PATHFINDER 2 Fact Sheet

Initial data as presented at ESMO 2025

PATHFINDER 2 (NCT05155605) is the largest interventional Multi-Cancer Early Detection (MCED) study conducted in the U.S.[1] The study provides further validation of the Galleri® MCED test in a prospective trial in the intended use population: adults aged 50 years and over with no clinical suspicion of cancer.[2]

PATHFINDER 2 Study Participants[1]

35,878 enrolled participants
across a broad population aged ≥50 years, conducted at ~30 clinical sites across North America

25,578 participants
in pre-specified anlaysis with 12-month follow-up as of Dec. 31, 2024

25,125 analyzable participants
in this pre-specified analysis

23,161 participants
with 12-month follow-up included in the primary analysis of test performance

25,114 participants
with 12-month follow-up included in the safety analysis

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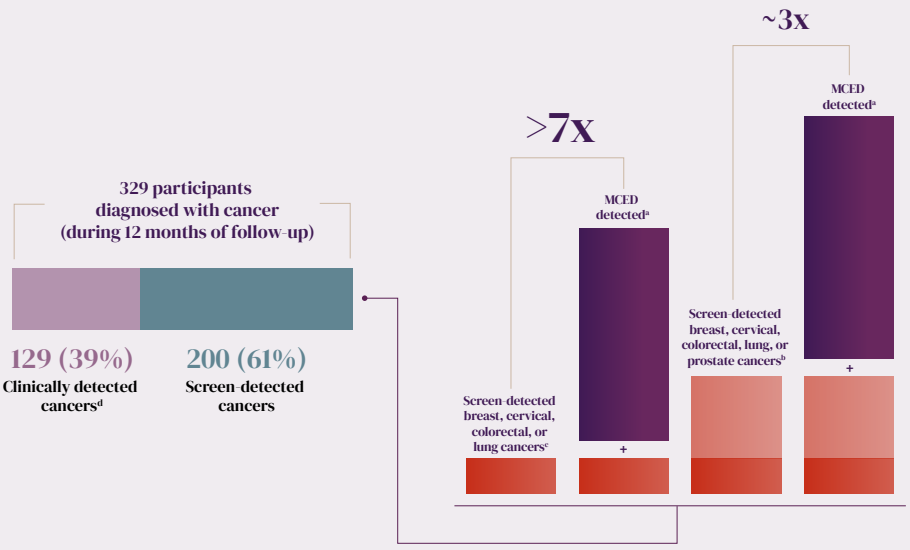
Initial Results from PATHFINDER 2 Study[1]

The Galleri test **increased the number of cancers detected more than seven-fold** when added to USPSTF A and B guideline-recommended screening tests for breast, cervical, colorectal, and lung cancer.

Galleri **tripled the number of cancers detected** when added to USPSTF A, B, and C guideline-recommended screening tests, which include prostate cancer, in addition to breast, cervical, colorectal, and lung screening.



[a]MCED-detected refers to cancers diagnosed within 12 months following a positive MCED test result.

[b]Screen-detected refers to cancer diagnosed following USPSTF grade A/B/C recommendations, which include screening for breast, cervical, colorectal, lung, and prostate cancers.

[c]Screen-detected refers to cancer diagnosed following USPSTF grade A/B recommendations, which include screening for breast, cervical, colorectal, and lung cancers.

[d]Clinically detected cancers included those detected incidentally (n=62), by signs and symptoms (n=40), by surveillance (n=21), and other (n=6; 3 were follow-up after an abnormal test result, 2 were incidental findings, and 1 was unknown).

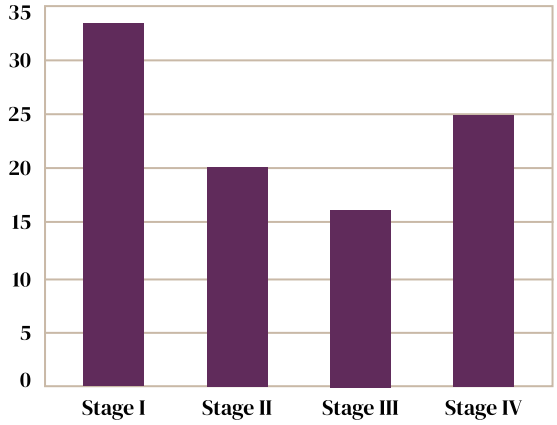
Galleri detected most cancers at an early stage, when they can be easier to treat and are potentially curable.[1]

74%
of the Stage I–II cancers Galleri helped detect have no recommended screening test.[†]

53.5%
of the new cancers diagnosed were Stage I and II.

69.3%
of the new cancers diagnosed were Stage I–III.

% of Cancers Identified



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PATHFINDER 2 Performance by the Numbers[1]

Positive predictive value was 61.6%

Positive predictive value reports how likely it is that a person with a positive test result actually has cancer.

Cancer detection rate was 0.57%
(133 True Positives/23,161 participants)

Cancer detection rate is the number of cancers identified in the screened population, which can be expressed as a percentage.

Episode sensitivity was 73.7% for the cancers that cause 2/3 of cancer deaths,†† and was 40.4% overall

Episode sensitivity refers to the proportion of cancers detected at the initial screening test, out of all cancers diagnosed in individuals during a pre-defined follow-up period (in this case, 1 year).†††

Specificity was 99.6%, reflecting a false positive rate of 0.4%

Specificity indicates how likely the test is to return a negative result in individuals without cancer. False positives are when the test indicates a cancer signal, but cancer is absent.

Cancer signal origin accuracy†††† was 91.7%, giving doctors the actionable information to guide rapid diagnosis following a positive MCED test result (median time to diagnosis: 46 days)

Cancer signal origin is the prediction of where the cancer signal originated in the body.

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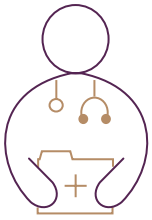
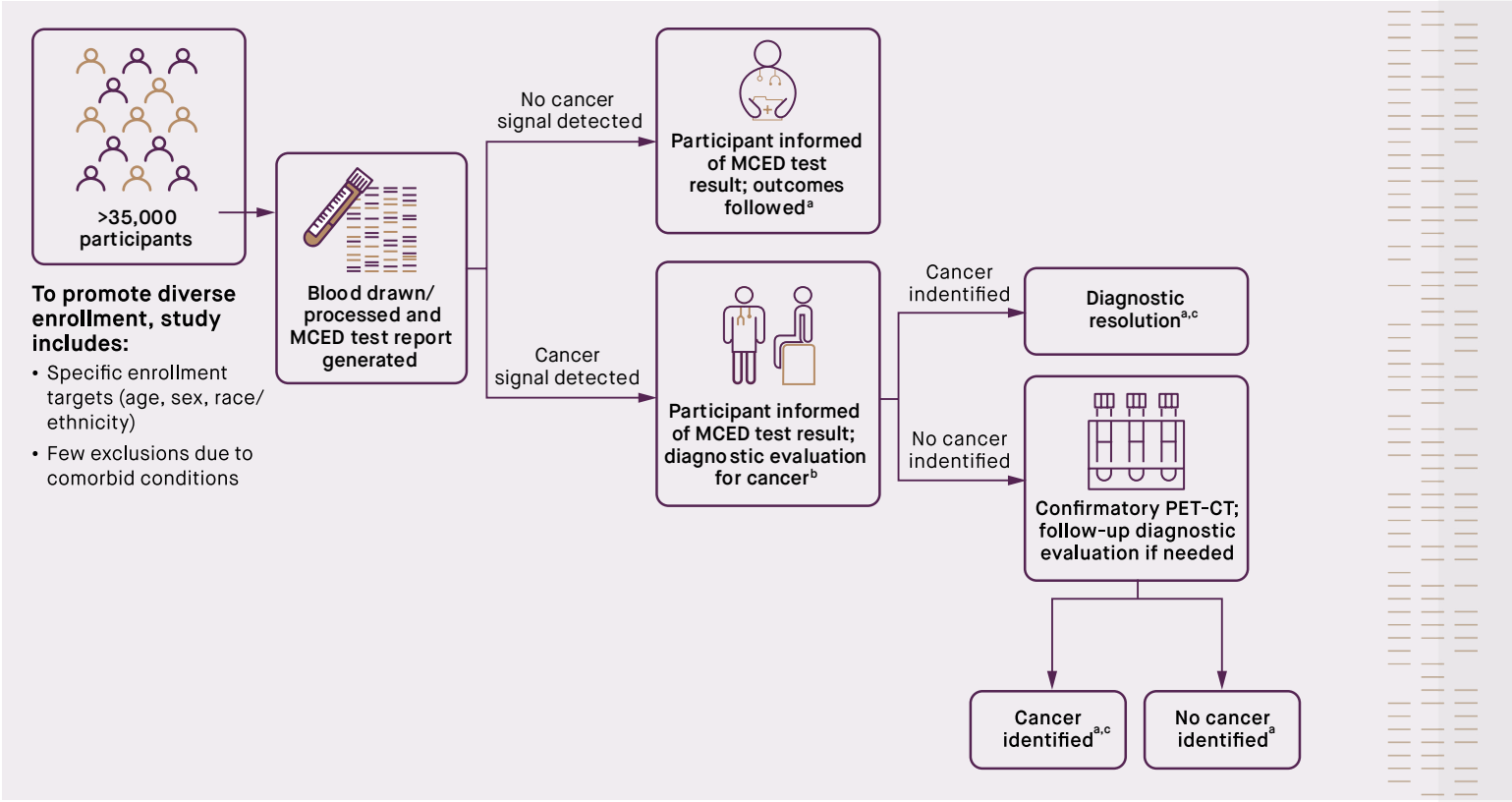
At the time of the initial analysis, no serious, study-related adverse events were reported during the diagnostic workup.[1]



0.6% of all 25,114 participants had an invasive procedure, such as a biopsy, to evaluate a positive MCED result. Invasive procedures were two times more common in participants with cancer than in those without.

PATHFINDER 2 Study Design[1,2]



[a]All participants will be actively followed by enrolled institutions for 3 years to assess cancer status and utilization of guideline-recommended cancer screening.
[b]Diagnostic evaluations based on CSO are recommended in the protocol.
[c]Clinical information including, but not limited to, cancer type, histology, and staging information will be captured.

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†USPSTF grade A/B recommendations include screening for breast, cervical, colorectal, and lung cancers.

††Anus, Bladder/urothelial tract, Colon/rectum, Esophagus, Head & neck, Liver/intrahepatic bile duct, Lung, Lymphoid lineage, Ovary/fallopian tube, Pancreas/extrahepatic bile duct/gall bladder, Plasma cell lineage, Stomach cancers.

†††Episode sensitivity differs from test sensitivity, which is how likely the test is to find cancer in individuals who actually have cancer (i.e., their cancer status is known), which can only be calculated with case-controlled studies.

††††Accuracy of Cancer Signal Origin top prediction (CSO1).

Important Safety Information
The Galleri test is recommended for use in adults with an elevated risk for cancer, such as those age 50 or older. The test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider. The Galleri test is intended to detect cancer signals and predict where in the body the cancer signal is located. Use of the test 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
The GRAIL clinical laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and accredited by the College of American Pathologists. 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. The GRAIL clinical laboratory is regulated under CLIA to perform high-complexity testing. The Galleri test is intended for clinical purposes.

References
1. Nabavizadeh N, et al. Presented at European Society for Medical Oncology; October 17-21, 2025; Berlin, Germany. Presentation LBA64.

2. https://clinicaltrials.gov/study/NCT05155605

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