

Patient + Provider Discussion Guide

Prioritizing our health is so important, so we can be here for the people and moments that matter. And unlike the generations before us, we can take more control over our health with multi-cancer early detection (MCED) testing. That's what makes us a part of *Generation Possible*.

Print this guide to help start the conversation with your healthcare provider about your interest in MCED testing.

Here are some topics to discuss with your healthcare provider:

- Share your concerns about cancer and why early detection is important to you
- If over the age of 50, discuss your increased risk of cancer
- Discuss your family history and any other risk factors for cancer
- Express your interest in MCED testing and ask your healthcare provider if it is right for you

Information for your healthcare provider:

Detecting cancer at early stages increases the likelihood of successful treatment

More than 1 out of 3

individuals will develop cancer in their lifetime¹

Around 70%

of cancer deaths are from cancers without recommended screening options^{1,2*}

Only 5 out of 100+

known cancer types have recommended screening tests³

*Assumes screening is available for all colorectal, breast, prostate, cervical cancer cases, and 43% of lung cancer cases (based on the estimated proportion of lung cancers that occur in screen-eligible individuals older than 40 years).



What is an MCED test?

Multi-cancer early detection (MCED) tests look for a signal shared by many types of cancer through a simple blood draw.⁴ Most of these cancers have no recommended screening and often go unnoticed until symptoms appear. Adding an MCED test to recommended cancer screening increases the chance of early cancer detection and when there may be more treatment options available.⁵

Who are MCED tests for?

MCED tests are recommended for adults with an elevated risk for cancer, such as those aged 50 or older. MCED tests are intended to be used in addition to, and not replace, other cancer screening tests your healthcare provider recommends.

Age is the biggest risk factor for cancer. In fact, adults over age 50 are 13 times more likely to have cancer compared to people under the age of 50.⁶

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How do MCED tests work?

MCED tests look for a signal associated with active cancer and do not predict future genetic risk for cancer.⁷

There are two possible test results:

NO
Cancer Signal
Detected

The MCED test looked for a cancer signal and did not find one. This result does not completely rule out the possibility of cancer. Continue with routine recommended cancer screening tests.

Cancer Signal
DETECTED

The MCED test detected a signal associated with cancer. An MCED test may even include a tissue or organ associated with the cancer signal predictions, this result requires follow-up diagnostic testing to confirm cancer. This is not a cancer diagnosis; diagnostic tests should be ordered to confirm cancer.

MCED tests do not detect a signal for all cancers and not all cancers can be detected in the blood. False positive and false negative results do occur.

Visit GenPossible.com to learn more and for Important Safety Information. Rx only.

It's time to discover what's possible in cancer screening.

Ask your doctor about MCED testing today.

References: **1.** American Cancer Society. Lifetime risk of developing or dying from cancer. (cited 2023 Oct 11). <https://www.cancer.org/cancer/cancer-basics/lifetimeprobability-of-developing-or-dying-from-cancer.html> **2.** US Preventive Services Task Force. A,B,C grade recommendations, cancer, screenings (cited 2023 Oct 23). https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results **3.** NIH, National Cancer Institute. What is cancer? (Updated 2021 Oct 11). <https://www.cancer.gov/about-cancer/understanding/what-is-cancer> **4.** Schrag D, Beer TM, McDonnell CH, et al. Blood-based tests for multi-cancer early detection (PATHFINDER): a prospective cohort study. *Lancet*. 2023;402:1251-1260. doi: 10.1016/S0140-6736(23)01700-2 **5.** Etzioni R, Urban N, Ramsey S, et al. The case for early detection. *Nat Rev Cancer*. 2003 Apr;3(4):243-52. doi: 10.1038/nrc1041 **6.** Surveillance, Epidemiology, and End Results (SEER) Program SEER*Stat Database: Incidence - SEER Research Limited-Field Data, 21 Regs. 2020 Nov Sub (2000-2018) - Linked To County Attributes - Time Dependent (1990-2018) Income/Rurality, 1969-2019 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, released 2021 Apr, based on the 2020 Nov submission. (Risk factor data on file: American Cancer Society Cancer Prevention Studies II/III.) **7.** F. 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. *Ann Oncol*. 2021 Sep;32(9):1167-77. doi: 10.1016/j.annonc.2021.05.806