



MEDICARE  
COVERAGE



GUIDING TREATMENT DECISIONS IN CRC

# Signatera<sup>™</sup> looks deeper

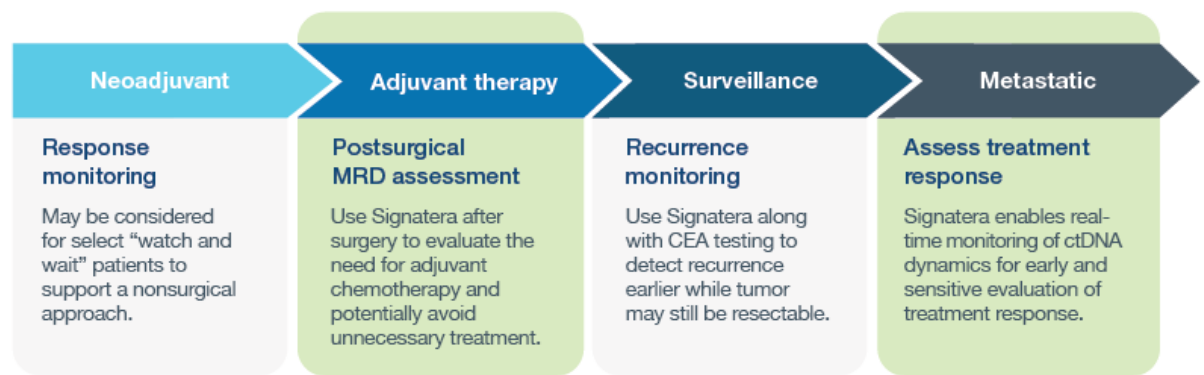
- > Does my patient need adjuvant chemotherapy?
- > Is the treatment working?
- > Is the cancer recurring?

A personalized, tumor-informed approach for molecular residual disease (MRD) detection



**Signatera<sup>™</sup>**  
Residual disease test (MRD)

# When to use Signatera



## Before surgery

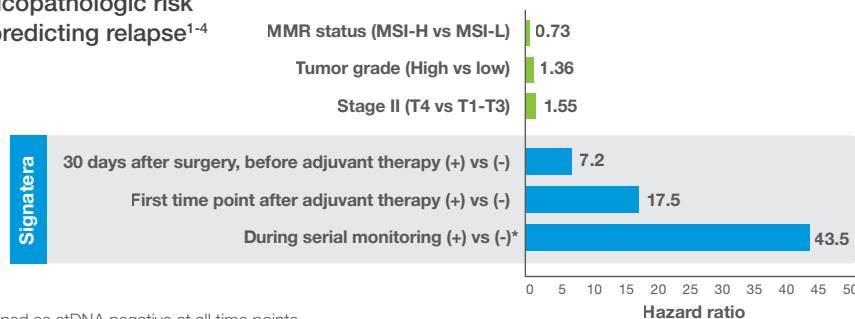
Tailor neoadjuvant treatment or surgical strategies based on MRD status using biopsy (eg, rectal cancer TNT)

## In the adjuvant setting

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

### Signatera accurately identifies patients at high risk of recurrence

Signatera MRD status outperforms known clinicopathologic risk factors in predicting relapse<sup>1-4</sup>



\*Negative is defined as ctDNA negative at all time points

- > 97% of patients with a positive Signatera result will relapse without additional treatment<sup>1</sup>
- > Serial testing improves sensitivity and negative predictive value of results
- > Determine which patients benefit from adjuvant chemotherapy<sup>5</sup>

## In the surveillance setting

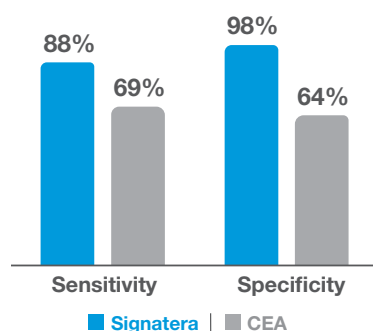
Use Signatera along with CEA testing to detect recurrence earlier, to enable surgical resection or other early intervention

### Signatera detects relapse more accurately than CEA with clinically meaningful lead times over CT scans<sup>1</sup>

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

CEA = carcinoembryonic antigen  
CT = computed tomography  
ctDNA = circulating-tumor DNA

Accuracy in detecting relapse



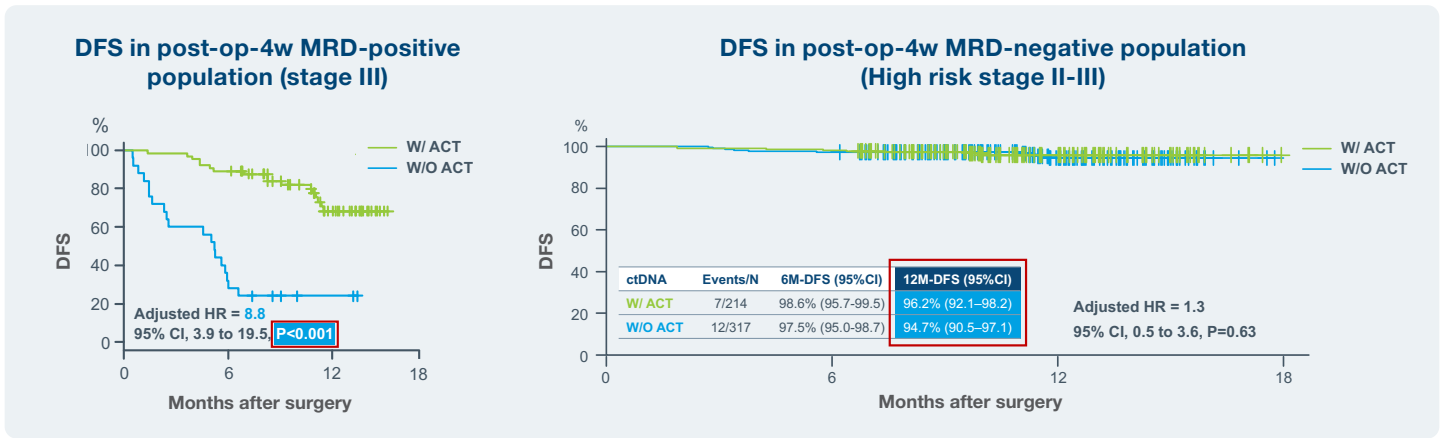
Average lead time of ctDNA detection before CT scan

8.7 MONTHS

Maximum lead of 16.5 months

The largest prospective MRD study to date evaluates the clinical utility of ctDNA analysis in colorectal cancer (CRC)

MRD-positive CRC patients at 4w post-op benefit significantly from chemotherapy while MRD-negative patients at 4w post-op do NOT derive any significant treatment benefit<sup>5</sup>



Ordering Signatera for colorectal patients

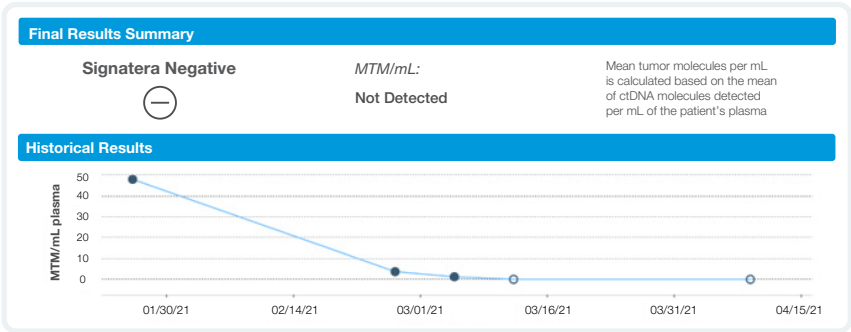
Signatera is custom-designed for each patient using their own tumor tissue.

	RECURRING ORDER PROGRAM MRD & Recurrence Monitoring Program	IMMUNOTHERAPY & TREATMENT Monitoring Program
Clinical Use Case	Order before or after surgery to help inform surgical and/or therapeutic intervention	Use Signatera to determine treatment effectiveness, or to help rule out disease progression
Medicare Coverage	Stage II-III colorectal cancer and Stage IV oligometastatic cancer	Pan-cancer immunotherapy monitoring

Tracks ctDNA dynamics to enable longitudinal monitoring

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

MTM = mean tumor molecules



# Just like no two tumors are alike—Signatera is personalized for each patient



## Tumor-informed MRD assay for individualized care

- Customized for each patient's unique tumor signature by targeting the top clonal mutations



## Optimized sensitivity and specificity for accurate MRD assessment

- By only tracking tumor-specific variants, sensitivity is maximized with a LOD down to 0.01% VAF<sup>6</sup>
- Filters out germline and CHIP mutations to reduce background noise and to minimize false positives

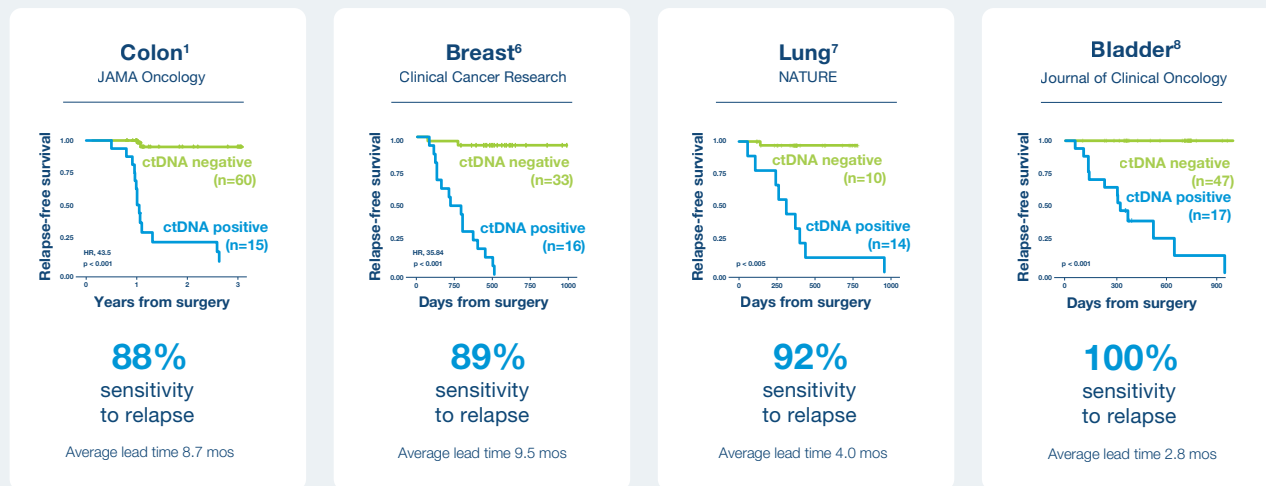


## Reliable longitudinal monitoring for confident decision-making

- By following clonal mutations that persist as the tumor evolves, full disease burden is reflected
- Tracks ctDNA dynamics by MTM/mL to enable longitudinal monitoring with a simple blood draw

LOD = limit of detection; CHIP = clonal hematopoiesis of indeterminate potential; VAF = Variant allele frequency

## Signatera is validated across multiple tumor types<sup>1,6-8</sup>



### References

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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.

### Learn more about Signatera:

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