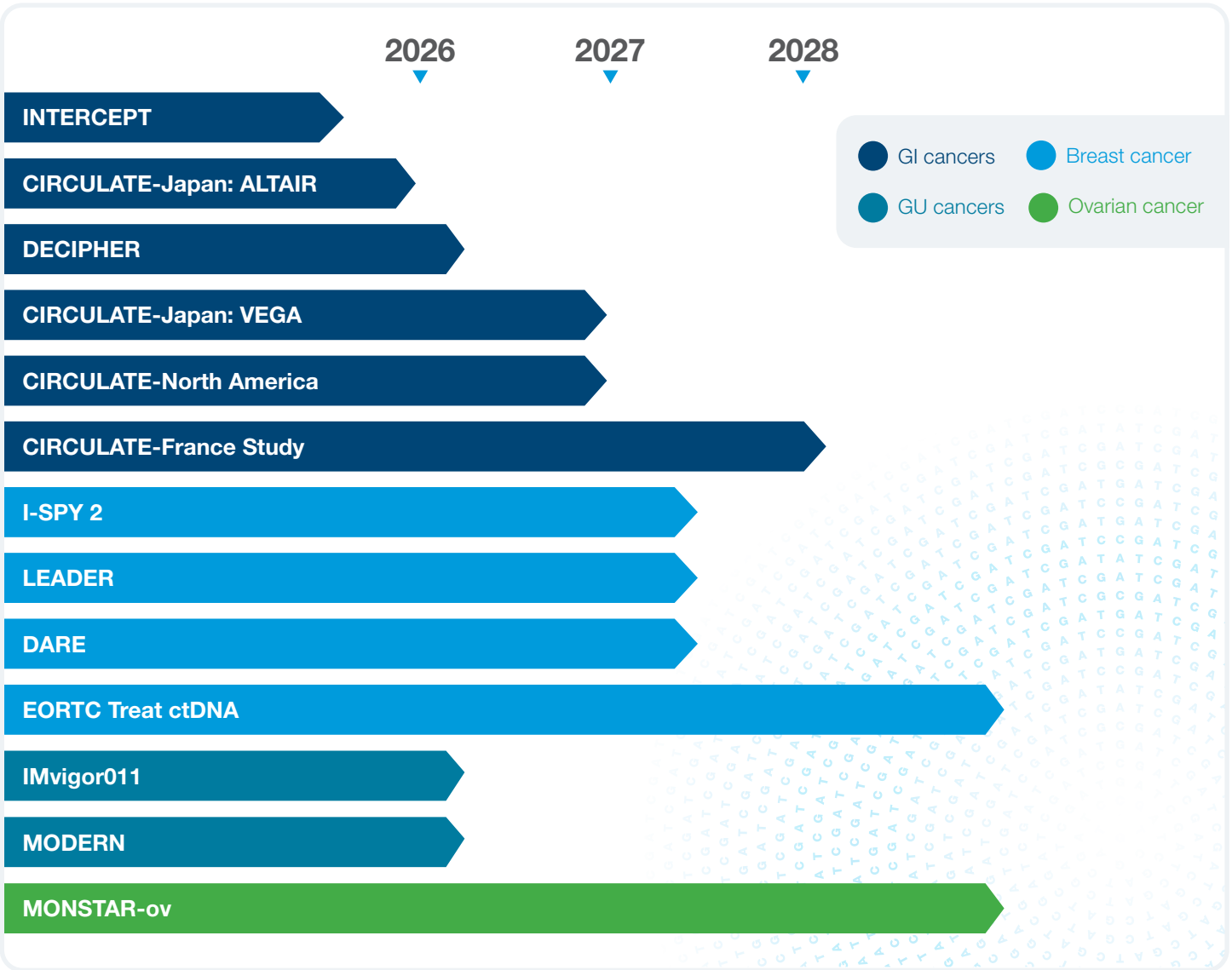
*Longitudinal sensitivity and specificity
**ctDNA clearance at any point during treatment. Median follow-up beyond first clearance of 25.4 months (range 10.8-29.5).

The most extensively validated MRD assay available

Signatera™ has been characterized in >150 peer reviewed clinical publications studying >40,000 patients across 30+ tumor types[12]

Signatera™ accounts for >90% of solid tumor peer-reviewed publications from commercially available MRD assays[12]

Shaping the future of MRD: Signatera™'s pipeline of MRD-guided interventional trials



natera™ | **Signatera™**
Residual disease test (MRD)

The most widely trusted MRD assay available

Established experience

Signatera™ has been ordered by **>50% of US oncologists** for **>350,000 patients**[12]

Reliable service and support

- **90%** of initial Signatera™ reports are provided **within 3 weeks** and **90%** of subsequent reports are provided **within 1 week**.[12]
- **Natera offers complimentary** mobile phlebotomy, genetic information sessions and Patient Portal access to Signatera™ patients

Broadest patient access

Signatera™ is **covered by Medicare** for monitoring disease progression, disease recurrence, or relapse for patients with:

- Stage II-IV and oligometastatic colorectal cancer (CRC) in the adjuvant and recurrence monitoring settings
- Stage IIb and higher breast cancer in the neoadjuvant, adjuvant, and recurrence monitoring settings
- Stage I-III resectable or unresectable NSCLC in the surveillance setting
- Muscle invasive bladder cancer (MIBC) in the adjuvant and recurrence monitoring settings
- Stage II-IV ovarian cancer in the adjuvant and recurrence monitoring settings
- For monitoring of response to immune-checkpoint inhibitor (ICI) therapy for patients with any solid tumor

The comprehensive Natera oncology MRD portfolio

Signatera™ Residual disease test (MRD)	**Latitude™** Tissue-free MRD test	**Signatera™ Genome** Residual disease test (MRD)	**Altera™** Tumor genomic profile	**Empower™** Hereditary cancer test
Tissue sequencing to custom-design each patients' MRD assay	Fast and flexible MRD test built using a targeted panel, composed of differently methylated regions	Lower limit of detection (LoD) for enhanced sensitivity and increased lead times to recurrence[12]	Identification of clinically relevant DNA, RNAS, and select IHC biomarkers	Identification of germline mutations for cancer risk assessment as well as treatment and interventional decision making

References:
1. Nakamura Y, Watanabe J, et al. *Nature Medicine.* 2024. doi: 10.1038/s41591-024-03254-6. **2.** Powles T, et al. *New Eng Jrn Medicine.* 2025. **3.** Reinert T, Henriksen TV, Christensen E, et al. *JAMA Oncol.* 2019. **4.** Kotani D. et al., *Nature Medicine* v29 Issue 1 Jan 2023. **5.** Coombes RC, Page K, Salari R, et al. *Clin Cancer Res.* 2019;25(14):4255-4263. **6.** Shaw et al. *JCO Precis Oncol* 8, e2300456(2024). DOI:10.1200/PO.23.00456. **7.** Lebow, E. et al. *Front. Oncol.* 2023,13:1253629. **8.** Martin T, Dinerman A, Sudhaman S, et al. J Thorac *Cardiovasc Surg.* 2024. **9.** Christensen E, Birkenkamp-Demtroder K, Sethi H, et al. *J Clin Oncol.* 2019;37(18):1547-1557. **10.** Hou JY, et al. *Gynecologic Oncology.* 2022; 167: 334-341. **11.** Bratman SV, Yang SYC, Iafolla MAJ, et al. *Nature Cancer*. 2020;1(9):873-881. **12.** Natera Data on File as of December 1st, 2025.

Learn more at natera.com/oncology

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