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New multi-cancer early detection test developed by GRAIL generates excitement among prospective patients which positively impacts their perceptions of a health system and could help attract new patients

New York, NY and Menlo Park, CA, August 31, 2021 – A recent Ipsos poll finds that prospective patients are very interested in Galleri™, a multi-cancer early detection test offered by GRAIL. The survey results also suggested that the Galleri™ test could positively impact patients' perceptions of Health Systems that offer Galleri™ as part of their routine annual preventative care to patients, and that patients would be more likely to keep up with preventive cancer screenings. As a result, Galleri™ could potentially help Health Systems attract new patients.

Detailed Findings

1. When shown a blinded description of the Galleri™ test (see methodology for details), patients want and are interested in the test:
 - Most (83%) patients have a somewhat/very positive impression of Galleri™
 - Two-thirds (65%) would request Galleri™ from their PCP within 6 months of its commercial availability
 - In terms of initial reactions, a sample of verbatim answers written by respondents include:
 - *"Would be nice to have something that would screen without invasive procedure. Would relieve stress"*
 - *"This is very appealing. As someone who tries to be proactive and always have preventative screenings, I would do this test. Also having a family history of cancer makes this helpful."*
2. Most patients (64%) select "convenient location" as an important factor in choosing a new health system, followed closely by "access to latest advancements in screening & diagnostic tests" (53%) and "health systems that utilize modern technology" (43%).
3. After exposure to the blinded the Galleri™ test profile, offering Galleri™ is highly valued by many patients when selecting a new PCP, as advancements in screening/diagnostics (76%) and modern technology (64%) came out as the top 2 most important factors.
4. Access to the Galleri™ test would also impact the majority of patients (77%) in their search for a new PCP (assuming they were required to switch PCP due to a move to a new region), and 62% indicated they would consider travelling farther than they currently do to see their PCP in order to get Galleri™.
5. The Galleri™ test could also positively impact a health system's reputation, as 60% of patients indicated it would change their perception of that health system if it began offering Galleri™ at no cost. These perceptual changes included:
 - 88% who said the health system was innovative
 - 85% who said it showed the health system prioritized patients health and wellness
 - 84% who said the health system offered cutting-edge medical care
 - 83% who said the health system demonstrated that the health system really cared about their patients
 - 80% who said the health system demonstrated offering high quality care
6. The Galleri™ test may also increase adherence with other preventative services, as 80% of patients who currently do not routinely get annual physicals indicated they would be more likely to, and 81% of those





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who currently skip preventative cancer screenings would be more likely to keep up with them (if Galleri™ were offered at same time and location).

Ipsos Health Systems Market Research for GRAIL

Conducted by Ipsos using M360 Research's <https://www.m360research.com/> proprietary panel and two other partner panels (Paradigm Sample <https://corporate.paradigmsample.com/> and CINT <https://www.cint.com/>).

A survey of the American general population (ages 50+) and high risk* population (35-49)

Interview dates: April 14 – 27, 2021

Number of interviews: 1001

Number of participants aged 50 or older: 851

Number of participants aged 35-49 and considered high-risk: 150*

** defined as individuals who have autoimmune disease, personally have or have had cancer, have a family history of cancer, and/or are current smokers.*

All participants were screened to ensure they:

- *currently were covered via private or commercial health insurance, or Medicare, and/or Medicare Advantage.*
- *must have seen a PCP in the past two years*

Margin of error: +/- 3.1 percentage points at the 95% confidence level

In our reporting of the findings, percentage points are rounded off to the nearest whole number. As a result, percentages in a given table column may total slightly higher or lower than 100%. In questions that permit multiple responses, columns may total substantially more than 100%, depending on the number of different responses offered by each respondent.

NOTE: All results show percentages among all respondents, unless otherwise labeled.

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Annotated Questionnaire:

Q110. How old are you?

	Total sample, n=1001
35-39 years [TERMINATE IF <35] [TERMINATE IF NOT HIGH RISK (SEE Q170, 180, 185)]	1.1%
40-44 years [TERMINATE IF NOT HIGH RISK (SEE Q170, 180, 185)]	6.5%
45-49 years [TERMINATE IF NOT HIGH RISK (SEE Q170, 180, 185)]	3.7%
50-54 years	12.3%
55-59 years	16.0%
60-64 years	18.2%
65-69 years	17.0%
70-74 years	13.5%
75-79 years	7.9%
80-84 years	2.4%
85-89 years	1.1%
90-94 years	<1%

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Q120. Are you...

	Total sample, n=1001
Male	44.3%
Female	56.6%
Non-binary/other	<1%
Prefer not to answer	0%

Q130. Please enter your zip code.

	Total sample, n=1001
Northeast (CT, ME, MA, NH, RI, NJ, NY, PA, VT)	17.9%
Midwest (IL, IN, MI, OH, WI, IA, KS, MN, MO, NE, ND, SD)	22.1%
South (DE, FL, GA, MD, NC, SC, VA, DC, WV, AL, KY, MS, TN, AR, LA, OK, TX)	38.1%
West (AZ, CO, ID, MT, NV, NM, UT, WY, CA, HI, OR, WA, AK)	22.0%

CLASSIFIED (based on Zip Code) INTO 4 CENSUS REGIONS

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Q190. What type of medical insurance do you have? Select all that apply.

	Total sample, n=1001
Employer-based insurance (through your employer or a family member's employer)	40.0%
Individual health insurance that you purchased yourself	13.7%
Traditional Medicare (Parts A & B for physicians and hospitals)	31.1%
Medicare Advantage Plan (Part C)	30.9%
Medicaid (paid for by your state government) [TERMINATE IF ONLY ANSWER CHOSEN]	5.2%
Military/VA/TriCare [TERMINATE IF ONLY ANSWER CHOSEN]	2.1%
Not sure [EXCLUSIVE,TERMINATE]	0%
No health insurance [EXCLUSIVE,TERMINATE]	0%

Q200. What is your involvement in the selection of doctors and hospitals for yourself?

	Total sample, n=1001
I am the primary or sole decision maker	79.8%
I make decisions jointly with someone else	20.2%
I give my input but someone else makes the final decision	0% [TERMINATE]
I am not at all involved	0% [TERMINATE]

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*For the remainder of this survey, please think only about healthcare decisions you make for **yourself**, not for anyone else.*

Q210. How many times did you see each of the following types of health care providers in the past 2 years (either in person or virtually)? If you have not seen that type of health care provider, please enter 0.

	Total sample, n=1001 MEDIAN
Primary care physician (primary care provider)	4 [TERMINATE IF 0]
Specialist (dermatologist, cardiologist, OBGYN, etc.)	2
Urgent care clinic	0
Hospital emergency room	0
Other	0

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Q170. Do you currently have or have you ever had any of the following health conditions? Select all that apply.

		Total sample, n=1001
1	Autoimmune disease (AIDS, rheumatoid arthritis, lupus, multiple sclerosis, etc.) CLASSIFY AS HIGH RISK	17.1%
2	Cancer - Solid tumor (e.g., lung cancer, breast cancer) CLASSIFY AS HIGH RISK	6.5%
3	Cancer - Leukemia or Lymphoma CLASSIFY AS HIGH RISK	1.8%
4	Chronic kidney disease	3.4%
5	Chronic obstructive pulmonary disease (COPD)	6.5%
6	Type II Diabetes	22.5%
7	Heart disease (coronary artery disease, past heart attack, etc.)	9.3%
8	High cholesterol	43.6%
9	Hypertension (i.e., high blood pressure)	45.6%
10	Liver disease (e.g., hepatitis, cirrhosis)	1.9%
11	Obesity	21.9%
12	Stroke	3.5%
13	A condition affecting the brain or nerves (Parkinson's, epilepsy, cerebral palsy, etc.)	5.1%
97	Prefer not to answer	<1%
98	Other (specify)	16.0%
99	None of the above EXCLUSIVE ANSWER	16.5%

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Q180. Do you have a family history of cancer? By family history, we mean a close relative like your grandparents, parents, and/or siblings who had cancer.

		Total sample, n=1001
1	Yes CLASSIFY AS HIGH RISK	55.7%
2	No	43.5%
99	Prefer not to answer	<1%

Q185. Which of the following describes your smoking status?

		Total sample, n=1001
1	I regularly smoke tobacco CLASSIFY AS HIGH RISK CLASSIFY AS SMOKER	13.1%
2	I occasionally smoke tobacco CLASSIFY AS HIGH RISK CLASSIFY AS SMOKER	4.3%
3	I have smoked tobacco regularly in the past, but do not currently CLASSIFY AS HIGH RISK CLASSIFY AS SMOKER	31.7%
4	I have never smoked tobacco / never smoked regularly	50.8%
99	Prefer not to answer	<1%

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Q270. Approximately how long does it typically take you to travel to see your current primary care physician?

		Total sample, n=1001
1	15 minutes or less	55.6%
2	16-30 minutes	33.2%
3	31-45 minutes	7.5%
4	46-60 minutes	2.4%
5	More than 60 minutes	1.3%

Q340. Which of the following are most important to you when choosing a new **health system**? Assume you are only considering options that accept your health insurance. **Select up to 3.**

Among those who would choose a Health System first [then choose a PCP within that Health System] (n=466)	Rank 1	Rank 3	Rank 3	Total
Convenient location	27.9%	19.5%	17.0%	64.4%
Offers access to latest advancements in screening and diagnostic tests	17.0%	16.1%	20.2%	53.3%
Has up-to-date facilities	12.7%	15.0%	16.7%	44.4%
Utilizes modern technology	10.3%	17.0%	15.9%	43.2%
Recommended to me by someone I know	10.9%	9.2%	6.2%	26.3%
Reviews	8.2%	7.9%	8.6%	24.7%
Size of network/number of facilities	6.4%	8.2%	6.4%	21.0%
Prestige/name recognition	4.1%	3.9%	3.4%	11.4%
Other	2.6%	<1%	<1%	3.2%

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A **blinded Galleri™** test description was provided to respondents, and referred to as the “*Early Cancer Detection Test*” throughout the questionnaire:

- *Too often, cancer goes undetected until it is at an advanced stage. Today, cancer screening (such as a colonoscopy or mammogram) only exists for a small number of cancer types, so most cancer is detected at later stages. The earlier cancer can be found, the higher the chance of survival.*
- *The Early Cancer Detection Test is a blood test that screens for more than **45 types of cancer**, potentially even before symptoms occur. The test is ordered by a physician and done through a routine blood draw.*
- *If a cancer signal is detected, the test points to **where** in the body the cancer is coming from - for example, the lungs or colon. Your physician would use this information to guide additional testing to confirm whether cancer is present.*
- *The test does not measure genetic risk of developing cancer in the future; it instead looks for cancer at the time the test is taken.*
- *The test is intended to be used in addition to and not replace other cancer screening tests your physician may recommend. Your physician may recommend taking this test regularly, such as once a year.*
- *This test may not be immediately covered by health insurance, but other entities may pay for it for you.*

Q420. What is your overall impression of [The Early Cancer Detection Test](#)?

	Total sample, n=1001
Very negative	<1%
Somewhat negative	2.2%
Neutral	13.5%
Somewhat positive	30.7%
Very positive	52.7%

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Q450. How long, if at all, would you wait to get [The Early Cancer Detection Test](#) if you could receive it at **no cost** to you?

	Total Sample, n=1001
0-1 month	37.1%
2-5 months	27.9%
6-9 months	13.3%
10-12 months	7.2%
More than 12 months	9.6%
I would not get this test	5.0%

Q460. How long would you be willing to travel to get [The Early Cancer Detection Test](#) (once per year)?

	Among those neutral or positive to the Galleri test, n=970
15 minutes or less	13.7%
16-30 minutes	36.1%
31-45 minutes	20.7%
46-60 minutes	15.5%
More than 60 minutes	14.0%

Q470. Assume that a health system (**not** your health insurance plan) in your area began offering [The Early Cancer Detection Test](#) to its members/patients at **no cost**. Would this change your perception of that health system?

		Total sample, n=1001
1	Yes	60.1%
2	No	39.9%

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Q490. Once again, assume a health system began offering [The Early Cancer Detection Test](#) to its patients **at no cost**. Please rate your agreement with the following statements about that health system.

A health system that offers The Early Cancer Detection Test...

Total sample, n=1001	Completely disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Completely agree
Is innovative	1.5%	1.1%	9.9%	26.9%	60.6%
Prioritizes their patients' health and wellness	1.4%	1.0%	12.8%	27.9%	56.9%
Offers cutting-edge medical care	1.5%	<1%	13.2%	29.9%	54.5%
Really cares about their patients	1.7%	1.8%	13.7%	27.5%	55.3%
Offers a high quality of care	1.5%	1.1%	17.1%	29.0%	51.3%

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MaxDiff (Maximum difference scaling) exercise

In this survey, we included a MaxDiff exercise. What is MaxDiff?

MaxDiff is a way to evaluate stated importance by forcing differentiation among a list of attributes. Results are presented as utility scores that show relative importance between statements.

Intro to the MaxDiff exercise in this survey:

Imagine that you need to find a new primary care physician. In the next exercise, you will see a series of considerations that you may think about as you look for a new primary care physician, organized into sets. For each set, please tell us which consideration is **most important** and which consideration is **least important** when choosing a new primary care physician.

Assume you are only considering options that accept your health insurance **[(for those who choose health system first):** and that you have already selected a health system and are now looking for a physician within that health system. **][(for those who choose hospital first):** and that you have already selected a facility or hospital and are now looking for a physician within it. **][(for those who choose physician first):.]**

Q500. Looking at the following [set of] statements, please select one item that is most important, and one item that is least important when choosing a new primary care physician.

Most important		Least important
<input checked="" type="radio"/>	Statement 1	<input type="radio"/>
<input type="radio"/>	Statement 2	<input type="radio"/>
<input type="radio"/>	Statement 3	<input checked="" type="radio"/>
<input type="radio"/>	Statement 4	<input type="radio"/>

[This exercise was repeated 13 times, each with a different set of 4 statements/features to trade-off.]

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Q500 (MaxDiff), Total Sample, n=1001	MaxDiff relative utility value
Offers access to latest advancements in screening and diagnostic tests	76%
Utilizes modern technology	65%
Pays for The Early Cancer Detection Test for you	58%
Physician's education (e.g., medical school, fellowship)	47%
Bedside manner	42%
Part of a broad network of physicians	37%
Office is conveniently located	31%
Years in practice	31%
Recommended to me by someone I know	29%
Reviews	25%
Ease of making appointments	22%
Short waiting room times	14%
Physical appearance of the office (comfortable, modern, etc.)	6%

Q550. Finally, assume that you moved to a different part of the country and must switch primary care physicians. If some physicians offered [The Early Cancer Detection Test](#) at no cost to you and others did not, how would that impact your selection of a physician?

	Total sample, n=1001
No impact on my selection	12.2%
Not much impact on my selection	10.8%
Some impact on my selection	29.3%
A fair impact on my selection	26.1%
Substantial impact on my selection	21.7%

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Q555 You mentioned that you may skip some cancer screening tests. If your doctor provided [The Early Cancer Detection Test](#) free of charge, how might that change your likelihood to keep up with your preventive cancer screenings.

	Among those moderately/very likely to get the Galleri test & currently skip (some) cancer screening, n=261
Less likely to keep up with preventive cancer screenings	3.1%
No change	24.1%
Slightly more likely to keep up with preventive cancer screenings	33.0%
Much more likely to keep up with preventive cancer screenings	39.8%

Q556. If your doctor provided [The Early Cancer Detection Test](#) free of charge AND you could get it at the same time and location as preventive cancer screening tests, how might that change your likelihood to keep up with your preventive cancer screenings?

	Among those moderately/very likely to get the Galleri test & currently skip (some) cancer screening, n=261
Less likely to keep up with preventive cancer screenings	1.5%
No change	17.2%
Slightly more likely to keep up with preventive cancer screenings	27.6%
Much more likely to keep up with preventive cancer screenings	53.6%

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Q557. You previously indicated that even before COVID-19, you did not get a physical every year. If your doctor provided [The Early Cancer Detection Test](#) free of charge AND you could get it at the same time and location as your physical, how might that change your likelihood to get a physical each year?

	Among those not currently receiving annual physical, n=80
Less likely to get a physical each year	1.3%
No change	18.8%
Slightly more likely to get a physical each year	42.5%
Much more likely to get a physical each year	37.5%



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About the Study

This Ipsos poll was conducted April 14 – 27, 2021 by Ipsos using M360 Research's proprietary panel and two other partner panels (Paradigm Sample and CINT). This poll is based on a sample of 1,001 general population adults, that included:

- 851 individuals age 50 or older
- 150 high risk individuals age 35-49 (defined as individuals who have autoimmune disease, personally have or have had cancer, have a family history of cancer, and/or are current smokers).

All participants were screened to ensure they:

- currently were covered via private or commercial health insurance, or Medicare, and/or Medicare Advantage.
- must have seen a PCP in the past two years

The margin of sampling error is plus or minus 3.1 percentage points at the 95% confidence level, for results based on the entire sample of adults. The margin of sampling error is higher and varies for results based on other sub-samples. In our reporting of the findings, percentage points are rounded off to the nearest whole number. As a result, percentages in a given table column may total slightly higher or lower than 100%. In questions that permit multiple responses, columns may total substantially more than 100%, depending on the number of different responses offered by each respondent.

The sample was representative across gender (44% male and 56% female), geography (18% Northeast, 22% Midwest, 38% South, 22% West), household income (37% <\$50K, 39% \$50K-100K, 19% >100K), and insurance type (52% Commercial, 31% Traditional Medicare, 31% Medicare Advantage).

About Ipsos

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ISIN code FR0000073298, Reuters ISOS.PA, Bloomberg IPS:FP www.ipsos.com