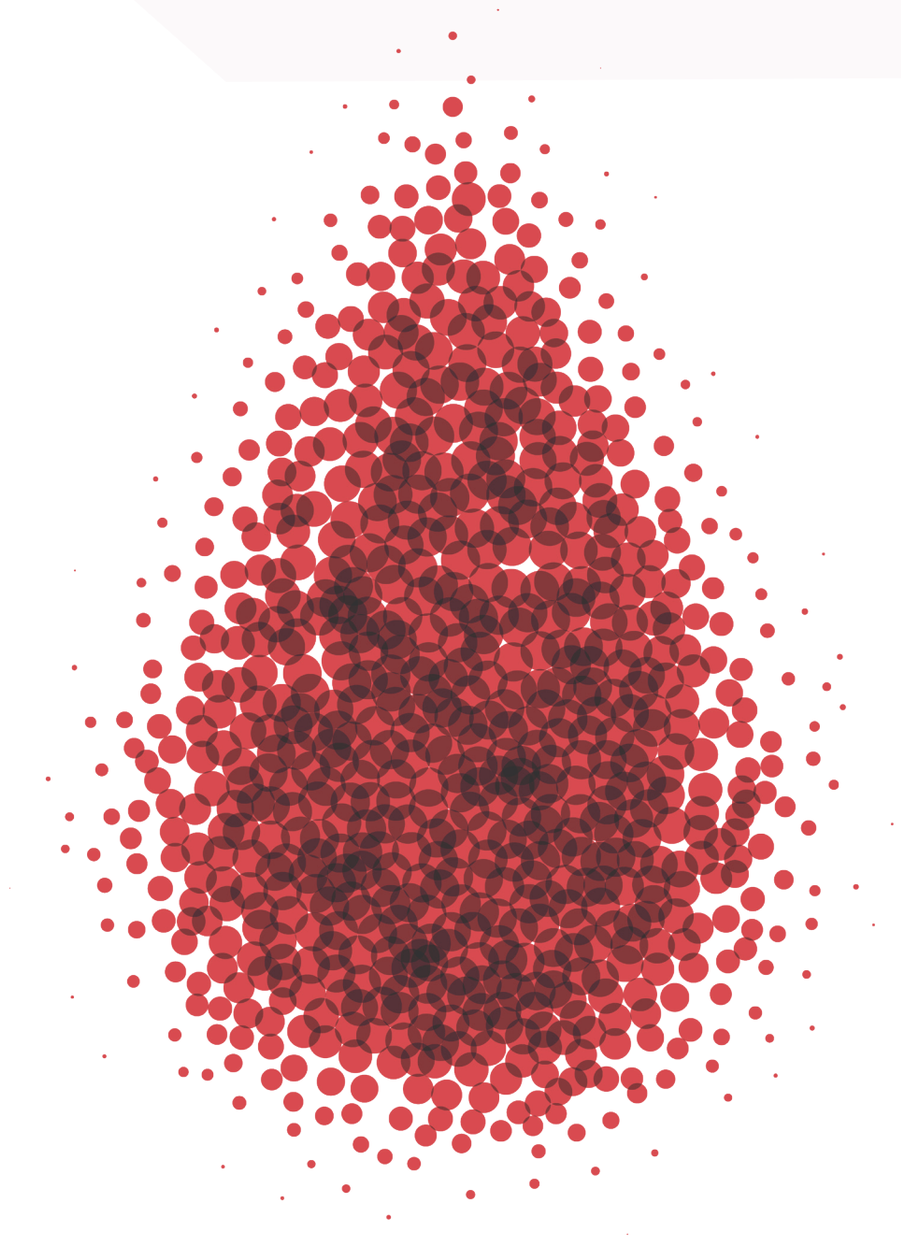
Test patients newly diagnosed with NSCLC with Guardant360®

to help accelerate time to complete biomarker results



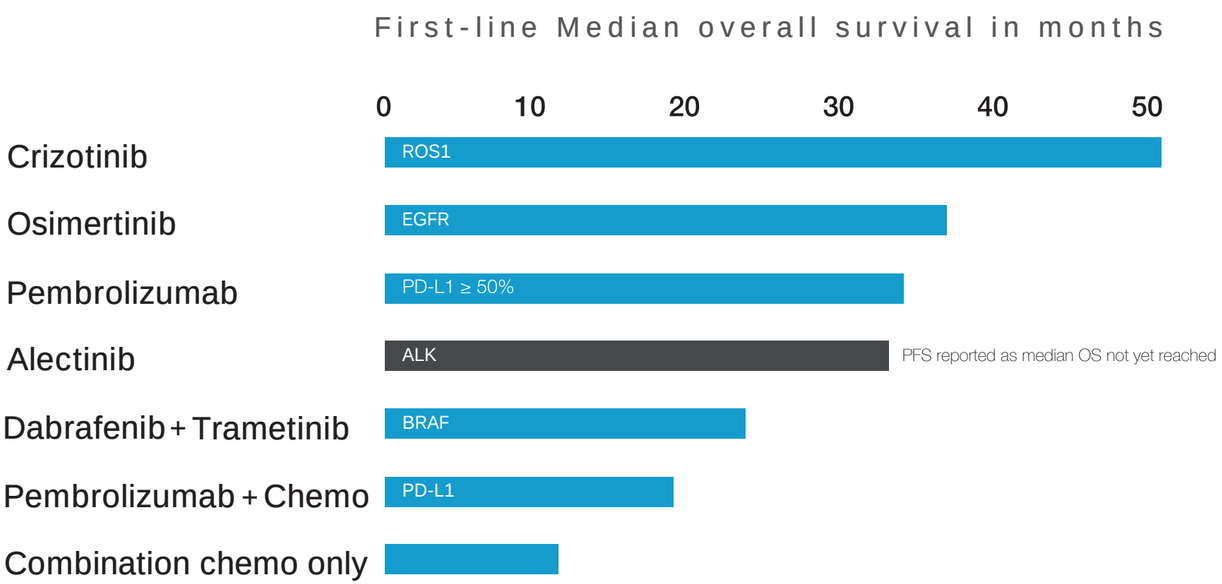
Identify the right treatment in **7 days**

GUARDANT360®

Test. Take Action.

Today's first-line treatments for advanced NSCLC are more effective than ever before

Immunotherapy and targeted therapies improve overall survival, but only for the right patients[1-7]



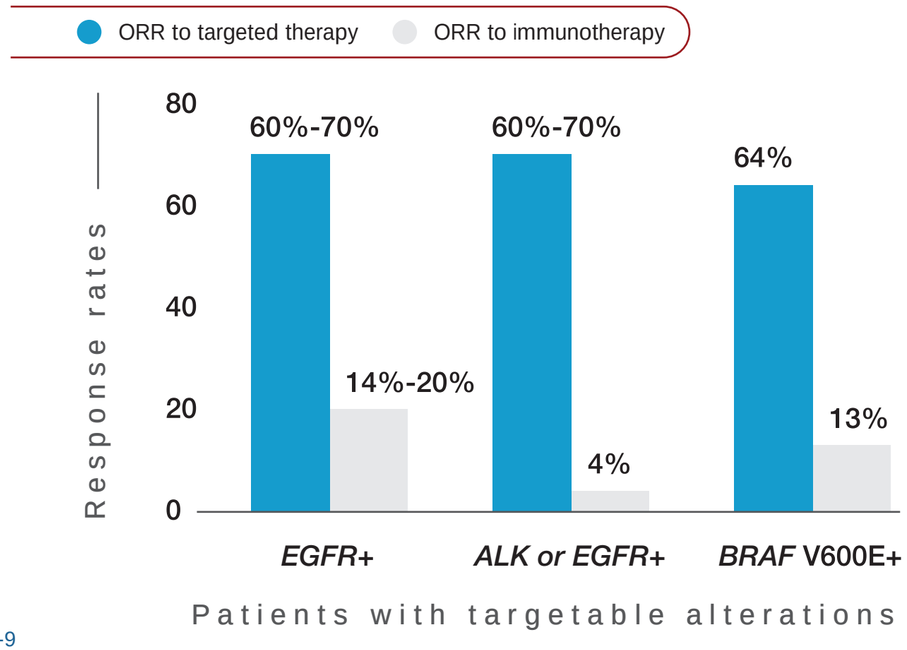
All guideline recommended genomic biomarkers are included on Guardant360[8-9]

~21% of advanced NSCLC patients have alterations associated with currently FDA and EMA-approved[10] drugs[11]

~63% of advanced NSCLC patients have alterations associated with guideline-recommended alterations[8, 9]

Optimal treatment decisions should only be made after complete genotyping[1-7]

First line Immunotherapy can be inappropriate for patients with targetable alterations[12-18]



Minimal response to immune checkpoint inhibitors, even when **PD-L1 is ≥50%**[13-14]

All checkpoint inhibitor labels exclude patients who have ***EGFR*** and ***ALK*** alterations[16]

Treating with the right first-line NSCLC therapy is critical because

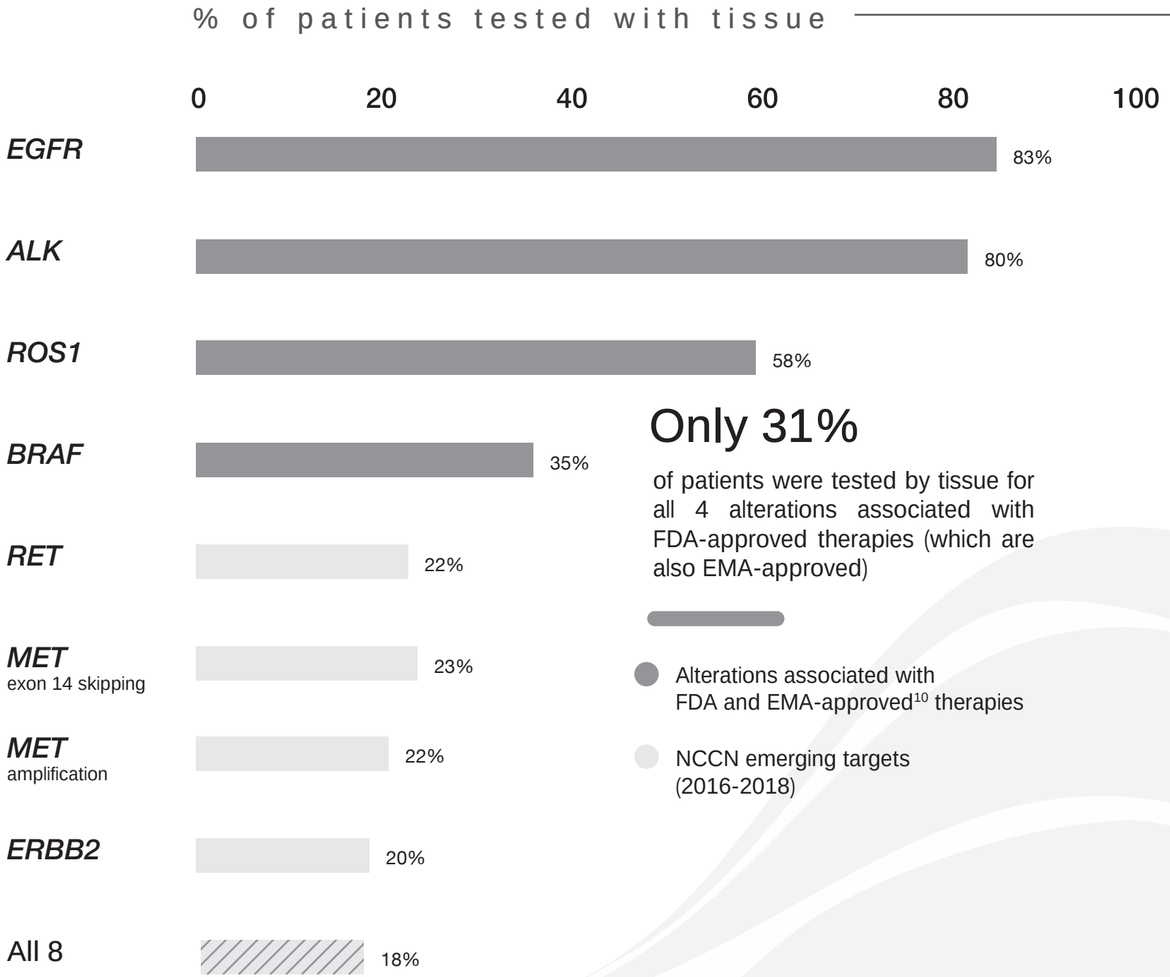
Only 1 in 2

patients make it to second-line therapy[19]

Less than 1 in 2 NSCLC patients get complete genotyping from tissue[20-24]

Standard-of-care tissue testing leaves many patients untested for NCCN guideline-recommended alterations[25]

Community practices



Only 31%

of patients were tested by tissue for all 4 alterations associated with FDA-approved therapies (which are also EMA-approved)

- Alterations associated with FDA and EMA-approved[10] therapies
- NCCN emerging targets (2016-2018)

Tissue challenges exist across practice settings

Comprehensive tissue panels require more tissue than may be available[26]

Academic centre

Only 56% of patients eligble for tissue biopsy were able to get complete genomic results from tissue testing[26]

- Patients who received complete genomic results from tissue
- Patients who did not receive complete genomic results from tissue

Tissue has challenges beyond your control that prevent complete genotyping[27,28]

Reasons why tissue fails at complete genotyping[27,28]

Finite resource

Exhausted by histopathology stains and PD-L1 testing[29]

Practice/staff burden

Significant coordination involving multiple care team members[29]

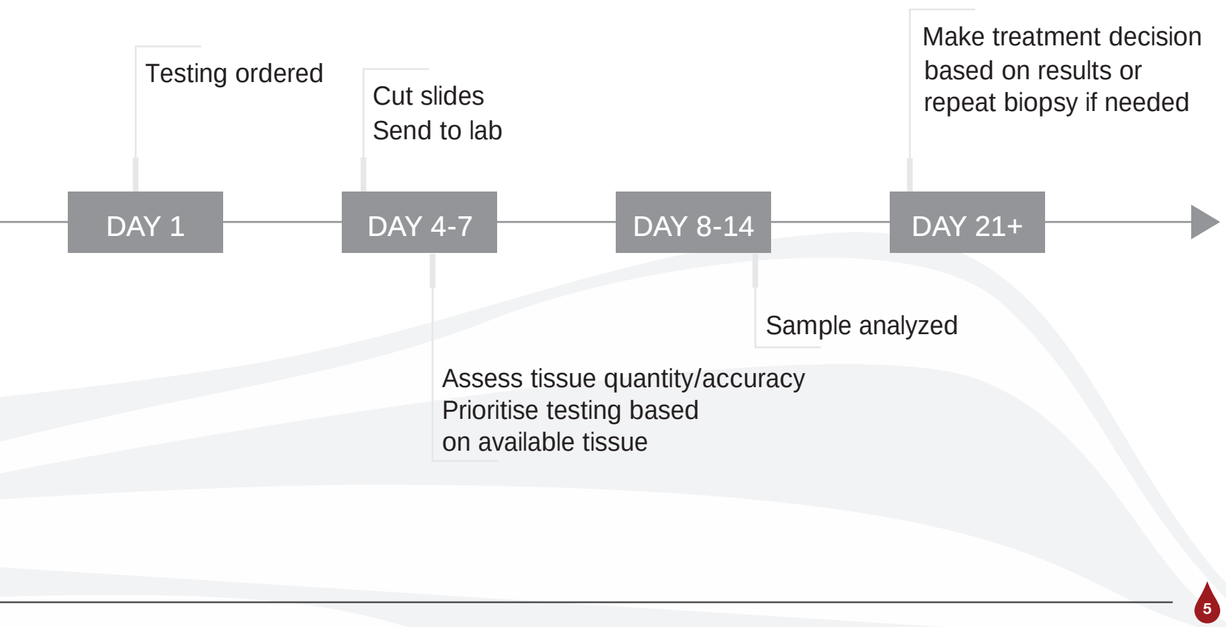
Patient burden

Repeated tissue biopsies expose patients to potential adverse events[27,29]

Lengthy process

Results can be unpredictable, may take up to a month or longer, and can be incomplete[25,29]

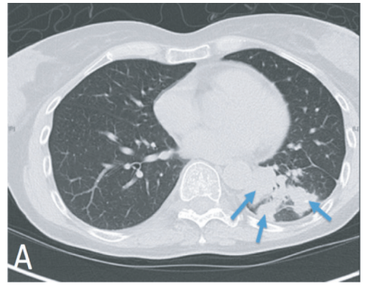
Comprehensive Genotyping with tissue can take many weeks or longer[25,29]



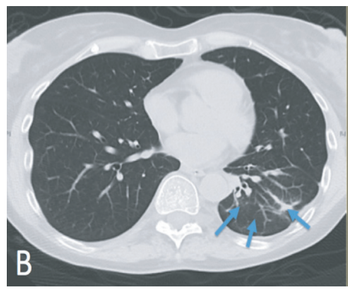
Avoid challenges inherent to tissue testing with Guardant 360

Case Study*

Patient scans



Pre-treatment imaging



Post-treatment imaging

Clinical Presentation

Late-50s female, non-smoker presents with metastatic NSCLC

Testing

Physician orders guideline-recommended testing with tissue and Guardant360

Treatment

Crizotinib initiated with significant and durable response (Crizotinib given as per guideline-recommended 1L treatment at the time of diagnosis)

Guardant360 report

Summary of Somatic Alterations & Associated Treatment Options

KEY: ✓ Approved in indication ~ Approved in other indication ✗ Lack of response

Alteration%	% of cfDNA or Amplification	Associated FDA-approved therapies	Clinical trial availability (see page 3)
EML4-ALK Fusion	0.9%	✓ Crizotinib, Ceritinib Alectinib	Yes
TP53 E349	0.3%	None	Yes
MYC **Amplification**	Medium (++)	None	Yes

*Representative case and patient images

Test patients newly diagnosed with NSCLC to help accelerate time to complete biomarker results

Comprehensive and fast genomic results you can trust

95%

of patients[25]

Guideline-recommended testing for NSCLC alterations[25]

7

Days

Fast results to guide treatment decisions

Extensive clinical validation and utility across multiple studies

190+

Peer-reviewed publications

Including multiple head-to-head, prospective studies

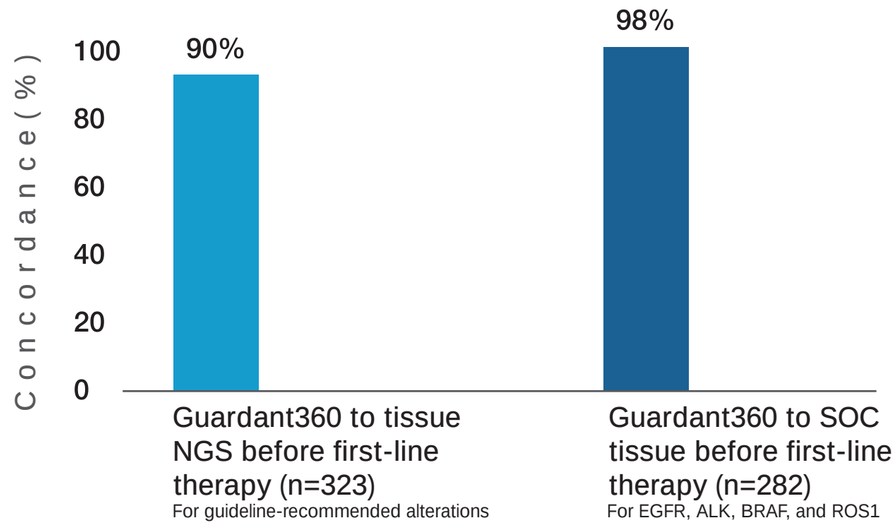
50+

Clinical outcome studies

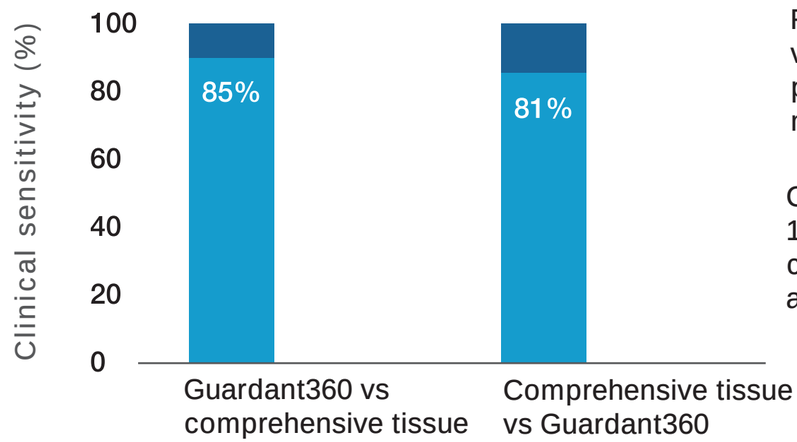
Response rates to therapy selected based on Guardant360 results are consistent with tissue-based studies

Guardant360 has demonstrated consistently high concordance to tissue testing[25-26]

~90% concordance in multiple prospective clinical studies[25-26]



15%-20% of the time tissue misses what liquid finds and vice versa[30]



Results for single nucleotide variants (SNVs) from 165 patient samples across multiple solid tumours

Clinical specificity of nearly 100% for Guardant360 vs comprehensive tissue testing and vice versa

NILE study found more patients tested, more alterations detected, faster results[25]

Key findings[25]

Study Objectives

Compare Guardant360's ability to detect guideline-recommended genomic alterations in patients newly diagnosed with advanced NSCLC to standard-of-care (SOC) tissue testing

Study Design

Head-to-head, prospective, multi-centre study of 282 patients newly diagnosed with advanced NSCLC

Study Results

Guardant360 demonstrated greater than 98% concordance to SOC tissue testing for *EGFR, ALK, BRAF, ROS1*

Patient advantages

3X more patients

tested for guideline-recommended alterations* vs tissue testing

1 week

faster than tissue

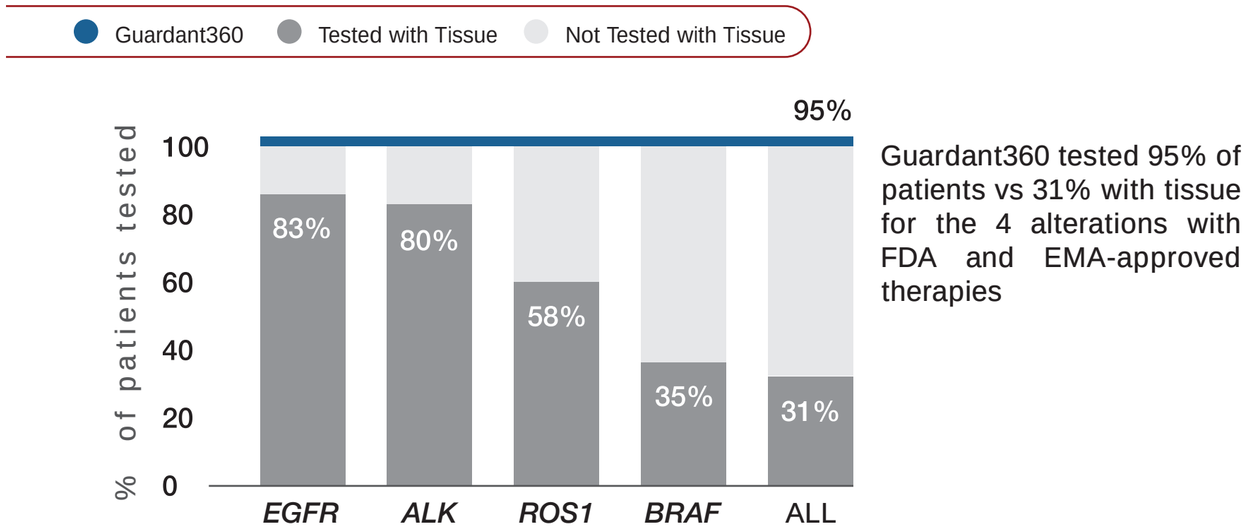
20% more patients

with alterations detected by Guardant360-first testing

*For the 4 alterations with FDA and EMA-approved therapies

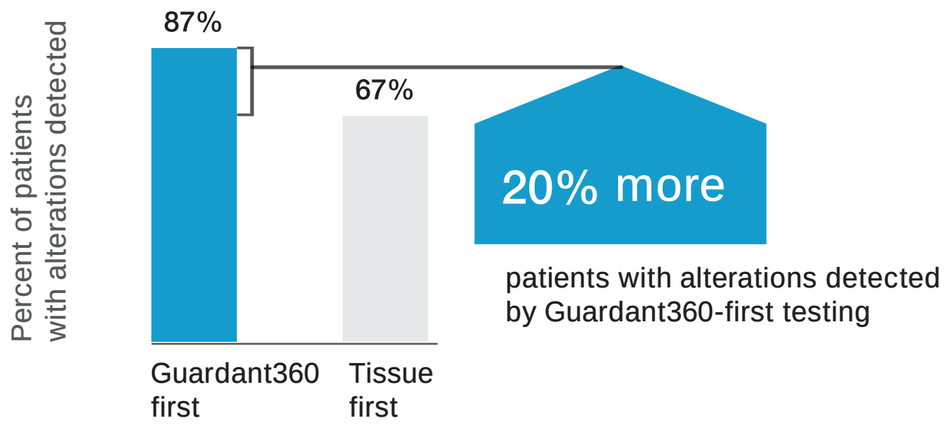
Using Guardant360 first results in more patients tested faster[25]

Guardant360 tested 95% of patients for the 4 alterations associated with FDA and EMA-approved therapies[25]



Guardant360 tested 95% of patients vs 31% with tissue for the 4 alterations with FDA and EMA-approved therapies

Tissue-first testing misses patients with alterations[25]

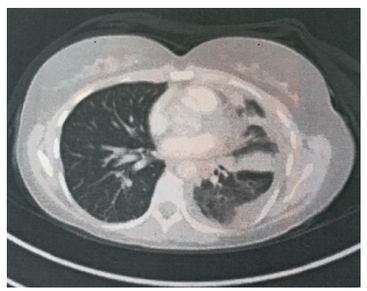


patients with alterations detected by Guardant360-first testing

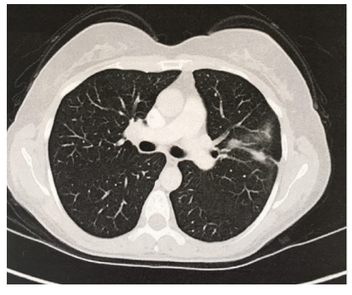
Use Guardant360 ahead of tissue testing for every newly diagnosed patient with advanced NSCLC

Case Study*

Patient scans



Pre-treatment imaging



Post-treatment imaging

Clinical Presentation

Mid-60s male, light smoker presented to the A&E with a severe cough and nausea

CT scan showed a large lung mass; subsequent PET scan revealed multiple suspected metastases, including in the brain

Testing

Oncologist ordered *EGFR* and *ALK* tissue testing and Guardant360 at the same time

Guardant360 detected a *BRAF* V600E alteration in 7 days. Tissue results were found negative for *EGFR* and *ALK*

Treatment

Due to the severity of the initial clinical presentation, the patient was started on combination immunotherapy and chemotherapy. Once the *BRAF* V600E was identified, the patient was then switched to dabrafenib + trametinib

Guardant360 report

Summary of Somatic Alterations & Associated Treatment Options

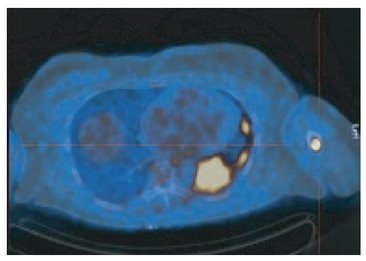
KEY: ✓ Approved in indication ~ Approved in other indication ⊗ Lack of response

Alteration%	% of cfDNA or Amplification	Associated FDA-approved therapies	Clinical trial availability (see page 3)
BRAF V600E	2.4%	✓ Dabrafenib, Trametinib ~ Binimetinib, Cobimetinib, Encorafenib, and Vemurafenib	Yes
TP53 D281Y	2.6%	None	Yes

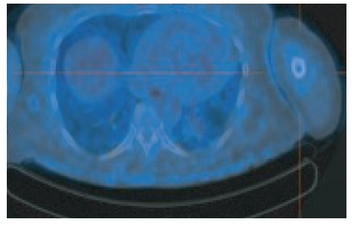
*Representative case and patient images

Complete genomic testing in 7 days with Guardant360

Patient scans



Pre-treatment imaging



Post-treatment imaging

Clinical Presentation

Mid-60s female, with light smoking history admitted to A&E with massive stroke

Evaluation showed lung mass with suspected diffuse nodal and bony metastases; endobronchial ultrasound showed suspected lung adenocarcinoma

Testing

Guideline-recommended testing with Guardant360 identified *EGFR* L858R in 7 days

Treatment

Patient treated initially with osimertinib and had a rapid and durable response

Guardant360 report

Summary of Somatic Alterations & Associated Treatment Options

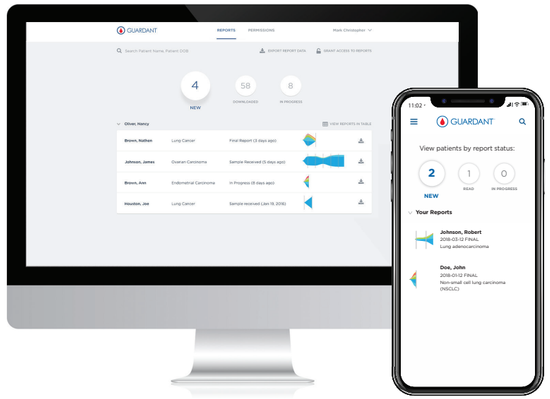
KEY: ✓ Approved in indication ~ Approved in other indication ⊗ Lack of response

Alteration%	% of cfDNA or Amplification	Associated FDA-approved therapies	Clinical trial availability (see page 3)
EGFR L858R	2.3%	✓ Afatinib, Dacomitinib, Erlotinib, Gefitinib, Osimertinib ~ Neratinib	Yes
EGFR Amplification	Low (+)	~ Afatinib, Neratinib	Yes

*Representative case and patient images

A simple blood draw easily implemented into your workflow

Easy access to reports



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Easy-to-interpret reports to identify the right treatment in 7 days*

SAMPLE TEST ONLY
Garcia, Ann (A12345)
Patient MRN: MR123456 | DOB: FEB-01-1956 | Gender: Female
Diagnosis: Non-small Cell Lung Carcinoma (NSCLC) | Test Number 1

GUARDANT360
Therapy Finder Page

REPORTING
Report Date: JAN-28-2018
Receipt Date: JAN-21-2018
Collection Date: JAN-20-2018
Specimen: Blood
Status: FINAL

PHYSICIAN
John Miller

Account: Pleasantville Oncology
Address: 1234 Main Street
Redwood City, CA 94063, United States
Ph: (123) 456-7890 | Fax: (123) 456-7899
Additional Recipient: N/A

Complete Tumor Response Map on page 2

1 Summary of Somatic Alterations & Associated Treatment Options

KEY: Approved in indication Approved in other indication Lack of response

Alteration	2 % cfDNA or Amplification	3 Associated FDA-approved therapies	Clinical trial availability (see page 3)
EML4-ALK Fusion	0.9%	Crizotinib, Ceritinib, Alectinib	Yes
TP53 E349	0.3%	None	Yes
MYC Amplification	Medium (++)	None	Yes

Variants of Uncertain Significance
MAP2K1 G80C (1.4%), EGFR S246R (1.3%), BRCA2 Q1507P (0.8%)
The functional consequences and clinical significance of alterations are unknown. Relevance of therapies targeting these alterations is uncertain.

Synonymous Alterations
MET S286S (0.8%)
This sequence change does not alter the amino acid at this position and is unlikely to be a therapeutic target. Clinical correlation is advised.

4 Comments

Microsatellite status: MSI-High NOT DETECTED

Guardant360 Report Key Information

1 Therapy Finder Table
This table shows which somatic alterations were detected in a patient, and whether there are targeted therapies, or clinical trials associated with each detected alteration.

2 % cfDNA or Amplification
This column reports the detected amount of cell-free DNA. Regardless of the amount of detected cfDNA, if any alteration was detected and reported in this column, the alteration should be considered a true finding.

3 Associated FDA-Approved Therapies
This column lists FDA approved therapies in a patient's indication, FDA approved therapies in a different indication (off-label), and known resistance alterations that contraindicate use of a FDA-approved therapy.

4 Immunotherapy Eligibility
The comments section reports whether the MSI-High status of a patient is DETECTED or NOT DETECTED. If a patient's MSI-High status is DETECTED, there are FDA-approved checkpoint inhibitor therapies approved for use across all solid tumor indications.

*From sample receipt to report

Start with Guardant360 for all newly diagnosed advanced NSCLC patients ahead of tissue testing

Guardant360 delivers complete results, for more patients, faster than tissue[25]

Detects Guideline-recommended alterations for NSCLC[8-9]

Enables complete testing for 3X more patients than tissue*

Delivers results in 7 days to guide treatment decisions

Extensive clinical validation

~90% concordance to tissue in multiple prospective studies[25-26]

150+ peer-reviewed pubications

50+ clinical outcomes studies

*For the 4 alterations with approved therapies

References: 1. Shaw AT, Riely GJ, Bang Y-J, et at. Crizotinib in ROS1-rearranged advanced non-small-cell lung cancer (NSCLC): updated results, including overall survival, from PROFILE 1001,Annals of Oncology 2019 ;30(7):1121-1126. **2.** Ramalingarn SS, Gray JE, Ohe Y, et al. Osimertinib vs comparator EGFR-TKI as first-line treatment for EGFRm advanced NSCLC (FLAURA): Final overall survival analysis. Annals of Oncology 2019; 30 (5): v851-v934. **3.** Garon EB, Hellmann MD, Costa EC, et al. Five-year long-term overall survival for patients with advanced NSCLC treated with pembrolizumab: Resufts from KEYNOTE-001. J Cfin Once!. 2019 37:18_suppl, LBA9015-LBA9015. **4.** Camidge DR, Dziadziuszko R, Peters S et al. Updated Efficacy and Safety Data and Impact of the EML4-ALK Fusion Variant on the Efficacy of Alectinib in Untreated ALK-Positive Advanced Non-Small Cell Lung Cancer in the Global Phase III ALEX Study. 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