

Health Equity for Employees: A New Cancer Screening Option

The global pandemic and the national reckoning over racial justice have shined a new light on health equity, making people more aware of the effects of health disparities. These disparities are shaped by **social determinants of health (SDOH)**, the complex set of factors that makes each of us more or less likely to experience certain health issues.¹



Up to 20% of a person's health outcomes are based on their experience in a healthcare setting.²

That means the rest of a person's health outcomes are steered by their circumstances and the factors that make up their SDOH: where they live, work, and play, as well as their income level and genetic predisposition. Few health conditions throw health disparities and the effects of SDOH into sharper relief than cancer.

Who is affected by cancer disparities?

- **Rural Americans** face a higher risk of cancer and, because they tend to have fewer nearby options to access care than their urban counterparts, have lower rates of both preventive care adherence and cancer screening compliance.³
- **LGBTQ Americans** have higher rates of cancer across all racial and ethnic groups.⁴
- **Hispanic Americans** are nearly twice as likely to both be diagnosed with and die from liver cancer than white Americans. They also face higher rates of cervical cancer and double the cancer death rate from stomach cancer.⁵
- **Black Americans** suffer worse cancer death rates than all other racial and ethnic groups for many cancer types, including prostate, breast, and cervical cancer. This is partly due at least in part to delayed diagnosis, less consistent follow-up, and implicit bias among medical providers.⁶
- **Native Americans/Alaska Natives** have higher death rates from kidney cancer than any other racial or ethnic group, as well as the highest rates of liver and bile duct cancer.⁷
- **Asian Americans/Pacific Islanders** are at least twice as likely to die from stomach cancer compared to non-Hispanic white Americans.⁸

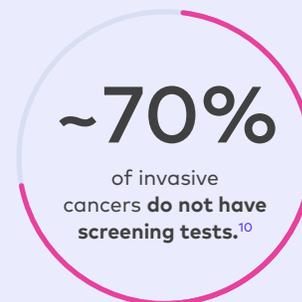
How the Galleri® Multi-Cancer Early Detection Test Can Help

Studies estimate that **costs when cancer is detected at a later stage are**

2-4x

greater than when it's detected early on.⁹

Current recommended cancer screenings are powerful, potentially life-saving procedures. **But they don't detect all types of cancer.**



That means many of these cancers go undetected until they have progressed to an advanced stage—when treatment costs are higher, and outcomes are often much worse.^{11, 12}

For employers looking to help their employees stay vigilant about preventive care while also targeting cancer disparities, there is a clear solution: **the Galleri multi-cancer early detection test.**

In a case-controlled clinical study, Galleri detected a cancer signal shared by more than 50 types of cancer. In the same study, Galleri had high sensitivity for several cancer classes with the greatest disparity of outcomes. This included high sensitivity for liver/bile-duct cancer (93.5%), stomach cancer (66.7%), and cancer of the colon/rectum (82.0%). Detecting cancer early, before symptoms appear, increases treatment options.^{13,14,15,16}

How the Test Works

Through a simple blood draw, Galleri® reduces barriers to access when it comes to cancer screening. All cells in our body, including cancer cells, release DNA fragments known as cell-free DNA into the bloodstream. DNA from cancer cells have specific methylation patterns that identify it as cancer. Methylation patterns also contain information that allows prediction of where in the body the cancer signal is coming from to guide diagnostic next steps.

The Galleri test provides ease of access to cancer screening.

- The Galleri test can be ordered by healthcare providers from anywhere in the United States.
- The blood draw can be done at one of more than 6,600 reference laboratories across the country or via a blood draw scheduled at an employee's home.
- Companies can also organize onsite blood draws at their headquarters or large worksites, included as part of the Galleri test experience.

A Straightforward Employee Experience



01 Request the test from our telemedicine partner



02 If eligible, receive a collection kit



03 Provide your sample



04 Receive your results

The test experience is designed to guide employees throughout the entire process—from requesting the test to receiving results. Those with a “Cancer Signal Detected” result will have access to the support they need, including post-test consultation, expert peer-to-peer clinical support for providers, and individual 1:1 follow-up from a GRAIL patient advocate.

Discover if this screening test is a good fit for your employees

Contact us to find out more about the Galleri® test—and how to target screening disparities that exist today. We also offer comprehensive marketing campaigns and wraparound support services to integrate this benefit into your organization.

The Galleri test is added to cancer screening tests recommended by a healthcare provider.



<https://www.galleri.com/employers/learn-more>



employer@grailbio.com



Scan here for easy access



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.

References

1. [Social Determinants of Health. Social Determinants of Health - Healthy People 2030. https://health.gov/healthypeople/priority-areas/social-determinants-health](https://health.gov/healthypeople/priority-areas/social-determinants-health). Accessed September 20, 2022.
2. [Sanne Magnan, "Social Determinants of Health 101 for Health Care: Five Plus Five," National Academy of Medicine. Published October 9, 2017. Accessed August 18, 2022.](#)
3. [Cancer map stories. GIS Portal for Cancer Research - Rural Urban Disparities in Cancer. https://gis.cancer.gov/mapstory/rural-urban/index.html](https://gis.cancer.gov/mapstory/rural-urban/index.html) Accessed August 10, 2022.
4. [Sexual orientation disparities in risk factors for adverse COVID-19-related outcomes, by Race/ethnicity - behavioral risk factor surveillance system, United States, 2017-2019. Centers for Disease Control and Prevention. https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a1.htm](https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a1.htm). Published February 4, 2021. Accessed August 10, 2022.
5. [Office of Minority Health. Cancer and Hispanic Americans - The Office of Minority Health. https://minorityhealth.hhs.gov/omh/browse.aspx?vl=4&vlid=61](https://minorityhealth.hhs.gov/omh/browse.aspx?vl=4&vlid=61). Accessed August 10, 2022.
6. [American Cancer Society https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2019-2021.pdf](https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2019-2021.pdf). Accessed August 10, 2022.
7. [Cancer disparities. National Cancer Institute. https://www.cancer.gov/about-cancer/understanding/disparities](https://www.cancer.gov/about-cancer/understanding/disparities). Accessed August 18, 2022.
8. [Office of Minority Health. Cancer and Asian Americans - The Office of Minority Health. https://minorityhealth.hhs.gov/omh/browse.aspx?vl=4&vlid=46](https://minorityhealth.hhs.gov/omh/browse.aspx?vl=4&vlid=46). Accessed August 10, 2022.
9. "Screening for Cancer: The Economic, Medical, and Psychosocial Issues" AMJC.
10. [Assumes screening is available for all prostate, breast, cervical, and colorectal cancer cases and 43% of lung cancer cases \(based on estimated proportion of lung cancers that occur in screen-eligible individuals older than 40 years\). Data on file from Surveillance, Epidemiology, and End Results \(SEER\) 18 Regs Research Data, Nov 2017 Submission. Includes persons aged 50-79. Estimated deaths per year in 2021 from American Cancer Society Cancer Facts and Figures 2021. http://www.cancer.org/content/dam/cancerorg/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf](http://www.cancer.org/content/dam/cancerorg/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf). USPSTF (United States Preventive Services Task Force) A, B or C rating.
11. [Increasing Healthcare Costs by Stage and Over Time among Patients Diagnosed with Cancer: 2008-2020. Presented at AMCP Nexus 2021. November McGarvey, PhD, MPH1; Matthew Gitlin, PharmD1; Jiancong Qi, BS1; and Karen C. Chung, PharmD, MS2. Data set: Optum Integrated Claims-Clinical dataset with Enriched Oncology.](#)
12. [Early detection. The Cancer Atlas. https://canceratlas.cancer.org/taking-action/early-detection/](https://canceratlas.cancer.org/taking-action/early-detection/). Accessed August 8, 2022.
13. [Liu MC, Oxnard GR, Klein EA, et al. Sensitive and specific multi-cancer detection and localization using methylation signatures in cell-free DNA. Annals of Oncology. 2020;31\(6\):745-759. doi:10.1016/j.annonc.2020.02.011](https://doi.org/10.1016/j.annonc.2020.02.011).
14. Amin MB, et al (Eds). AJCC Cancer Staging Manual (8th edition). Springer International Publishing: American Joint Commission on Cancer; 2017.
15. The group of cancers responsible for two-thirds of annual US cancer deaths included anus, bladder, colon/rectum, esophagus, head and neck, liver/bile-duct, lung, lymphoma, ovary, pancreas, plasma cell neoplasm, and stomach.
16. [Klein EA, Richards D, Cohn A, et al. Clinical validation of a targeted methylation-based multi-cancer early detection test using an independent validation set. Annals of Oncology. 2021;32\(9\):1167-1177. doi:10.1016/j.annonc.2021.05.806.](https://doi.org/10.1016/j.annonc.2021.05.806)