Know Cancer's Next Move

- Does my patient need adjuvant chemotherapy?
- Is the treatment working?
- Is the cancer recurring?

Discover unique insights with molecular residual disease (MRD) detection, informed by ctDNA

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natera™ | Signatera™
Residual disease test (MRD)

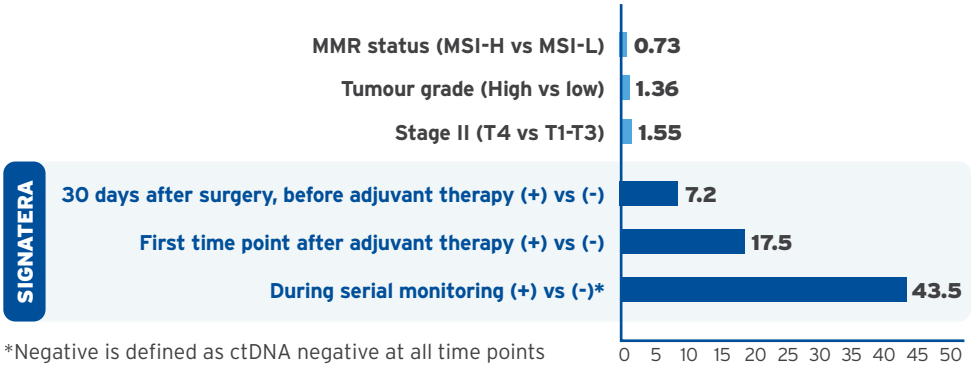
LifeLabs GENETICS®

When to use Signatera™ for patients with CRC

In the adjuvant setting

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

Signatera™ MRD status outperforms known clinicopathologic risk factors in predicting relapse[1-4]



*Negative is defined as ctDNA negative at all time points

- **97% of patients with a positive Signatera™ result relapsed without additional treatment[1]**
- **Serial testing improved sensitivity and negative predictive value of results**

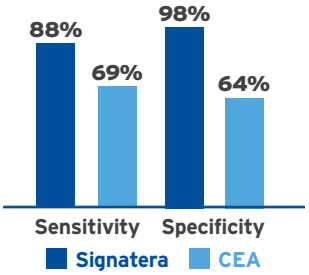
In the surveillance setting

Use along with CEA testing and other surveillance modalities to detect recurrence earlier, to enable surgical resection or other early intervention

Signatera™ was shown to detect relapse more accurately than CEA with clinically meaningful lead times over CT scans[1]

- **Get clarity when evaluating patients with indeterminate CEA levels or CT scans**
- **Signatera™ facilitates shared decision-making and confident treatment planning**

Accuracy in detecting relapse



Average lead time of ctDNA detection before CT scan

8.7

MONTHS

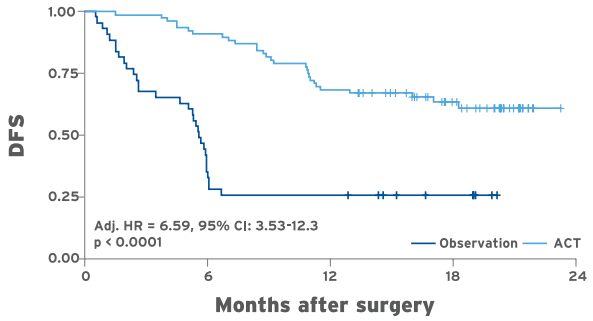
Maximum lead of 16.5 months

CEA = carcinoembryonic antigen; **CT** = computed tomography; **ctDNA** = circulating-tumour DNA

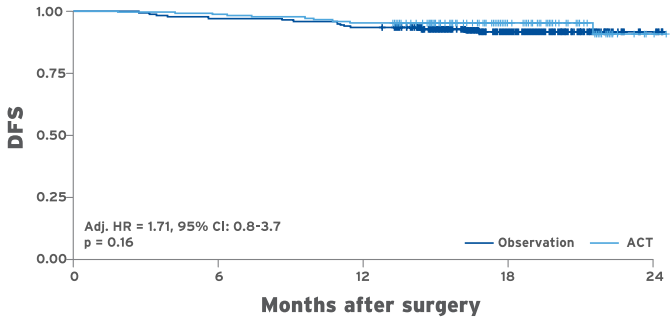
A large-scale prospective, MRD-guided study evaluated the clinical utility of ctDNA analysis in colorectal cancer (CRC)

MRD-positive CRC patients at 4 weeks post-op benefited significantly from chemotherapy while MRD-negative patients at 4 weeks post-op did not demonstrate any significant trend in treatment benefit[5]

MRD-positive patients at 4 weeks post-op



MRD-negative patients at 4 weeks post-op



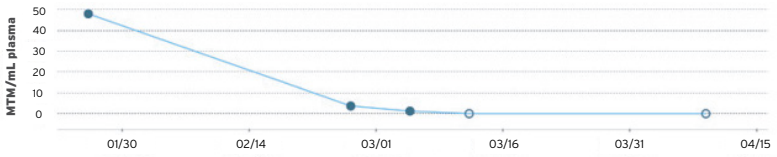
Track ctDNA dynamics to enable longitudinal monitoring

- **Signatera™ reports presence/absence of ctDNA and ctDNA quantity in terms of MTM/mL for longitudinal assessment**

Final Results Summary

Signatera™ Negative	MTM/mL	Mean tumour molecules per mL is calculated based on the mean of ctDNA molecules detected per mL of the patient's plasma
⊖	**Not Detected**	

Historical Results



MTM = mean tumour molecules

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Just like no two tumours are alike, Signatera™ is personalized for each patient

Tumour-informed MRD assay for individualized care

- Customized for each patient's unique tumour signature using Whole Exome Sequencing (WES) to target the top clonal mutations

High sensitivity and specificity for accurate MRD assessment

- By only tracking tumour-specific variants, sensitivity is optimized with a LOD down to 0.01% VAF[6]
- Filters out germline and CHIP mutations to reduce background noise and to minimize false positives

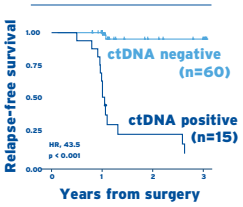
Reliable longitudinal monitoring for confident decision-making

- Tracks ctDNA dynamics by MTM/mL to enable longitudinal monitoring with a simple blood draw
- Follows clonal mutations that should persist as the tumour evolves

LOD = limit of detection; **CHIP** = clonal hematopoiesis of indeterminate potential; **VAF** = Varient allele frequency; **WES** = whole exome sequencing

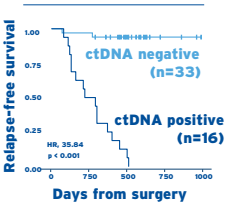
Signatera™ is validated across multiple tumour types[1,6-8]

Colon[1]
JAMA Oncology



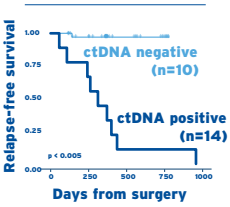
88%
sensitivity to relapse
Average lead time 8.7 mos

Breast[6]
Clinical Cancer Research



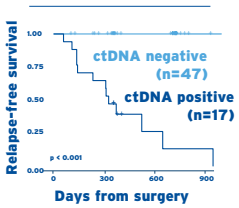
89%
sensitivity to relapse
Average lead time 9.5 mos

Lung[7]
NATURE



92%
sensitivity to relapse
Average lead time 4.0 mos

Bladder[8,9]
Journal of Clinical Oncology



100%
sensitivity to relapse
Average lead time 2.8 mos

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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.
2. 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.
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8. Christensen E, Birkenkamp-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.
9. Data on file

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