The Path Forward: Expanding Accessibility

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THE CHALLENGE

The scientific promise of liquid biopsy is yet to be matched by clinical adoption and access for patients. Without proactively identifying and addressing barriers to access, existing health disparities may increase and the full potential of liquid biopsies is unlikely to be realized.

5 YEAR GOAL

Identify key barriers to clinical use of and access to liquid biopsy tests and accelerate clinical adoption, while addressing disparities and democratizing NGS and PCR testing.
About 1 in 3 MDs indicate using more liquid biopsy during the pandemic compared to pre-pandemic use.*

- **24-37%** of Oncologists stated…
  - “I am using more liquid biopsy for my metastatic cancer patients who are newly diagnosed”
- **38-44%** of Oncologists stated…
  - “I am using more liquid biopsy for my metastatic cancer patients who are progressing on therapy”
- **24-40%** of Oncologists stated…
  - “I am avoiding repeat tissue biopsies for my metastatic cancer patients who are newly diagnosed”
- **34-44%** of Oncologists stated…
  - “I am avoiding repeat tissue biopsies for my metastatic cancer patients who are progressing on therapy”

*Sample and Methodology: 5-minute survey conducted in 5 waves; N = ~50 oncologists surveyed/wave

Source: Guardant Health Internal Data
Barriers in the Landscape

- Introduction of a New Technology
- Performance Uncertainty
- Social Distance due to language or medical accessibility
- Fear of Discrimination
- Financial Concerns
- Lack of Awareness or Education
The Impact of Reimbursement Policy Change

CMS NCD change increased access to NGS for patients overall, but rate of increased use varied according to race, ethnicity and insurance type.

BLOODPAC’s successes position us to address the challenges in clinical use and access

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>IMPACT IN THE FIELD</th>
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<tbody>
<tr>
<td>Reimbursement and Policy Working Group</td>
<td>Comments and public letters have helped inform the discussion on federal rulemaking and coverage decision-making.</td>
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<td>AV Working Group</td>
<td>Existing AV protocols will frame the discussion on how to develop analytical validation protocols for home-based sample collection.</td>
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<td>Collaboration Model</td>
<td>Working collaboration across entities with competing interests will support bringing payers to the table, for a patient-centered effort.</td>
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<td>MRD Working Group and the Screening &amp; Early Detec</td>
<td>Accessibility Working Group will build on lexicon in development by MRD and Early Detection WGs.</td>
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<td>BLOODPAC Data Commons</td>
<td>The data commons offers the consistent, robust data that payers seek, provides the framework for collecting future health economics outcomes data.</td>
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Project Roadmap

NEAR-TERM (1 YR)
- Identify comprehensive accessibility challenges
- Standardize lexicon

MIDTERM (2-3 YRS)
- Improve HCP understanding with educational resources
- Develop cost model for liquid biopsy by the Reimbursement group

LONGTERM (4-5+ YRS)
- Establish analytic validity of alternative, home-based collection of liquid biopsies
- Secure in-kind commitments from BLOODPAC members
Accessibility Strategic Planning Group Participants

AstraZeneca
BIO-RAD
EXACT SCIENCES
FDA
ILLUMINA
GUARDANT
Prevent Cancer Foundation
"Tempus"
LUNGevity
MOVEMBER
ThermoFisher Scientific
Oncologists’ perceptions of liquid vs. tissue due to COVID-19

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Case Study: Impact of Reimbursement Policy Change

CMS NCD change increased access to NGS for patients overall, but rate of increased use varied according to race, ethnicity and insurance type.

CRC indicates colorectal cancer; NSCLC, non-small cell lung cancer; and PAP patient assistant program. JAMA Network Open. 2021;4(12):e2138219. doi: 10.1001/jamanetworkopen.202138219

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